

**PUBLIC DISCLOSURE  
COPY**

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2016**

Open to Public Inspection

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A For the 2016 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

**B Check if applicable:**  
 Address change  
 Name change  
 Initial return  
 Final 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 ZIP code  
 Fairfax VA 22030-7400  
 Foreign country name Foreign province/state/county Foreign postal code

**D Employer identification number** 53-0116130  
**E Telephone number** 703-267-1000

**G Gross receipts \$** 415,313,072

**F Name and address of principal officer:**  
 Wilson H. Phillips Jr. 11250 Waples Mill Road, Fairfax, VA 22030  
 H(a) Is this a group return for subordinates?  Yes  No  
 H(b) Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

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

**J Website:** www.nra.org  
 H(c) Group exemption number ▶

**K Form of organization:**  Corporation  Trust  Association  Other ▶  
**L Year of formation:** 1871 **M State of legal domicile:** NY

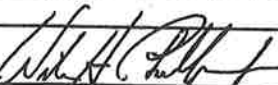
**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: and advocacy on behalf of safe and responsible gun owners	Firearms safety, education, and training;	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	76
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	71
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	912
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	150,000
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	28,247,360
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-6,264,790	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	94,982,032	124,433,466
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	180,255,185	181,265,880
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	271,983	-8,728
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	336,709,238	366,889,703
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	91,500
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		63,408,147	68,330,881
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		4,997,495	8,410,603
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 33,646,495			
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		235,037,425	335,910,456
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	303,534,567	412,737,440	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	33,174,671	-45,847,737	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	214,839,625	217,136,587
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	139,481,463	181,021,897
		75,358,162	36,114,690


**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: 9/18/2017  
 Wilson H. Phillips Jr. Treasurer and Chief Financial Officer  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: James P. Sweeney Preparer's signature:  Date: 9/18/2017 PTIN: P01263012  
 Firm's name ▶ RSM US LLP Check  self-employed  
 Firm's address ▶ 1861 International Dr Ste 400, McLean, VA 22102 Firm's EIN ▶ 41-1944416  
 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.

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2016, or tax year beginning \_\_\_\_\_, 2016, and ending \_\_\_\_\_, 20\_\_\_\_\_

# 2016

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization

Employer identification number

National Rifle Association of America

53-0116130

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

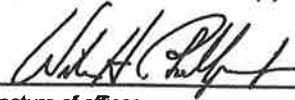
Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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	366,889,703
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, line 3c)	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 2016 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  | 9/18/2017 | Treasurer and Chief Financial Officer  
 Signature of officer | Date | 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		9/18/2017		P01263012
	Firm's name	Firm's EIN			
	RSM US LLP	41-1944416			
	Firm's address	Phone no.			
	1861 International Dr Ste 400 McLean VA 22102	703-336-6400			

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . .

1 Briefly describe the organization's mission:

Per NRA Bylaws, to protect and defend the U.S. Constitution; to promote public safety, law and order, and national defense; to train law enforcement agencies and civilians in marksmanship; to promote shooting sports and hunting.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .

Yes  No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 76,579,388 including grants of \$ ) (Revenue \$ )

Legislative programs. The NRA Institute for Legislative Action was created in 1975 to advocate on behalf of safe and responsible gun owners. As the foremost protector and defender of the Second Amendment, the NRA promotes firearms safety, advocates against efforts to erode gun rights and freedoms, fights for initiatives aimed at reducing violent crime, and promotes hunters' rights and conservation efforts. NRA members recognize the vital importance of NRAILA's true grassroots work to preserve the Second Amendment for future generations of shooters and outdoor sportsmen and sportswomen. This legion of engaged and motivated members is the reason for the NRA's strength. NRAILA legislative issues involve firearms and ammunition regulation, recreational shooting on public lands, gun registries, range preservation, veterans protection, international gun control threats, open and conceal carry laws, wildlife conservation, free speech, and a host of related matters. Please visit NRAILA.org for the most current research and information.

4b (Code: ) (Expenses \$ 48,204,544 including grants of \$ ) (Revenue \$ 31,920,333 )

The gold standard in firearms training. Please visit Explore.NRA.org to learn more. Explore hunting programs, building the next generations of safe and responsible outdoor loving Americans. Explore women's interests, promoting the largest growing demographic of new shooting enthusiasts. Explore law enforcement, offering the best in law enforcement, military, and security firearms instruction. Explore clubs and ranges, supporting a network of over 15,000 NRA-affiliated clubs, associations, and shops. Explore competitive shooting, challenging shooters from novice to world-class levels to compete in more than 10,000 NRA-sanctioned matches. America's unique outdoor heritage is foundational to what makes this country great. Be part of the NRA's mentoring movement by sharing your passion for the outdoors with a newcomer. Firing that first gun, stargazing from your campsite, signing your hunting license, these are some of the warm, life-affirming "firsts" to be celebrated and memorable experiences to be shared.

4c (Code: ) (Expenses \$ 37,776,105 including grants of \$ ) (Revenue \$ 29,454,386 )

Membership support. The highest value of being an NRA member is gun safety and training, including regular reinforcement of these lessons by keeping engaged with the community of outdoor lovers and safe and responsible shooting enthusiasts. NRA member communications give NRA members unrivaled content delivered through a growing multimedia platform, with real time, daily, weekly, and monthly updates, trenchant insights, and the most authoritative coverage from subject matter experts. The NRA publishes four NRA Official Journals for NRA members, other magazines, and specialty digital channels targeted to specific populations such as NRA Freestyle, NRA Women, and NRA Life of Duty, all part of NRA News. There may be no other brand in America with a stronger suite of original programming aimed at educating, motivating, and entertaining audiences of all ages than the NRA. The NRA does not wait for someone else to tell the stories of law-abiding gun owners. Firearms safety is the cornerstone of everything the NRA does for members.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 179,728,124 including grants of \$ 0 ) (Revenue \$ 164,370,436 )

4e Total program service expenses 342,288,161

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X



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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	X	
<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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		X
<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? If "Yes," complete Schedule L, Part I . . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		X
<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? If "Yes," complete Schedule R, Part I . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		
<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? If "Yes," complete Schedule R, Part VI . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V.

Form 990 (2016) with various sections (1a-14b) and a Yes/No grid. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8899, Form 1098-C, Form 8282, Form 4966, Form 4970, Form 4947(a)(1), and Form 720.

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

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions 1a through 9 regarding governing body members, family relationships, and documentation.

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

Table with 4 columns: Question, Yes, No. Rows include questions 10a through 16b regarding local chapters, conflict of interest policies, whistleblower policies, and joint ventures.

Section C. Disclosure

- 7 List the states with which a copy of this Form 990 is required to be filed
8 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.
9 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.
10 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 Wesley Mill Road, Fairfax, VA 22030-7400

**Part VII**

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . .

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

**1a** Complete 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) Allan D. Cors President	20.00 1.00	X		X						
(2) Pete R. Brownell First Vice President	10.00 0.00	X		X						
(3) Richard R. Childress Second 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. Arvas Director	1.00 1.00	X								
(7) Scott L. Bach Director	1.00 0.00	X								
(8) William A. Bachenberg Director	1.00 1.00	X								
(9) Frank E. Bachhuber Jr. (through June 10, 2016) Director	1.00 0.00	X								
(10) M. Carol Bambery Director	1.00 1.00	X								
(11) Bob Barr Director	1.00 0.00	X								
(12) Ronnie 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								



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 Carter Director	1.00 0.00	X								
(22) Patricia Clark Director	1.00 0.00	X								
(23) Charles L. Cotton Director	1.00 1.00	X								
(24) David G. Coy Director	1.00 0.00	X								
(25) Larry E. Craig Director	1.00 0.00	X								
<b>1b Sub-total</b>							150,000	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>							7,645,845	0	565,652	
<b>d Total (add lines 1b and 1c)</b>							7,795,845	0	565,652	

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 **118**

- 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

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
oCision Management Corp 325 Springside Dr Akron, OH 44333	Membership processing and	27,162,372
kerman McQueen Inc 1601 NW Expressway Oklahoma City, OK 73118	Public relations and advertisi	21,356,593
strmaster 1735 N Lynn St Arlington, VA 22209	Postage shipping	11,182,843
mbership Marketing Partners L 11250 Waples Mill Rd, Ste 310 Fairfax, VA 22030	Fundraising printing and mail	9,837,642
tim Inc 1095 Venture Dr Forest, VA 24551	Fulfillment center	8,795,023

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

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII.

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 0				
	<b>b</b> Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 0				
	<b>d</b> Related organizations . . . . .	<b>1d</b> 19,432,689				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 0				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 105,000,777				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ 94,442					
	<b>h Total.</b> Add lines 1a-1f . . . . .		124,433,466			
	<b>Program Service Revenue</b>	<b>2a</b> Program fees . . . . .	<b>Business Code</b>			
<b>b</b> Member dues . . . . .			17,747,919	17,747,919		
<b>c</b> . . . . .			163,517,961	163,517,961		
<b>d</b> . . . . .			0			
<b>e</b> . . . . .			0			
<b>f</b> All other program service revenue . . . . .			0			
<b>g Total.</b> Add lines 2a-2f . . . . .			181,265,880			
<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			1,022,199			1,022,199
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0				
<b>5</b> Royalties . . . . .		16,659,707			16,659,707	
<b>Other Revenue</b>	<b>6a</b> Gross rents . . . . .	(i) Real 1,433,726				
	<b>b</b> Less: rental expenses . . . . .	(ii) Personal 2,247,330				
	<b>c</b> Rental income or (loss) . . . . .	-813,604	0			
	<b>d</b> Net rental income or (loss) . . . . .		-813,604		-813,604	
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities 38,503,808	(ii) Other 0			
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	39,534,735	0			
	<b>c</b> Gain or (loss) . . . . .	-1,030,927	0			
	<b>d</b> Net gain or (loss) . . . . .		-1,030,927		-1,030,927	
	<b>8a</b> Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 1,051,839				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b> 178,132				
<b>c</b> Net income or (loss) from fundraising events . . . . .		873,707			873,707	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b> 0					
<b>b</b> Less: direct expenses . . . . .	<b>b</b> 0					
<b>c</b> Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> 20,635,586					
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b> 6,463,172					
<b>c</b> Net income or (loss) from sales of inventory . . . . .		14,172,414	13,217,173	955,241		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> Advertising . . . . .	541800	26,052,569		26,052,569		
<b>b</b> Subscriptions . . . . .	541800	2,162,267	2,162,267			
<b>c</b> Other unrelated business activity . . . . .	900004	1,239,550		1,239,550		
<b>d</b> All other revenue . . . . .		852,475			852,475	
<b>e Total.</b> Add lines 11a-11d . . . . .		30,306,861				
<b>12 Total revenue.</b> See instructions . . . . .		366,889,703	196,645,320	28,247,360	17,563,557	

**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).

Check if Schedule O contains a response or note to any line in this Part IX.  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 . . . . .	15,000	15,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	70,500	70,500		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	5,165,232	2,470,877	2,552,428	141,927
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages . . . . .	45,693,267	34,229,295	10,084,410	1,379,562
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	8,306,107	5,727,985	2,315,026	263,096
9	Other employee benefits . . . . .	5,753,671	4,322,564	1,248,859	182,248
10	Payroll taxes . . . . .	3,412,604	2,563,789	740,721	108,094
11	Fees for services (non-employees):				
a	Management . . . . .	0			
b	Legal . . . . .	6,500,688	6,211,098	289,590	
c	Accounting . . . . .	123,640		123,640	
d	Lobbying . . . . .	1,182,600	1,182,600		
e	Professional fundraising services. See Part IV, line 17 . . . . .	8,410,603			8,410,603
f	Investment management fees . . . . .	237,174		237,174	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion . . . . .	64,918,894	57,539,645		7,379,249
13	Office expenses . . . . .	8,836,227	4,828,363	4,007,864	
14	Information technology . . . . .	11,310,342	6,735,308	4,575,034	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	1,709,713	789,775	919,938	
17	Travel . . . . .	8,239,362	6,305,010	1,934,352	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	7,904,765	6,165,990	1,738,775	
20	Interest . . . . .	1,206,062	784,495	421,567	
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	3,972,089	2,938,480	1,033,609	0
23	Insurance . . . . .	1,244,656	1,244,656		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Additional member communications expenses	81,052,252	69,393,308		11,658,944
b	Additional legislative program expenses	51,673,892	51,673,892		
c	Additional training and community service expenses	38,711,731	38,711,731		
d	Additional printing and publications expenses	26,622,838	26,622,838		
e	All other expenses Other	20,463,531	11,760,962	4,579,797	4,122,772
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	412,737,440	342,288,161	36,802,784	33,646,495
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	20,168,474	<b>2</b>	13,831,228
	<b>3</b> Pledges and grants receivable, net . . . . .	1,758,682	<b>3</b>	1,516,303
	<b>4</b> Accounts receivable, net . . . . .	64,092,546	<b>4</b>	76,952,115
	<b>5</b> Loans and other 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> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	3,004,582	<b>7</b>	3,000,000
	<b>8</b> Inventories for sale or use . . . . .	10,878,594	<b>8</b>	17,209,123
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,207,830	<b>9</b>	3,788,017
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 77,809,465		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 40,473,435		
	<b>11</b> Investments—publicly traded securities . . . . .	38,887,064	<b>10c</b>	37,336,030
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	60,176,258	<b>11</b>	52,018,678
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	3,721,861	<b>12</b>	4,048,948
	<b>14</b> Intangible assets . . . . .	0	<b>13</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>14</b>	0
<b>16</b> Total assets. Add lines 1 through 15 (must equal line 34) . . . . .	6,943,734	<b>15</b>	7,436,145	
<b>17</b> Accounts payable and accrued expenses . . . . .	214,839,625	<b>16</b>	217,136,587	
<b>18</b> Grants payable . . . . .	78,902,061	<b>17</b>	95,398,139	
<b>19</b> Deferred revenue . . . . .		<b>18</b>		
<b>20</b> Tax-exempt bond liabilities . . . . .	26,873,323	<b>19</b>	39,424,563	
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>20</b>		
<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	29,417,379	<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>23</b>	42,838,124	
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	0	<b>24</b>	0	
<b>26</b> Total liabilities. Add lines 17 through 25 . . . . .	4,288,700	<b>25</b>	3,361,071	
	139,481,463	<b>26</b>	181,021,897	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	27,802,714	<b>27</b>	-14,853,143
	<b>28</b> Temporarily restricted net assets . . . . .	7,349,401	<b>28</b>	7,743,947
	<b>29</b> Permanently restricted net assets . . . . .	40,206,047	<b>29</b>	43,223,886
	<b>Organizations that do not follow SFAS 117 (ASC 958), 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 . . . . .	75,358,162	<b>33</b>	36,114,690	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	214,839,625	<b>34</b>	217,136,587	



**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.  X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	366,889,703
2	Total expenses (must equal Part IX, column (A), line 25)	2	412,737,440
3	Revenue less expenses. Subtract line 2 from line 1	3	-45,847,737
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	75,358,162
5	Net unrealized gains (losses) on investments	5	3,233,678
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,370,587
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	36,114,690

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

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

# Continuation Sheet for Form 990

Name of the Organization <b>National Rifle Association of America</b>	Employer identification number <b>53-0116130</b>
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**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
		or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee			
(26) John L. Cushman Director	1.00 1.00	X								
(27) William H. Dailey Director	1.00 1.00	X								
(28) Joseph P. DeBergalis Jr. Director	1.00 0.00	X								
(29) R. Lee Erney Director	1.00 0.00	X								
(30) Edie P. Fleeman Director	1.00 0.00	X								
(31) Joel Friedman Director	1.00 0.00	X								
(32) Sandra S. Froman Director	10.00 0.00	X					45,180			
(33) James S. Gilmore III Director	1.00 0.00	X								
(34) Marion P. Hammer Director	5.00 0.00	X					206,000			
(35) Maria Heil Director	1.00 0.00	X								
(36) Graham Hill (through May 21, 2016) Director	1.00 0.00	X								
(37) Steve Hornady Director	1.00 0.00	X								
(38) Susan Howard Director	1.00 0.00	X								
(39) Roy Innis Director	1.00 0.00	X								
(40) H. Joaquin Jackson Director	1.00 0.00	X								
(41) Curtis S. Jenkins Director	1.00 1.00	X								
(42) David A. Keene Director	1.00 1.00	X								
(43) Tom King Director	1.00 1.00	X								
(44) Timothy Knight Director	1.00 0.00	X								
(45) Herbert A. Lanford Director	1.00 0.00	X								
(46) Karl A. Malone Director	1.00 0.00	X								

# Continuation Sheet for Form 990

Name of the Organization <b>National Rifle Association of America</b>	Employer identification number <b>53-0116130</b>
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**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) Sean Maloney Director	1.00 0.00	X								
(48) Carolyn D. Meadows Director	1.00 1.00	X								
(49) Bill Miller Director	1.00 0.00	X								
(50) Owen Buz Mills Director	1.00 0.00	X								
(51) Craig Morgan (starting May 21, 2016) Director	1.00 0.00	X								
(52) Grover Norquist Director	1.00 0.00	X								
(53) Oliver L. North Director	5.00 0.00	X								
(54) Robert A. 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) James W. Porter II Director	1.00 0.00	X								
(59) Josh Powell (through June 6, 2016) 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 (through May 21, 2016) Director	1.00 0.00	X								
(66) William H. Satterfield Director	1.00 0.00	X								
(67) Mercedes V. Schlapp Director	5.00 0.00	X					45,000			

# Continuation Sheet for Form 990

Name of the Organization <b>National Rifle Association of America</b>	Employer identification number <b>53-0116130</b>
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**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			
(68) Ronald L. Schmeits Director	1.00 1.00	X								
(69) Steven C. Schreiner Director	1.00 0.00	X								
(70) Esther Q. Schneider (starting May 21, 2016) Director	1.00 0.00	X								
(71) Tom Selleck Director	1.00 0.00	X								
(72) John C. Sigler Director	1.00 0.00	X								
(73) Leroy Sisco Director	1.00 0.00	X								
(74) Bart Skelton (starting May 21, 2016) Director	1.00 0.00	X					6,550			
(75) Dwight D. Van Horn Director	1.00 0.00	X								
(76) Blaine Wade (starting May 21, 2016) Director	1.00 0.00	X								
(77) Linda L. Walker Director	1.00 0.00	X								
(78) Howard J. Walter Director	1.00 0.00	X								
(79) Allen B. West (starting May 21, 2016) Director	1.00 0.00	X								
(80) Robert J. Wos Director	1.00 0.00	X								
(81) Donald E. Young Director	1.00 0.00	X								
(82) Wayne LaPierre CEO and Executive Vice President	60.00 1.00		X				1,358,966		63,373	
(83) Chris W. Cox Executive Director, NRAILA	58.00 1.00		X				886,936		110,495	
(84) Robert K. Weaver Executive Director, General Operations	50.00 0.00		X				864,513		58,467	
(85) Wilson H. Phillips Jr. Treasurer	47.00 1.00		X				796,886		43,398	
(86) John C. Frazer Secretary and General Counsel	50.00 1.00		X				373,273		66,195	
(87) Todd Grable Executive Director, Membership, Affinity and Licensin	50.00 0.00				X		642,905		54,354	
(88) Tyler Schropp Executive Director, Advancement	50.00 0.00				X		621,941		64,874	





PUBLIC DISCLOSURE  
COPY  
Schedule of Contributors

OMB No. 1545-0047

2016

Schedule B  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

National Rifle Association of America

Employer identification number

53-0116130

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 4 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 19,276,495	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 662,123	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 279,452	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 262,966	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 244,783	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 240,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 214,105	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 198,787	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 183,636	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 168,567	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ 141,457	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ 140,851	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ 139,665	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ 137,562	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ 118,924	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 99,545	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 99,334	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 94,534	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 92,687	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 91,798	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 85,404	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 74,920	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 73,914	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 72,583	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 66,666	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 65,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 65,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 48,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 44,880	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 44,715	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 41,070	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 41,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**Name of organization**  
National Rifle Association of America

**Employer identification number**  
53-0116130

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<p>Foreign State or Province: _____</p> <p>Foreign Country: _____</p>	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<p>Foreign State or Province: _____</p> <p>Foreign Country: _____</p>	\$ 35,188	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<p>Foreign State or Province: _____</p> <p>Foreign Country: _____</p>	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<p>Foreign State or Province: _____</p> <p>Foreign Country: _____</p>	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<p>Foreign State or Province: _____</p> <p>Foreign Country: _____</p>	\$ 34,756	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<p>Foreign State or Province: _____</p> <p>Foreign Country: _____</p>	\$ 31,676	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**Name of organization**  
National Rifle Association of America

**Employer identification number**  
53-0116130

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 26,959	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 26,018	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 26,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 23,607	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 23,038	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 22,947	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 20,018	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 17,734	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 17,011	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 15,328	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 14,273	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 14,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 11,704	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 11,614	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,784	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,210	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 9,038	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
142	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 8,841	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 8,776	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 8,494	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 6,678	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 6,590	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**Name of organization**  
National Rifle Association of America

**Employer identification number**  
53-0116130

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,563	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,182	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,094	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization: National Rifle Association of America  
 Employer identification number: 53-0116130

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
211	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
27	Stock shares ----- ----- -----	\$ 60,000	1/11/2016
141	Stock shares ----- ----- -----	\$ 9,038	1/11/2016
27	Stock shares ----- ----- -----	\$ 25,404	5/26/2016
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

<b>Name of organization</b> National Rifle Association of America	<b>Employer identification number</b> 53-0116130
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ 0

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
----- ----- -----		----- ----- -----	
For. Prov.                      Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
----- ----- -----		----- ----- -----	
For. Prov.                      Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
----- ----- -----		----- ----- -----	
For. Prov.                      Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
----- ----- -----		----- ----- -----	
For. Prov.                      Country			

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2016**

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ  
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization National Rifle Association of America	Employer identification number 53-0116130
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ 5,456,095

3 Volunteer hours 14,000

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No

4a Was a correction made? . . . . .  Yes  No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ 33,306,403

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ 0

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ 33,306,403

4 Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1) Republican Governors Association	1747 Pennsylvania Ave NW Ste 250 Washington, DC 20006	11-3655877	176,350	0
(2) Republican State Leadership Committee	1201 F St NW Ste 675 Washington, DC 20004	05-0532524	125,000	0
(3) Republican Attorneys General Association	1747 Pennsylvania Ave NW Ste 800 Washington, DC 20006	46-4501717	110,675	0
(4) NRA Political Victory Fund (see Parts I-A and IV)	11250 Waples Mill Rd Fairfax, VA 22030	52-1083020	0	0
(5)				
(6)				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
 (The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .		0												
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		0												
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .	0	0												
<b>d</b> Other exempt purpose expenditures . . . . .		0												
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	0	0												
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	0	0												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	0	0												
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0	0												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0	0												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .														

Yes  No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount		0	0	0	0
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					0
<b>c</b> Total lobbying expenditures		0	0	0	0
<b>d</b> Grassroots nontaxable amount		0	0	0	0
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					0
<b>f</b> Grassroots lobbying expenditures		0	0	0	0

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i.			0
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912.			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	X	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		X

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	0
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	0

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part I-A Line 1 The NRA engaged in activities in support of its mission, which includes protecting

and defending the Constitution of the United States, especially with reference to the inalienable

right of the individual American citizen guaranteed by such Constitution to acquire, possess,

collect, exhibit, transport, carry, transfer ownership of, and enjoy the right to use arms, in order

that the people may always be in a position to exercise their legitimate individual rights of self

preservation and defense of family, person, and property. In pursuit of the goals of the

**Part IV Supplemental Information (continued)**

primary activities of the organization. In 2016, the NRA paid \$5,456,095 fundraising and administrative expenses for the separate segregated fund, NRA Political Victory Fund, as allowed by law. Such expenses included fundraising postage and fundraising labor as well as other costs such as lockbox fees, as allowed by law. Support for fundraising and administrative expenses of a separate segregated fund is industry standard for nonprofit organizations like the NRA, as allowed by law.

The NRA is organized primarily to promote social welfare and can also engage in political activities on behalf of or in opposition to candidates for political office, as allowed by law. By any measure, the percentage of funds spent by the NRA on political activities is modest in comparison to the budget devoted to the primary activities of the NRA. For instance, all expenditures noted on Parts I-A and I-C of Schedule C amounted to less than 10% of the NRA's total expenses in 2016, as applied to total expenses reported on Form 990, Part IX, line 25. Reporters and other readers are also politely reminded that the NRA's Form 990 reports only on the NRA itself and not on the separate segregated fund. The separate segregated fund is a separate entity for tax purposes. The NRA does not contribute funds from its treasury to this entity nor does the NRA receive contributions from members earmarked for this entity.

Part I-C Line 4 This informational note regards the NRA's taxes. The NRA separately files Form 1120-POL, which is not subject to public disclosure. The following information about taxes paid with the NRA's Forms 1120-POL is shared here on a voluntary basis as a service for readers. 527(f) proxy tax is paid on the lesser of net investment income or certain political expenditures as defined by the federal tax code, such as when certain political communications expressly advocate the election or defeat of a candidate and are made by the NRA itself rather than by the NRA's separate segregated fund. The amount of 527(f) proxy tax paid with the NRA's 2016 Form 1120-POL was \$20,835. Historically, the amount of 527(f) proxy tax paid with the NRA's 2015 Form 1120-POL was \$21,817; the amount paid with the NRA's 2014 Form 1120-POL was \$1,662,307; and no amount was required to be paid for 2013. The NRA chooses to share this extra information about the NRA's taxes, above and beyond requirements, to demonstrate in good faith that the organization is a taxpayer in good standing. As another polite reminder to reporters and other readers, Form 990 information is not necessarily expected to tie to Federal Election Commission (FEC) reporting due to different definitions and



**Part IV** Supplemental Information (continued)

exclusions in the different regulatory regimes. Furthermore, readers are kindly reminded that the  
NRA's Form 990 reports only on the NRA itself and not on the separate segregated fund, pursuant to  
the instructions and regulatory requirements.

Part I-C Line 5 The NRA Political Victory Fund, an independent political action committee (PAC) of  
the NRA, directly received contributions during the year of \$12,239,508. All contributions to the  
PAC were directly received from contributors. The NRA did not take possession of any contributions,  
nor did it or was it required to deliver or transfer those funds to the PAC. Although the NRA  
provided fundraising and administrative support to the NRA Political Victory Fund as detailed above  
in line 1, reflecting industry standard and as allowed by law, the NRA did not contribute its own  
funds to the NRA Political Victory Fund for the purposes of candidate or campaign contributions. The  
NRA has elected, for full transparency, to list the NRA-PVF in the line 5 table to show these facts.

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

OMB No. 1545-0047  
**2016**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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? . . . . .  Yes  No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items:

a Revenue included on 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 acquisition, 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 XIII.

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" on 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 XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	0
1d	
1e	
1f	0

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,657,500	16,738,628	15,706,221	12,587,566	10,738,148
b Contributions	1,482,504	1,988,178	1,346,379	2,818,471	1,554,967
c Net investment earnings, gains, and losses	1,204,551	-266,970	366,395	794,093	775,895
d Grants or scholarships					
e Other expenditures for facilities and programs	786,344	772,538	642,077	461,526	442,581
f Administrative expenses	37,728	29,798	38,290	32,383	38,863
g End of year balance	19,520,483	17,657,500	16,738,628	15,706,221	12,587,566

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  %
- b Permanent endowment  100%
- c Temporarily restricted endowment  %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	5,380,792		5,380,792
b Buildings	0	53,865,603	28,549,648	25,711,678
c Leasehold improvements	0	0	0	0
d Equipment	0	18,563,070	14,053,646	6,243,560
e Other	0	0	0	0
total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				37,336,030

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .	0	
(2) Closely-held equity interests . . . . .	0	
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Derivative instrument market valuation	2,128,702
(3) Capital lease arrangement	1,031,148
(4) Accrued sales and use taxes	149,220
(5) Coupon liability	52,001
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,361,071

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	382,133,970
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	3,233,678	
<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 XIII.) . . . . .	<b>2d</b>	3,370,587	
<b>e</b>	Add lines 2a through 2d . . . . .	<b>2e</b>		6,604,265
<b>3</b>	Subtract line 2e from line 1 . . . . .	<b>3</b>		375,529,705
<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 XIII.) . . . . .	<b>4b</b>	-8,640,002	
<b>c</b>	Add lines 4a and 4b . . . . .	<b>4c</b>		-8,640,002
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>		366,889,703

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	421,377,442
<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 XIII.) . . . . .	<b>2d</b>	8,710,502	
<b>e</b>	Add lines 2a through 2d . . . . .	<b>2e</b>		8,710,502
<b>3</b>	Subtract line 2e from line 1 . . . . .	<b>3</b>		412,666,940
<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 XIII.) . . . . .	<b>4b</b>	70,500	
<b>c</b>	Add lines 4a and 4b . . . . .	<b>4c</b>		70,500
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>		412,737,440

**Part XIII Supplemental Information.**

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part III Line 4 This response describes the museum collections which are held by the NRA's

related organizations and curated by NRA employees. The NRA Museums promote gun collecting

and preservation of history through firearms. The NRA Museums include the National

Firearms Museum in Fairfax, Virginia; the Frank Brownell Museum of the Southwest in Raton,

New Mexico; and the NRA National Sporting Arms Museum at Bass Pro Shops in Springfield,

Missouri. To make the NRA Museums the finest possible resource for the public, the NRA and

its affiliated charities rely on generous supporters to build the exhibition and research

collections through contributions of historically significant firearms. As individuals

grow older and make plans for their loved ones and special treasures, all firearms owners

must eventually answer the question, "What will happen to my guns when I am gone?" For

many NRA members and other supporters, their answer is the NRA. Please visit

NRAMuseums.org for exciting current information on the museum galleries, and please visit

NRAfire.com to consider your legacy of supporting the liberties that built this country.

**Part XIII Supplemental Information (continued)**

Part III Line 5 This response explains why the NRA may solicit or receive assets that some donors intend to be sold rather than maintained permanently. The NRA Firearms for Freedom program appeals to supporters who may wish to donate their firearms collections to the NRA. When donors intend their guns to be sold rather than held for exhibition or research in the collections of the NRA Museums, the NRA partners with auctionhouses. Donors may choose to have guns sold for various reasons, such as to support current program services or to fund a charitable gift annuity or charitable trust with one of the NRA's affiliated charities. The philanthropic intent of each donor determines how a gift is handled.

Part V Line 4 This response describes the intended uses of the organization's endowment funds. The endowment funds of the NRA benefit a diverse range of philanthropic interests, including training in marksmanship, national shooting championships, women's leadership, hunters' leadership, recreational shooting, law enforcement, NRA Museums, and the National Endowment for the Protection of the Second Amendment.

Part X Line 1(2) This informational note provides context for the derivative financial instrument disclosed as a liability. Interest rate swaps are entered into to manage interest rate risks associated with the NRA's borrowing, and interest rate swaps are accounted for in accordance with FASB ASC 815. The NRA's interest rate swap is recorded in the balance sheet at fair value with fair value of changes recorded as unrealized gain or loss on derivative instrument.

Part X Line 1(4) This informational note regards the NRA's taxes. The NRA is a substantial taxpayer and remains in good standing with the tax authorities. State and local taxes paid by the NRA include sales and use taxes, real estate and personal property taxes, amusement taxes, and state unemployment taxes. The liability shown on Schedule D, Part X for accrued sales and use taxes relates to timing and is a small fraction of taxes paid during the year. Additional informational notes regarding the NRA's taxes at the federal level are shared on Schedule C regarding 527(f) proxy taxes and on Schedule O regarding unrelated business income taxes. The NRA chooses to share all of this additional extra information about the NRA's total taxes, above and beyond requirements, in order to demonstrate in



**Part XIII Supplemental Information (continued)**

good faith that the organization is a taxpayer in good standing.

Part X Line 2 This response provides the text of the footnote to the organization's

financial statements in accordance with FASB ASC 740. Management evaluated the NRA's tax

positions and concluded that the NRA had taken no uncertain tax positions that require

adjustment to the financial statements to comply with the provisions of this guidance.

Generally, the NRA is no longer subject to income tax examinations by the U.S. federal,

state, or local authorities for years before 2013, which is the standard statute of

limitations look-back period.

Part XI Line 2d This response explains \$3,370,587 in the reconciliation of revenue from

the audited financial statements to the revenue as stated on 990. The figure includes

\$2,484,770 agency transactions between the NRA and NRA Foundation and \$885,817 unrealized

gain on derivative instrument. The agency transactions figure of \$2,484,770 includes

endowment contributions and endowment earnings designated by NRA Foundation donors for

eligible NRA programs. An informational note regarding the purpose of the derivative

instrument is included with Schedule D, Part X, line 1(2).

Part XI Line 4b This response explains (\$8,640,002) in the reconciliation of revenue from

the audited financial statements to the revenue as stated on 990. The figure includes

\$6,463,172 cost of goods sold, \$2,247,330 rental expense, less (\$70,500) offset, which

were reported as expenses on the audited financial statements.

Part XII Line 2d This response explains \$8,710,502 in the reconciliation of expenses from

the audited financial statements to the expenses as stated on 990. The figure includes

\$6,643,172 cost of goods sold and \$2,247,330 rental expense, which are reported on Form

990, Part VIII revenue statement.

Part XII Line 4b This response explains \$70,500 in the reconciliation of expenses from the

audited financial statements to the expenses as stated on 990. The figure is the amount of

interest on endowment grants.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

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" on Form 990, Part IV, line 14b.

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Central America and the Caribbean	0	0	Investments		
(2) Europe (Including Iceland and Greenland)	0	0	Program services	Law enforcement training at U.S. Armed Forces base	4,893,000 9,000
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	0	0			4,902,000
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c</b> Totals (add lines 3a and 3b)	0	0			4,902,000

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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" on Form 990, Part IV, line 16.  
 Part III can be duplicated 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990).* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471).* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships. (see Instructions for Form 8865).* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990).* . . . . .  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I Line 3(1)(d) The NRA's offshore investments follow industry standard best practices

in risk management for national nonprofit institutional investors. Alternative investments

reduce overall portfolio risk by reducing volatility and improving diversification. The

NRA maintains several investment accounts that are multi-strategy funds of funds. Income

from passive investments, when appropriately structured, is excluded from unrelated

business income by law. This type of investment posture is commonly accepted in the U.S.

exempt organization industry.

Part I Line 3(1)(f) 100% of the amount is the total book value of investments for that

region.

Part I Line 3(2)(d) This disclosure of program services provided in the European region

refers to NRA Law Enforcement Division training school provided to a branch of the United

States Armed Forces at a foreign military base.

Part I Line 3(2)(f) 100% of the amount is the cash value of expenditures made by the NRA

Law Enforcement Division instructors for necessary travel and accommodations.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 8a.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization

Employer identification number

National Rifle Association of America

53-0116130

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on 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 email 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 services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Allegiance 11250 Waples Mill Rd Fairfax VA 22030	Paid solicitor		X	43,031,885	480,000	42,551,885
2 InfoCision 325 Springside Dr Akron OH 44333	Paid solicitor		X	8,780,881	4,209,328	4,571,553
3 McKenna & Associates 2000 Clarendon Blvd Ste 200 Arlington VA	Fundraising consultant		X	0	1,780,000	0
4 HWS Consulting 221 Homeport Dr Grasonville MD 21638	Fundraising consultant		X	0	685,000	0
5 501c Solutions 2530 Meridian Pkwy Ste 300 Research Tri	Fundraising consultant		X	0	648,275	0
6 Sharpe Group 855 Ridge Lake Blvd Ste 300 Memphis TN	Fundraising consultant		X	0	480,000	0
7 Key & Associates 12176 Chancery Station Cir Reston VA 201	Fundraising consultant		X	0	68,000	0
8 Commonwealth Group Partners 1579 Monroe Dr Ste F-341 Atlanta GA 303	Fundraising consultant		X	0	60,000	0
9 CWH Services DBA Cars With Heart 14185 Dallas Pkwy Dallas TX 75254	Paid solicitor		X	0	0	0
10				0	0	0
<b>Total</b>				<b>51,812,766</b>	<b>8,410,603</b>	<b>47,123,438</b>

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

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

**Part II**

**Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>NRAILA Event</u> (event type)	(event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	1,051,839		0	1,051,839
	<b>2</b> Less: Contributions . . . . .			0	0
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	1,051,839		0	1,051,839
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .			0	0
	<b>5</b> Noncash prizes . . . . .			0	0
	<b>6</b> Rent/facility costs . . . . .			0	0
	<b>7</b> Food and beverages . . . . .			0	0
	<b>8</b> Entertainment . . . . .			0	0
	<b>9</b> Other direct expenses . . . . .	178,132		0	178,132
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 178,132)
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				873,707	

**Part III**

**Gaming.** Complete if the organization answered "Yes" on 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 . . . . .				0
	<b>2</b> Cash prizes . . . . .				0
<b>Direct Expenses</b>	<b>3</b> Noncash prizes . . . . .				0
	<b>4</b> Rent/facility costs . . . . .				0
	<b>5</b> Other direct expenses . . . . .				0
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .					( 0)
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .					0

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

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

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

Name ▶

Address ▶

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ 0

Description of services provided ▶

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

Open to Public  
inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

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?  
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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(1) Name and address of organization or government	(b) EIN	(c) IRC 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
(1) National Fdn for Women, Legislator 910 16th St NW Washington, DC 20004	52-1480785	501(c)(3)	15,000				Undergraduate college scholarships
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							
(8) _____							
(9) _____							
(10) _____							
(11) _____							
(12) _____							

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

**3** Enter total number of other organizations listed in the line 1 table

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NRA Jeanne E. Bray Memorial Scholarship Awards Program	20	70,500			

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I Line 2 The National Foundation for Women Legislators partners with the National Rifle Association for the annual NFWL/NRA Bill of Rights Essay Scholarship Contest for female high school juniors and seniors. The NRA actively assists National Foundation of Women legislators in the selection and administration of NFWL scholarships for college. NFWL scholarship applications are assessed on the elements of historical research, insight and perspective, demonstrated understanding of the American Constitution, inspirational quality, and meaningful personal connection.

Part III Line 1 The NRA Jeanne E. Bray Memorial Scholarship Awards Program is named in honor and recognition of the groundbreaking police officer Jeanne E. Bray, a shooting champion and past member of the NRA Board of Directors. Jeanne E. Bray was the first female detective on a burglary squad, which has evolved into today's modern SWAT. She was the first female police officer to earn the NRA Police Marksmanship "Distinguished" bar, and she won the National Women's Police Pistol Combat Championship five times from 1962 to 1967. The program offers scholarships of up to \$2,500 per semester, up to \$5,000 per year for a maximum of four years, to dependent children of any public law enforcement officer killed in the line of duty who was an NRA member at the time of death, and to dependent





**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence          |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (such as, 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 on 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.

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

**4** During the year, did any person listed on 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 on 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" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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" on line 6a or 6b, describe in Part III.

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

Were any amounts reported on 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.

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b	X	
2	X	
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

**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 on 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 aren't 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						(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
Wayne LaPierre							
1 CEO and Executive Vice President	(i)	1,165,062	150,000	43,904	19,610	43,763	1,422,339
Chris W. Cox	(ii)						0
2 Executive Director, NRAILA	(i)	764,938	100,000	21,998	54,281	56,214	997,431
Robert K. Weaver	(ii)						0
3 Executive Director, General Operatio	(i)	650,112	100,000	114,401	18,978	39,489	922,980
Wilson H. Phillips Jr.	(ii)						0
4 Treasurer	(i)	524,396	100,000	172,490	19,610	23,788	840,284
John C. Frazer	(ii)						0
5 Secretary and General Counsel	(i)	317,716	25,000	30,557	15,900	50,295	439,468
Todd Grable	(ii)						0
6 Executive Director, Membership, Affir	(i)	631,775	0	11,130	10,600	43,754	697,259
Tyler Schropp	(ii)						0
7 Executive Director, Advancement	(i)	492,991	125,000	3,950	15,900	48,974	686,815
Michael Marcellin	(ii)						0
8 Managing Director, Affinity and Licen	(i)	26,434	600,852	0	16,209	2,404	645,899
Douglas Hamlin	(ii)						0
9 Executive Director, Publications	(i)	444,981	85,000	50,007	15,900	46,802	642,690
David Lehman	(ii)						0
10 Deputy Executive Director, NRAILA	(i)	388,431	50,000	61,990	19,610	3,571	523,602
Manon P. Hammer	(ii)						0
11 Director	(i)	206,000	0	0	0	0	206,000
	(ii)						0
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

53-0116130 Page 3

Part I Line 1a Charter travel was used on occasions when travel logistics or security concerns precluded other available options

Travel was properly excluded from taxable compensation. Certain compensation elements were grossed up. All tax gross ups were

properly included in taxable compensation. Clubs are supposed to be used for business purposes. Clubs were properly excluded from

taxable compensation.

Part I Line 4b The NRA takes a full transparency posture for executive compensation. This comment provides context for the 457(b)

and 457(f) plans. The NRA has an executive 457(b) deferred compensation retirement benefit plan for the benefit of certain

employees. It is employee funded, not employer funded. The NRA also has a nongovernmental 457(f) supplemental income retirement plan

for the benefit of certain individuals. The 457(f) plan is employer funded. The NRA decides the benefit amount and timeframe for

vesting of each participant using different factors particular to each relevant individual and his specific circumstances. Service

costs included in deferred compensation are actuarially determined under FASB ASC 715. The 457(f) plan is designed to supplement

the current tax qualified defined benefit pension plan where current limitations on benefits and employer contributions may be

inadequate, and an employer sponsored supplemental income plan can best provide these select employees with the appropriate amount

of income in the specific desired situation. 457(f) payouts are properly included in taxable wages and reported in W-2 income.

Part II Line Column B(iii) Other reportable compensation in taxable wages includes 457(b) plan, fringe auto, group life insurance

benefits, and 457(f) plan if applicable. Column C represents benefits that will not be paid until the future and includes the

employer paid portion of the NRA defined benefit pension plan, 401(k) plan, and 457(f) plan if applicable. The NRA takes a full

transparency posture for executive compensation.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

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Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

National Rifle Association of America

Employer identification number

53-0116130

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	5	94,442	Sales of comparable items
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( . . . . . )				
26 Other ▶ ( . . . . . )				
27 Other ▶ ( . . . . . )				
28 Other ▶ ( . . . . . )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

National Rifle Association of America

Employer identification number

53-0116130

Form 990, Part III, Line 4d: Program Service Expenses: 179,728,124, Grants and allocations:

0, Revenue: 164,370,436 This note provides further information on Part III Program Service

Accomplishments. All NRA program services are centered on the NRA's core mission of firearms

safety, education, and training. 990 readers are encouraged to refer to [NRA.org](http://NRA.org),

[NRApublications.org](http://NRApublications.org), [NRAILA.org](http://NRAILA.org), [NRAnews.com](http://NRAnews.com), and [NRAgive.com](http://NRAgive.com) for appealing and inspirational

opportunities to continue to engage with the NRA on the core mission of gun safety. NRA

members and other lawful gun owners proudly preserve the Second Amendment as America's first

freedom.

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

501(c)(3) public charities and a Section 527 political action committee, which is a separate

segregated fund. The four charities affiliated with the NRA are NRA Civil Rights Defense Fund,

NRA Foundation Inc, NRA Freedom Action Foundation, and NRA Special Contribution Fund DBA NRA

Whittington Center. The political action committee is the NRA Political Victory Fund. See

Schedule R, Part II. NRA annual membership dues increased from \$35 to \$40 during 2016,

representing the first NRA dues increase in more than twenty years. Individuals who would like

to reduce the volume of solicitations they receive from the NRA can contact NRA Member

Services and request to be placed on the "Do Not Promote" list. This simple step will

significantly reduce the amount of contact received from the NRA without affecting magazine

service, Board of Directors ballot, membership renewal, or other vital mail.

Form 990, Part I, Line 7: This informational note regards the NRA's unrelated business income.

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

taxable income on line 7b. The NRA did not owe unrelated business income tax for the year 2016

because directly connected deductions were greater than the associated income in 2016. The

main sources of NRA unrelated business income, as shown on 990 Part VIII, Column C, are

certain merchandise sales from the e-commerce platforms, advertising, and other activities not

related to the NRA's tax exempt purposes within the NRA Official Journals, NRA digital online

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



Name of the organization

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National Rifle Association of America

53-0116130

channels, and NRA television programs. Additional informational notes regarding the NRA's

taxes are shared on Schedule C regarding 527(f) proxy taxes and Schedule D regarding state and

local taxes. The NRA chooses to share this extra information about the NRA's taxes, above and

beyond requirements, in order to demonstrate in good faith that the organization is a taxpayer

in good standing.

Form 990, Part I, Line 8: This informational note regards the NRA's contribution revenue. The

vast majority of contributions to the NRA comes from millions of small individual donors.

Gifts from companies and executives in the firearms, hunting, and shooting sports industries

typically comprise less than 5% of the NRA's contribution revenue every year, as applied to

contribution revenue reported on Form 990, Part VIII, line 1.

Form 990, Part VI, Section A, Line 6: The National Rifle Association is a membership

association that represents only individual citizens. Membership dues are properly reported on

Form 990, Part VIII, line 2 pursuant to the instructions for such reporting.

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 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 of Directors Audit Committee, and made available to the full NRA

Board of Directors, before it is filed with the IRS.

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

filings, annual filings must be provided to the Office of the Secretary and General Counsel

and reviewed regularly and consistently.

Form 990, Part VI, Section B, Line 15: Compensation of the NRA's top management officials is

established by methods including independent compensation consultants, compensation surveys

and studies, and comparability data. In addition, under the NRA Bylaws, compensation of

Name of the organization

National Rifle Association of America

Employer identification number

53-0116130

certain elected officers (including the Executive Vice President) must be approved by the

Board of Directors, based on recommendations by the compensation committee. All decisions are

properly documented.

Form 990, Part VI, Section C, Line 18: Readers are politely reminded the NRA was founded 146

years ago, in 1871. The NRA's 1944 determination letter from the Internal Revenue Service is

available on Guidestar.org and can also be requested directly from the NRA as required by law.

Forms 990 can be requested directly from the NRA as required by law.

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 VII, Section A, Line 1: This informational note regards service on the NRA

Board of Directors, which is not compensated. Board members who received 1099s were

compensated for other professional services they performed for the organization, not for their

voluntary Board service.

Form 990, Part VIII, Line 2b: This informational note regards the reporting of member dues on

Form 990. Line 1b of the revenue statement is properly left blank. Pursuant to 990 form

Instructions, membership dues that are not contributions because they compare reasonably with

available benefits are available on line 2. Thus, all NRA member dues are properly shown on

the 990 revenue statement as program service revenue on line 2, other than NRA Life-plus

contributions which are properly counted as contribution revenue in line 1f of the 990 revenue

statement.

Form 990, Part IX, Line 11: This informational note regards the NRA's payment of fees for

outside professional services as stated on line 11 of the 990 expense statement. Line 11b

reports legal fees paid to outside attorneys, such as for Second Amendment case work and

related litigation at the federal and state levels. Line 11c reports accounting fees paid to

the outside CPA firm that provides the NRA's auditing and tax services. Line 11d reports

lobbying expenses paid to external registered lobbyists. Line 11e reports fundraising costs

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paid to the authorized vendors listed on Schedule G. Line 11f reports investment management

fees paid to investment advisors that manage the NRA's portfolios. Professional services

performed by NRA employees (in house counsel, in house accountants, in house lobbyists, in

house fundraisers, and in house investment managers, respectively) are properly reported in

lines 5-7 of the expense statement, as required by 990 form instructions.

Form 990, Part IX, Line 24e: This response explains \$20,463,531 of other expenses stated on

line 24e of the 990, Part IX expense statement. This figure includes \$10,819,069 membership

fulfillment items, \$5,452,270 banking fees, \$2,219,576 FASB ASC 715 pension accounting

valuation adjustment, \$1,425,672 membership premiums, \$536,180 compensation of board members

for professional services rendered, and \$10,764 miscellaneous.

Form 990, Part XI, Line 9: This response explains \$3,370,587 of other changes in the net

assets reconciliation schedule. The figure includes \$2,484,770 agency transactions between the

NRA and NRA Foundation and \$885,817 unrealized gain on derivative instrument. The agency

transactions figure of \$2,484,770 includes endowment contributions and endowment earnings

designated by NRA Foundation donors for eligible NRA programs. Readers may refer to Schedule D

for an informational note on the derivative instrument.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

National Rifle Association of America

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Employer identification number  
53-0116130

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

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

**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.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	NRA FOUNDATION INC 52-1710886 11250 WAPLES MILL RD FAIRFAX, VA 22030	CHARITABLE	DC	501(c)(3)	LINE 7	NRA	X	
(2)	NRA SPECIAL CONTRIBUTION FUND 23-7367534 PO BOX 700 RATON, NM 87740	CHARITABLE	NM	501(c)(3)	LINE 7	NRA	X	
(3)	NRA CIVIL RIGHTS DEFENSE FUND 52-1136665 11250 WAPLES MILL RD FAIRFAX, VA 22030	CHARITABLE	NY	501(c)(3)	LINE 7	NRA	X	
(4)	NRA FREEDOM ACTION FOUNDATION 26-1277941 11250 WAPLES MILL RD FAIRFAX, VA 22030	CHARITABLE	VA	501(c)(3)	LINE 7	NRA	X	
(5)	NRA POLITICAL VICTORY FUND 52-1083020 11250 WAPLES MILL RD FAIRFAX, VA 22030	PAC/SSF	VA	527		NRA		X
(6)								
(7)								

For Paperwork Reduction Act Notice, see the instructions for Form 990.  
HTA

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
1) _____									
2) _____									
3) _____									
4) _____									
5) _____									
6) _____									
7) _____									

**Part V**

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  
 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?

	Yes	No
<b>1</b> Receipt of (I) interest, (II) annuities, (III) royalties, or (IV) rent from a controlled entity		
<b>a</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>b</b> Gift, grant, or capital contribution from related organization(s)		X
<b>c</b> Loans or loan guarantees to or for related organization(s)	X	
<b>d</b> Loans or loan guarantees by related organization(s)		X
<b>e</b> Dividends from related organization(s)		X
<b>f</b> Sale of assets to related organization(s)		X
<b>g</b> Purchase of assets from related organization(s)		X
<b>h</b> Exchange of assets with related organization(s)		X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>n</b> Sharing of paid employees with related organization(s)		X
<b>o</b> Reimbursement paid to related organization(s) for expenses		X
<b>p</b> Reimbursement paid by related organization(s) for expenses		X
<b>q</b> Other transfer of cash or property to related organization(s)		X
<b>r</b> Other transfer of cash or property from related organization(s)	X	
<b>s</b> 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.		

(e) Name of related organization	(b) Transaction type (e-a)	(c) Amount Involved	(d) Method of determining amount involved
(1) NRA FOUNDATION INC	a	180,000	CASH VALUE
(2) NRA FOUNDATION INC	c	19,276,495	CASH VALUE
(3) NRA FOUNDATION INC	o	5,297,603	CASH VALUE
(4) NRA FOUNDATION INC	q	3,384,719	CASH VALUE
(5) NRA CIVIL RIGHTS DEFENSE FUND	c	156,194	CASH VALUE
(6) NRA CIVIL RIGHTS DEFENSE FUND	q	76,442	CASH VALUE





**Part VII**

**Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See Instructions.

Part II The NRA is a 501(c)(4) membership association with four 501(c)(3) public charities and a Section 527 political action committee (PAC) which is a separate segregated fund. The four charities affiliated with the NRA are NRA Civil Rights Defense Fund, NRA Foundation Inc, NRA Freedom Action Foundation, and NRA Special Contribution Fund DBA NRA Whittington Center. The PAC is the NRA Political Victory Fund; NRAPVF is a separate unincorporated PAC of the NRA. In the event that any funds are received by the NRA and earmarked to the PAC, the NRA has systems in place to ensure any such receipts are promptly and immediately deposited into the separate segregated fund's accounts. The NRA did not take possession of any earmarked PAC contributions from its members; all contributions to the PAC were directly received by the PAC from contributors. Therefore, there were no reportable transactions between the NRA and the PAC for the purpose of any Schedule R, Part V, line 2 disclosures.

Part V Line 1c This informational note regards qualified charitable grantmaking. All grants made by NRA Foundation and NRA Civil Rights Defense Fund to the NRA are subject to stringent review processes requiring that the grants be made and used only for qualified charitable purpose programs. The NRA is required to provide an accounting to the charities as documentation that proceeds were used by the NRA for the qualified charitable purposes as set forth in the grant documents.

Part V Continuation of Transactions With Related Organizations

(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)
(e) Name of other organization		(b) Transaction type (e-r)	(c) Amount Involved	(d) Method of determining amount involved													
	NRA SPECIAL CONTRIBUTION FUND	a	120,000	CASH VALUE													
	NRA SPECIAL CONTRIBUTION FUND	q	1,791,147	CASH VALUE													

**Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed**

<input type="checkbox"/>	Armed Forces the Americas	<input checked="" type="checkbox"/>	Louisiana	<input type="checkbox"/>	Palau
<input type="checkbox"/>	Armed Forces Europe	<input checked="" type="checkbox"/>	Massachusetts	<input checked="" type="checkbox"/>	Rhode Island
<input checked="" type="checkbox"/>	Alaska	<input checked="" type="checkbox"/>	Maryland	<input checked="" type="checkbox"/>	South Carolina
<input checked="" type="checkbox"/>	Alabama	<input checked="" type="checkbox"/>	Maine	<input checked="" type="checkbox"/>	South Dakota
<input type="checkbox"/>	Armed Forces Pacific	<input type="checkbox"/>	Marshall Islands	<input checked="" type="checkbox"/>	Tennessee
<input checked="" type="checkbox"/>	Arkansas	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	Texas
<input type="checkbox"/>	American Samoa	<input checked="" type="checkbox"/>	Minnesota	<input checked="" type="checkbox"/>	Utah
<input checked="" type="checkbox"/>	Arizona	<input checked="" type="checkbox"/>	Missouri	<input checked="" type="checkbox"/>	Virginia
<input checked="" type="checkbox"/>	California	<input type="checkbox"/>	Commonwealth of the Northern Mariana Islands	<input type="checkbox"/>	U.S. Virgin Islands
<input checked="" type="checkbox"/>	Colorado	<input checked="" type="checkbox"/>	Mississippi	<input type="checkbox"/>	Vermont
<input checked="" type="checkbox"/>	Connecticut	<input type="checkbox"/>	Montana	<input checked="" type="checkbox"/>	Washington
<input checked="" type="checkbox"/>	District of Columbia	<input checked="" type="checkbox"/>	North Carolina	<input checked="" type="checkbox"/>	Wisconsin
<input type="checkbox"/>	Delaware	<input checked="" type="checkbox"/>	North Dakota	<input checked="" type="checkbox"/>	West Virginia
<input checked="" type="checkbox"/>	Florida	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	Federated States of Micronesia	<input checked="" type="checkbox"/>	New Hampshire		
<input checked="" type="checkbox"/>	Georgia	<input checked="" type="checkbox"/>	New Jersey		
<input type="checkbox"/>	Guam	<input checked="" type="checkbox"/>	New Mexico		
<input type="checkbox"/>	Hawaii	<input type="checkbox"/>	Nevada		
<input type="checkbox"/>	Iowa	<input checked="" type="checkbox"/>	New York		
<input type="checkbox"/>	Idaho	<input checked="" type="checkbox"/>	Ohio		
<input checked="" type="checkbox"/>	Illinois	<input checked="" type="checkbox"/>	Oklahoma		
<input type="checkbox"/>	Indiana	<input checked="" type="checkbox"/>	Oregon		
<input checked="" type="checkbox"/>	Kansas	<input checked="" type="checkbox"/>	Pennsylvania		
<input checked="" type="checkbox"/>	Kentucky	<input type="checkbox"/>	Puerto Rico		