# Citizen Audit.org

### 990

#### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

Open to Public

Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2014 calendar year, or tax year beginning and ending Check if applicable C Name of organization NRA Civil Rights Defense Fund D Employer identification number Doing business as Address change Number and street (or PO box if mail is not delivered to street address) Room/suite 52-1136665 Name change 1250 Waples Mill Road E Telephone number Initial return City or town ZIP code (703) 267-1000 22030 Fairfax VA Final return/terminated Foreign country name Foreign postal code Foreign province/state/county Amended return G Gross receipts \$ 3,354,219 F Name and address of principal officer Application pending Х H(a) Is this a group return for subordinates? Wilson H Phillips Jr. 11250 Waples Mill Rd. Fairfax, VA 22030 H(b) Are all subordinates included? 501(c)(3) If "No," attach a list (see instructions) Tax-exempt status 501(c) ( ) < (insert no ) 4947(a)(1) or 527 J Website: www.nradefensefund.org H(c) Group exemption number ▶ K Form of organization Corporation X Trust Other > Association L Year of formation 1978 M State of legal domicile NY Part I Summary Briefly describe the organization's mission or most significant activities: To voluntarily assist in the preservation Activities & Governance and defense of human, civil, and constitutional rights of individuals to keep and bear arms in a free society Check this box ▶ if the organization discontinued its operations of disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 'line 1b). 4 9 Number of independent voting members of the governing body (Part V) Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 SEP 17 2015 6 Total number of volunteers (estimate if necessary) 9 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T. line 34 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 1,120,601 1,414,748 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 251,572 294,612 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,146 33 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,709,393 1,382,319 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 810,561 1,231,763 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 SCANNED 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 0 0 Professional fundraising fees (Part IX, column (A), line 11e). 16a O Total fundraising expenses (Part IX, column (D), line 25) ▶ 90,199 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). . 105,066 193,721 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 915,627 1,425,484 19 Revenue less expenses. Subtract line 18 from line 12 466,692 283,909 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16). 5,981,742 6,107,401 21 Total liabilities (Part X, line 26). 219,401 164,786 22 Net assets or fund balances. Subtract line 21 from line 20 5.762.341 5,942,615 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 Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete 9/18/2015 Sign Signature of officer **c**Here WILSON H PHILLIPS JR **TREASURER** Type or print name and title Print/Type preparer's name Date Check © Paid 9/18/2015 JAMES P. SWEENEY self-employed P01263012 Preparer Firm's name ► MCGLADREY LLP Firm's EIN > 41-1944416 **Use Only** Firm's address ► 1861 INTERNATIONAL DR STE 400, MCLEAN, VA 22102 Phone no 703-336-6400 May the IRS discuss this return with the preparer shown above? (see instructions). Yes Form 990 (2014)

arm 9	90 (2014)	NRA Civil Rights Defense Fund	52-1136665	Page 2
Pa	t III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1		escribe the organization's mission		
	The Fur	d provides legal and financial assistance to selected individuals and organizations		
		ng their right to keep and bear arms. Additionally, the Fund sponsors legal research		
	Amendr	cation on a wide variety of gun-related issues, including the meaning of the Second		
2		organization undertake any significant program services during the year which were not listed on		
_		Form 990 or 990-EZ?	Tyes	X No
		describe these new services on Schedule O.		<u> </u>
3		organization cease conducting, or make significant changes in how it conducts, any program		
	services		. Yes	X No
	If "Yes,"	describe these changes on Schedule O	<del></del>	
4		e the organization's program service accomplishments for each of its three largest program services		
		es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	locations to others,	
	the total	expenses, and revenue, if any, for each program service reported		
4a	(Code	) (Expenses \$ 968,509 including grants of \$ 968,509 ) (Revenue	<u></u> \$	
74	Grants 1	or legal assistance for the representation of individuals where issues in litigation are		/
	directly	related to the preservation of the human, civil, and/or constitutional rights of the		
		al to keep and bear arms.		
		***************************************		
				<del></del>
4b	(Code	) (Expenses \$ 273,254 including grants of \$ 263,254 ) (Revenue	ıe \$	)
	Grants	and awards for legal research and education on gun-related issues, including the meaning of		
		ond Amendment and nature of the right to keep and bear arms provisions in state		·
	constitu	iloris.		
		·		
				· · · · · · · · · · · · · · · · · · ·
				·
4c	(Code:	) (Expenses \$ including grants of \$ ) (Revenue	ле \$	
	`			/
				· <b></b>
		······································		
			•••••	·
				. <b></b> .
				·
	<u> </u>			
4d		rogram services. (Describe in Schedule O )	<b>6</b> )	
4e	(Expens	ses \$ 0 including grants of \$ 0 ) (Revenue \$ pagram service expenses ► 1,241,763	0)	

Part	IV Checklist of Required Schedules			
	•		Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			l
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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,	ا ۔ ا		
_	Part III	5		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	_		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6_		-
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	<u> </u>		<del>  ^</del>
Ü	complete Schedule D, Part III	8	Х	ļ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	H	<del></del>	
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			İ
	negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<u> </u>		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X_	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	اممدا		
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	_X_	<del> </del>
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	İ
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	IZa	<del>  ^-</del>	
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		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	15		Х
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	16	L	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)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		l	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
<u> 0</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

			Yes	No
21	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	21	Х	
22	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	22	Х	
23	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	23	Х	
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	١		
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$\vdash$
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		_	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	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	26		X
27	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	27	Х	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	<b>-</b>	^	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	ŀ		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	_	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,	30		<del>  ^</del>
٠.	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	_	X
34	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	34	X	<del>-</del>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	330		
-	organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1		
	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	<u> </u>
		Form	990	(2014)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		
	,	_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	6	İ	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		<u> </u>	
_	gaming (gambling) winnings to prize winners?	1c	X	<b></b> -
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		•	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	<del> </del>	<del> </del>	<b> </b>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<del> </del>	<u> </u>
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			<del></del>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<u>3b</u>	├	<del></del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	۱		,
<b>L</b>	account)?	4a	<del> </del>	X
b	If "Yes," enter the name of the foreign country	1	1	
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts	1	1	
E.	(FBAR).	-	<del></del>	-
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	$\vdash$	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c	<del> </del>	<del>  ^</del>
C 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30	<del>                                     </del>	
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- ba		┝
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	100	<del> </del>	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a	<del> </del>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	T		
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	İ	Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		}
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4	ŀ	
11	Section 501(c)(12) organizations. Enter		ŀ	ł
а	Gross income from members or shareholders	4	ŀ	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)		·	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-	┼	$\vdash$
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	$\vdash$
<b>L</b>	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	$\dashv$		
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+-	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	_	<del>  ^</del>
		1,70	1	

Part VI

	Check if Concedure C contains a response of note to any line in this Fact VI	•	·	<u> </u>
<u>Secti</u>	ion A. Governing Body and Management			<del></del>
	Estable a miles of oil as manch as of the consequence had state at 100 days.		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year 1a 9			j
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			]
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			<u> </u>
•	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		-	
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			1
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.	)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	<del>                                     </del>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
b c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		
C	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a		$\mathbf{x}$
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
<u>Sect</u>	ion C. Disclosure		_	
17	List the states with which a copy of this Form 990 is required to be filed ► See Attached Statement			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)	s only	/)	
	available for public inspection. Indicate how you made these available. Check all that apply			
40	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest politication and its governing documents, conflict of interest politications and its governing documents.	cy, an	d	
20	financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records	_		
20	and the contract of the contra			
	NRA CIVIL RIGHTS DEFENSE FUND 703-267-1000			

Form 990 (2014)	NRA Cıvıl Rıghts Defense Fund									52-11366	65 Page <b>7</b>
Part VII	Compensation of Officers, Dire Employees, and Independent Of Check if Schedule O contains a re	ontractors		-		-	•				
Section A.	Officers, Directors, Trustees, Key E				_						· · · <u> </u>
	this table for all persons required to be									with or within the	
organization's	tax year.										
List all a     List the who received organization a	of the organization's current officers, distance ion Enter -0- in columns (D), (E), and (ion Enter -0- in columns (D), (E), and (ion the organization's current key emplorganization's five current highest con reportable compensation (Box 5 of Formal any related organizations.	F) if no compens yees, if any Seo npensated emplo m W-2 and/or Bo	sation e insti oyees ox 7 d	n wa ructi s (ot of Fo	s pa ons her orm	aid for thar 109	defin n an d 9-MIS	tion (ffica (SC)	of "key employe er, director, trust of more than \$1	ee " ee, or key emplo 00,000 from the	yee)
	of the organization's <b>former</b> officers, ke eportable compensation from the organ							ed e	employees who r	eceived more th	an
	of the organization's <b>former directors o</b> more than \$10,000 of reportable compe										the
List persons in	n the following order: individual trustees employees; and former such persons.						-		-		
Check thi	s box if neither the organization nor any	y related organiz	ation	con	npe	nsa	ted ar	ту с	urrent officer, dir	ector, or trustee.	,
	(B) Average hours per	verage box, unless person is both an					an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	1	Officer	_	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Robert	Cottrol	1.00							·	_	
Trustee		0.00	X								
(2) Robert	E. Sanders	1.00									
Trustee		1.00	_	L					0	0	0
	S. Jenkins	1.00									
Trustee		1.00		_					0	0	0
(4) Charles	L. Cotton	1.00	1								
Trustee		1.00	_	ļ		ļ.,			0	0	0
(5) Robert	K Corbin	1.00	1						_	_	_
Trustee	11 0-4-5-14	0.00		┼	-	┢			0	. 0	0
	H. Satterfield	1.00	1								
Trustee (7) James	W Portor II	1.00	_	-	-	┢			0	0	0
(7) James Trustee	vv Porter II	1.00	1						_		
(8) William	H Dailoy	20.00 1.00		-		⊢			0	0	0
Chairman	11. Dailey	1.00	1		x				o	0	_
(9) M. Card	ol Bambery	1.00	_	╁╌	┝	╁			0		0
Vice Chairmai		1.00	1		x				o	o	o
(10) Wilson		1.00	<del>1</del>	$\vdash$	<del>  ``</del>						
Treasurer		50.00	1		x				0	564,783	40,970
	J Dowlut (thru September)	1 00	_	T	Ħ					30.,.30	10,010
Secretary		49.00			x				0	255,136	47,331
	Tahmassebi (eff October 1)	1.00	_								
Secretary		49.00		$oxed{oxed}$	х				0	202,972	54,425

(13)

(14)

P	Section A. Officers, Directors, Tru	ıstees, Key Em	ploye	es,	and	iH b	ghes	t C	ompensated Em	ployees (	contin	ued)		
	(A) Name and title	(B) Average hours per week (list any	box,	unle: er an	Pos neck ss pe	rson Irect	than o	n an lee)	(D) Reportable compensation from	(E) Reportal compensa from rela	ition		(F) stimate mount o	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-I	ons	org an	npensa from the ganizati d relate anizatio	e ion ed
(15)														_
(16)														
(17)									-					
(18)														
(19)													<del></del>	
(20)														
		_						-		-				
						_								
(25)											-			
1b						<u> </u>		<b>•</b>	0	1,022	2,891		142	2,726
ď	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A					•	<b>&gt;</b>	0	1 023	0 2,891		143	0 2,726
2	Total number of individuals (including but not lir reportable compensation from the organization	nited to those lis	ted a	bov		vho	rece	ved			<u> </u>		172	-, , ,
	·				<u> </u>								Yes	No
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched	•	•	•	oye		r high		•			3		X
4	For any individual listed on line 1a, is the sum of				n a							<u>,                                     </u>		Ĥ
	the organization and related organizations great									ל				
5	individual	· · · · · · ·	 n from	n ar		nrol	atod	ora	anization or indiv	udual	}	4	X	$\vdash$
_	for services rendered to the organization? If "Y											5		X
	tion B. Independent Contractors		44	4			454			2400 000	_			
1	Complete this table for your five highest compecompensation from the organization. Report coyear											ax		
	(A) Name and business add	ress							(B) Description of serv	vices	С	(C omper	) isation	
								Ĺ						0
								-						0
		<del></del>												0
	Total number of independent	diam but act to t	. المحد	<u></u>										0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-	eu 10 ►	เท0	se II	ist <b>e</b> (	а аво 0	•	wno received					

Form **990** (2014)

Par	t VIII	Statement of Revenue Check if Schedule O contains a response or	r 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
9 s	1a	Federated campaigns	a 246,388				
Contributions, Gifts, Grants and Other Similar Amounts	b		<b>b</b> 0				
s, G	С		<b>c</b> 0				
Gift lar	d	Related organizations <u>1</u>					
å E	е	Government grants (contributions) . 1	<b>e</b> 0				
utlo	f	All other contributions, gifts, grants, and					1
를 를			f 1,168,360			j	1
Cor	g	Noncash contributions included in lines 1a-1f	′	4 44 4 740			
	h	Total. Add lines 1a–1f	Business Code	1,414,748			
an ne	2a			0			
397				0		<u> </u>	
Program Service Revenue	C			0		·	
	d		`	0			
Ē	e			0			
E B	f	All other program service revenue .		0			
_ <u>ě</u>	g	Total. Add lines 2a–2f	•	0			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)	. ▶	145,886			145,886
	4	Income from investment of tax-exempt bond pr	oceeds ▶	0	<u> </u>		
	5	Royalties	(ii) Personal	0		<b>.</b>	<del></del>
	_ ا		(II) Personal				
	6a	Gross rents					1
	b	Less rental expenses	0 0				
	d	Rental income or (loss)				<del> </del>	_
	7a	Gross amount from sales of (i) Secunties	(II) Other				
	۱ ′ "	assets other than inventory 1,793,55					
	Ь	Less cost or other basis	-				1
	~	and sales expenses 1,644,82	26 0				
	С	Gain or (loss)					
	d	Net gain or (loss)	<b>.</b>	148,726			148,726
		·					
Other Revenue	8a	events (not including \$ 0 of contributions reported on line 1c)					
er	l	•	a0	Į		į	
¥			b [0				<b>-</b>
•	1	Net income or (loss) from fundraising events.	·	0		<u> </u>	
	9a	Gross income from gaming activities.	-				
	١.	•	a 0				
			b0			<del> </del>	<del></del>
		Net income or (loss) from gaming activities Gross sales of inventory, less	·	U		-	<del>                                     </del>
	IVa		a				
	h		b 0				
		Net income or (loss) from sales of inventory.		0			
	⊢∸	Miscellaneous Revenue	Business Code			<del>                                     </del>	<del>                                     </del>
	11a	Miscellaneous	900099	33		1	33
	b	Misselfallicous	122200	0		<del>                                     </del>	1
	c			0	_	1	
	d	All other revenue		0		1	
	е	Total. Add lines 11a–11d	▶	33			
	12	Total revenue. See instructions		1,709,393			294,645

NRA Civil Rights Defense Fund
Statement of Functional Expenses Part IX

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other or	ganızations must co	omplete column (A).	
	Check if Schedule O contains a response or note t	to any line in this Pa	rt IX		
	not include amounts reported on lines 6b, 7b, 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	239,770	239,770		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	991,993	991,993		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals. 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	0			
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	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal [	10,000	10,000		
С	Accounting	16,100		16,100	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17 [	0			
f	Investment management fees	21,626		21,626	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	7,687		7,687	
12	Advertising and promotion	0			
13	Office expenses .	5,945		5,945	
14	Information technology	8,006		8,000	6
15	Royalties	0			
16	Occupancy	0		-	
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials.	0		į	
19	Conferences, conventions, and meetings	2,396		2,396	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	(
23	Insurance	0			
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.)				
а	Printing and publications	28,200		24,111	4,089
b	Charitable Org report fees	4,371		4,371	
С	Annuity expense	1,232		1,232	
d	Insurance expense	86,104			86,104
e	All other expenses	2,054		2,054	· ·
25	Total functional expenses. Add lines 1 through 24e	1,425,484	1,241,763	93,522	90,199
26	Joint costs. Complete this line only if the	*			
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here				
	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 Par	tX		
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing		1_	
	2	Savings and temporary cash investments	786,791	2	765,873
	3	Pledges and grants receivable, net	935,884	3	982,129
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	<del></del>	5_	
	6	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			
Assets		organizations (see instructions). Complete Part II of Schedule L		6	<u> </u>
188	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	•	8	
	9	Prepaid expenses and deferred charges	. 7,857	9	63,956
	10a	Land, buildings, and equipment: cost or			
	١.	other basis. Complete Part VI of Schedule D	0		
	_b	Less. accumulated depreciation 10b	0 0		0
	11	Investments—publicly traded securities	2,843,261	11	2,923,561
	12	Investments—other securities See Part IV, line 11	0		0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11			1,371,882
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	5,981,742		6,107,401
	17	Accounts payable and accrued expenses	93,227		54,695
	19	Grants payable	•	18 19	
	20		•	20	
	21	Tax-exempt bond liabilities  Escrow or custodial account liability Complete Part IV of Schedule D		21	
80	22	Loans and other payables to current and former officers, directors,	•	21	
Liabilities	22	trustees, key employees, highest compensated employees, and			
≣		disqualified persons Complete Part II of Schedule L		22	
Ē	23	Secured mortgages and notes payable to unrelated third parties	0		0
	24	Unsecured notes and loans payable to unrelated third parties	. 0		0
	25	Other liabilities (including federal income tax, payables to related third		27	
		parties, and other liabilities not included on lines 17-24) Complete			
		Part X of Schedule D	126,174	25	110,091
	26	Total liabilities. Add lines 17 through 25	219,401	26	164,786
		Organizations that follow SFAS 117 (ASC 958), check here   X an			
89		complete lines 27 through 29, and lines 33 and 34.	iu		1
S I	27		2 574 076	27	0.705.647
<u> </u>	27 28	Unrestricted net assets	2,574,076 1,683,143		2,725,617
В	29	Barrier and the contract of th	. 1,505,122		1,614,376 1,602,622
5	23				1,002,022
or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here an complete lines 30 through 34.	ď		
	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ř	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	5,762,341	33	5,942,615
	34	Total liabilities and net assets/fund balances	5,981,742		6,107,401

Form 9	90 (2014) NRA Civil Rights Defense Fund	5	<u>52-113666</u> 5	Pag	je 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			.	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,709	,393
2	Total expenses (must equal Part IX, column (A), line 25)	2	-	1,425	5,484
3	Revenue less expenses Subtract line 2 from line 1	3		283	3,909
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,762	2,341
5	Net unrealized gains (losses) on investments	5		-103	3,635
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		5,942	<u>2,615</u>
Part	• •				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		Ш_
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	•	2a		X
	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				
	Separate basis Donsolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Χ	
	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				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	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?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		i

Form **990** (2014)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

#### Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** NRA Civil Rights Defense Fund 52-1136665 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II ) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) q An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations. 0 Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section. document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D)

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction`A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	706,670	923,486	1,408,890	1,120,601	1,414,748	5,574,395
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge	700.070	000.400	4 400 000	4 400 004	4 44 4 740	5.574.005
<b>4</b> 5	Total. Add lines 1 through 3  The portion of total contributions by each	706,670	923,486	1,408,890	1,120,601	1,414,748	5,574,395
3	person (other than a governmental unit						
	or publicly supported organization)						
	included on line 1 that exceeds 2%						
	of the amount shown on line 11,					:	764,938
6	Public support. Subtract line 5 from line 4.						4,809,457
	ction B. Total Support						.,000,.01
Cale	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	706,670	923,486	1,408,890	1,120,601	1,414,748	5,574,395
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar	1					
	sources	107,591	119,285	142,310	120,619	145,886	635,691
9	Net income from unrelated business activities, whether or not the business is regularly carned on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	670	7	48	10,146	33	10,904
11	Total support. Add lines 7 through 10	070		40	10,140	- 55	6,220,990
12	Gross receipts from related activities, etc. (se	e instructions) .				12	0,220,000
13	First five years. If the Form 990 is for the or			n, or fifth tax year a	s a section 501(c)	(3)	
	organization, check this box and stop here						▶
Sec	ction C. Computation of Public Sup	port Percenta	ige	-			· · · · · · · · · · · · · · · · · · ·
14	Public support percentage for 2014 (line 6, or	•	_	· · · · · · · · · · · · · · · · · · ·		14	77.31%
15	Public support percentage from 2013 Schedu	le A, Part II, line 1	4			15	81 02%
16a	33 1/3% support test—2014. If the organization data stop here. The organization qualifies as			, and line 14 is 33	1/3% or more, che	ck this box	<b>▶</b> 🗓
b	33 1/3% support test—2013. If the organization and stop here. The organization qualifie			•	s 33 1/3% or more 	, check this	
17a	10%-facts-and-circumstances test—2014 is 10% or more, and if the organization meets Part VI how the organization meets the "facts organization.	the "facts-and-cir	cumstances" test,	check this box and	stop here. Explai	n ın	▶□
b	10%-facts-and-circumstances test—2013. 15 is 10% or more, and if the organization me Part VI how the organization meets the "facts supported organization	ets the "facts-and	-circumstances" te	st, check this box a	and stop here. Ex		▶□
18	Private foundation. If the organization did n	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	instructions						

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	my arider are t	ooto notou por	vi, picaco com	proto r art m.y		
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees			•			
	received (Do not include any "unusual grants ")						0
2	Gross receipts from admissions, merchandise			•			
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						0
4	Tax revenues levied for the organization's		i				
	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
	fumished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year .						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						_
	line 6.)					<u> </u>	0
	tion B. Total Support	( ) 2040	#1.0044	( ) 0040	4.0.0040	(1) 0044	/D T-1-1
	endar year (or fiscal year beginning in)	<b>(a)</b> 2010 0	<b>(b)</b> 2011	( <b>c</b> ) 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	<b>(f)</b> Total
9	Amounts from line 6		0	U	U		
ıva	Gross income from interest, dividends,						
	payments received on securities loans,	İ					0
L	rents, royalties and income from similar sources					<del></del>	
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						0
_		0	0	0	0	o	
11	Net income from unrelated business			0			
•••	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
_	loss from the sale of capital assets						
	(Explain in Part VI.)						O
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	l o	o	O
14	First five years. If the Form 990 is for the org	ganization's first, s	econd, third, fourti	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here .						▶ 🗀
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2014 (line 8, co			f))		15	0.00%
16	Public support percentage from 2013 Schedu	• •		• •		16	0 00%
	ction D. Computation of Investment						
17	Investment income percentage for 2014 (line			olumn (f))		17	0.00%
18	Investment income percentage from 2013 Sci		-			18	0.00%
19a	33 1/3% support tests—2014. If the organiz			4, and line 15 is m	nore than 33 1/3%,	and line 17 is	
	not more than 33 1/3%, check this box and st						▶ 🔼
b	33 1/3% support tests—2013. If the organiz						. –
	line 18 is not more than 33 1/3%, check this b						▶ ∟
20	Private foundation. If the organization did no	ot check a box on	line 14, 19a, or 19	b, check this box a	and see instruction:	s	▶

#### Part IV **Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A

	and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete	;
	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)	
Section A	. All Supporting Organizations	
		Yes

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes." explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
ŀ			
	2		
ŀ	3a		<del></del>
ŀ	3b		
Ì			
	3с		
ŀ	4a		
Ì	4b		
ŀ	4c		
Ì			
		ļ	
	5a		
	5b		
	5c		
	6	<u> </u>	
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	7		L
	8	ł	
	0		
	9a		
		<b> </b>	
	9b	-	<u> </u>
	9c		
	<b></b>		
		ļ	
	10a		<u> </u>
	105		<b> </b> j
	10b		Щ_

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3a

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	rgan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			tructions. All
other Type III non-functionally integrated supporting organizations must co	mplet	e Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	-	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	1		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	ol	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	. 0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functiona	lly-inte	egrated Type III supporting	organization (see
instructions)			

Part \	Type III Non-Functional	ly Integrated 509(a)(3	) Supporting Organi:	zations (continued)	
Section	n D - Distributions				Current Year
1	Amounts paid to supported organ	zations to accomplish exe	empt purposes		
Ž	Amounts paid to perform activity t	hat directly furthers exemp	ot purposes of supported	-	
	organizations, in excess of incom-	e from activity			
3	Administrative expenses paid to a	ccomplish exempt purpos	es of supported organiza	ntions	
4	Amounts paid to acquire exempt-	use assets			
5	Qualified set-aside amounts (prior	r IRS approval required)			
6	Other distributions (describe in Pa	rt VI). See instructions.	<del>.</del> .		
7	Total annual distributions. Add I				0
8	Distributions to attentive supporte		he organization is respor	nsive	
	(provide details in Part VI). See in		,		
9	Distributable amount for 2014 from				0
10	Line 8 amount divided by Line 9 a	· · · · · · · · · · · · · · · · · · ·			0 000
				(ii)	(iii)
Se	ection E - Distribution Allocation	s (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from	m Section C, line 6			0
2	Underdistributions, if any, for year	s prior to 2014			
	(reasonable cause required-see in	nstructions)			_
3	Excess distributions carryover, if a	any, to 2014			
а					
b					
С					
d					
е	From 2013				
f	Total of lines 3a through e		0		
g	Applied to underdistributions of pr	or years		0	·
h	Applied to 2014 distributable amo				0
i	Carryover from 2009 not applied (	(see instructions)		•	
j	Remainder. Subtract lines 3g, 3h,	and 3ı from 3f.	0		
4	Distributions for 2014 from Sectio	n			
	D, line 7	\$ 0			
а	Applied to underdistributions of pr	ior years		0	
b	Applied to 2014 distributable amo	unt			0
С	Remainder. Subtract lines 4a and	4b from 4.	0		
5	Remaining underdistributions for	years prior to 2014, if			
	any Subtract lines 3g and 4a from	n line 2 (if amount	1		
	greater than zero, see instructions	s)		0	
6	Remaining underdistributions for	2014 Subtract lines 3h			
	and 4b from line 1 (if amount grea	ater than zero, see			
	instructions)				0
7	Excess distributions carryover	to 2015. Add lines 3j			
	and 4c.	<i>.</i>	0		
8	Breakdown of line 7				
а					
b			-		
С					
d	Excess from 2013	0	<u> </u>		
	Excess from 2014				

Schedule A (F	Form 990 or 990-EZ) 2014	NRA Civil Rights Defense	Fund		52-1136665 Page 8
Part VI	Supplemental Int	formation. Provide the e	explanations required b	y Part II, line 10; Part I	I, line 17a or 17b; and
,	Part III, line 12, Al	so complete this part for	any additional informa	tion. (See instructions)	,
					·
Darf II Soc	tion R Line 10 Security	es litigation settlement. Year	2012 also includes		
Fait ii Sec	Mon B Line 10 Securitie	s ingation settlement real	2013 also includes		
returned u	nused legal assistance	fees of \$9,720			
	•••••				
	•••••				
	••				·
			••••		

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

at Statements
ed "Yes" to Form 990,
11d, 11e, 11f, 12a, or 12b

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization NRA Civil Rights Defense Fund Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to 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) Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? . . . . . . . . . . Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year Total number of conservation easements . . . 2a Total acreage restricted by conservation easements. b 2b C Number of conservation easements on a certified historic structure included in (a). 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 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 in Form 990, Part VIII, line 1 . . . . . . . . **▶** \$ 10,000 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 Assets included in Form 990, Part X.

Part	III Organizations Maintaining (	Collections of	Art Histo	orical Tr	easures of	. Othe	r Similar Asse	ts (conf	inued	()
3	Using the organization's acquisition, acc							to toom	,,,aoa	
3	use of its collection items (check all that		1000103, 0	arcon arry	or the remove	ng mar	are a organicant			
_	X Public exhibition	арріу).	٦ 🗆	Loan	or exchange ¡	rogran	ne			
а	Ħ		·		or excitatinge i	Jogian	113			
b	Scholarly research		е 🔛	Other						
C	Preservation for future generation	s								
4	Provide a description of the organization Part XIII.	n's collections and	explain ho	ow they fu	irther the orga	anızatıc	on's exempt purp	ose in		
5	During the year, did the organization soll assets to be sold to raise funds rather the							Ye	s X	No
Part	IV Escrow and Custodial Arrar	ngements.			-					
	Complete if the organization a		to Form	990, Par	t IV, line 9,	or repo	orted an amour	nt on For	m	
	990, Part X, line 21.			•		•				
1a	Is the organization an agent, trustee, cus	stodian or other in	termedian	v for contr	ributions or of	her ass	sets not			
	included on Form 990, Part X?			,				☐ Ye	$_{\rm s}$	No
b	If "Yes," explain the arrangement in Part	XIII and complete	the follow	 vino table					ـــا -	
b	ii res, explain the arrangement in rait	Am and complete	, (110 101101	villig table	•			Amount		
	Beginning balance					10		- unounc		C
C C	Additions during the year					10				
d	<u> </u>					16	-			
e	Distributions during the year	• • •	• •			11				
•	Ending balance	• •	•		• •		· -t		$\overline{}$	
2a	Did the organization include an amount	on Form 990, Par	t X, line 21	l, for escr	ow or custodi	al acco	ount liability?	Ye	s 🖳	No
b	If "Yes," explain the arrangement in Part	XIII. Check here	f the expla	anation ha	as been provi	ded in l	Part XIII .	•		
Part	t V Endowment Funds.									
	Complete if the organization a	answered "Yes"	to Form	990. Par	t IV, line 10					
		(a) Current year	(b) Pric		(c) Two years		(d) Three years back	(e) Fou	ır years	back
1a	Beginning of year balance .	1,188,331		,065,958	97	1,199	823,63	31	734	4,302
b	Contributions	32,273	-	12,565		0,699	214,50			6,219
C	Net investment earnings, gains,	02,210		12,000		0,000	211,00			<u> </u>
·	and losses	76,186		163,042	10	6,186	-27,28	16	a.	7,446
a	Grants or scholarships	70,100		100,042		0,100	27,20	<del></del>		7,770
d	Other expenditures for facilities					1				
е	-	59,800		53,234		2,126	39,65		3.	4,336
	and programs	59,600		55,254		.2,120	39,00	<del></del>	<u>J.</u>	4,550
f	Administrative expenses	1,236,990	4	100 221	1.06	E 050	971,19	20	92	3,631
g	End of year balance			,188,331		5,958	9/1,18	ופּוּ	02.	3,03
2	Provide the estimated percentage of the	e current year end		line 1g, co	olumn (a)) ne	u as:				
а	Board designated or quasi-endowment		·%							
b	Permanent endowment	100%								
С	Temporarily restricted endowment	<b>&gt;</b>								
	The percentages in lines 2a, 2b, and 2c									
3a	Are there endowment funds not in the p	ossession of the c	organizatio	n that are	e held and ad	ministe	red for the	r	1	
	organization by								Yes	No
	<ul><li>(i) unrelated organizations.</li></ul>		•					3a(i)		X
	(ii) related organizations .		•					3a(ii)	X	
b	If "Yes" to 3a(II), are the related organization							3b	X	
4	Describe in Part XIII the intended uses	of the organization	's endowr	nent fund	s					
Par	t VI Land, Buildings, and Equip Complete if the organization		to Form	990 Pai	rt IV. line 11	a. See	e Form 990. Pa	rt X. line	10.	
	Description of property	(a) Cost or o			ost or other		) Accumulated		ok value	
	Description of property	(a) Cost or o			is (other)		depreciation	(4) 00	Taluc	-
	Land		0		0	-				
_			0	_	0		0			
b	Buildings		0	l	0	<del>                                     </del>	0			$\rightarrow$
C	Leasehold improvements		0	<u> </u>	0	<b></b>	0			<del></del>
d	Equipment	.	0	<del>                                     </del>	0	<del>                                     </del>	0			<del>-                                    </del>
<u>e</u>	Other	·L	<u>`</u>	column (	<u> </u>	L	- 4			

Part VII	Investments—Other Securities.
	Complete if the organization answered "Yes" to 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)		
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	0	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to 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)		
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	0	

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ENDOWMENTS AND GIFT ANNUITIES DUE FROM NRA FOUNDATION	1,435,398
(2) FIREARMS/MUSEUM COLLECTIONS	10,000
(3) DUE TO NRA	-73,516
(4)	
(5)	
(6)	
(7)	
(8)	<u></u>
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,371,882

#### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1) Fed	eral income taxes	
(2) ANN	NUITIES PAYABLE	110,09
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	110,09

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			•	Return.	•
1	Complete if the organization answered "Yes" to Form 990, Pa	art IV, III	ne 12a.		4 504 000
2 .	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• •		<del>                                     </del>	1,581,260
a	Net unrealized gains (losses) on investments	2a	-103,635		
b	Donated services and use of facilities	2b	-103,033		
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	-103,635
3	Subtract line 2e from line 1			3	1,684,895
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	i l			.,00.,000
а	Investment expenses not included on Form 990, Part VIII, line 7b.	4a	24,498		
b	Other (Describe in Part XIII.)	4b	·		
С	Add lines <b>4a</b> and <b>4b</b>			4c	24,498
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	1,709,393
Part	• • • • • • • • • • • • • • • • • • • •			er Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Pa	art IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements			1	1,400,986
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е 3	Add lines 2a through 2d	•		2e 3	0
4	Subtract line <b>2e</b> from line <b>1</b> .  Amounts included on Form 990, Part IX, line 25, but not on line 1	i		3	1,400,986
<b>→</b> a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	24,498		
b	Other (Describe in Part XIII )	4b	24,490		
c	Add lines 4a and 4b	_ <del>70</del>		4c	24,498
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,425,484
Part		·			1,120,101
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, F	Part IV, II	nes 1b and 2b; Par	t V. line 4	. Part X. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro				.,
	Line 4 The Fund maintains a collection of firearms housed within the National	·			
	TEMO TIMO TO THE MUNICIPAL OF CONSISTION OF THE CONTROL THE CONTROL THE TAULUTE				
Firear	ms Museum where they promote appreciation, understanding, and participation	ın gun			
					• • • • • • • • • • • • • • • • • • • •
collec	ting and the preservation of the heritage of firearms through collection,				
conse	rvation, exhibition and research				
Part \	Line 4 To voluntarily assist in the preservation and defense of human, civil, and	l 			
00001	tritional rights of individuals to keep and have over in a feet accept.				
COLISI	tutional rights of individuals to keep and bear arms in a free society.				
Part )	Line 2 Management evaluated the Fund's tax positions and concluded that the	Fund			
	Line 2 management evaluated the 1 and 3 tax positions and contollated that the	1 0110			
had ta	sken no uncertain tax positions that require adjustment to the financial statement	ts			
			·		• • • • • • • • • • • • • • • • • • • •
to cor	nply with the provisions of the guidance Generally, the Fund is no longer subjec	t to			
ıncom	e tax examinations by the U.S. federal, state, or local tax authorities for years				
				<b>-</b>	
before	e 2011, which is the standard look-back period.				
					· • • • • • • • • • • • • • • • • • • •

Schedule D (Form	990) 2014	NRA Civil Rights Defense Fund	52-1136665	Page <b>5</b>
Part XIII	Suppl	emental Information (continued)	 	
•				
			 ••••	
			 ••••••••••	

## SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

NRA Civil Rights Defense Fund

Name of the organization

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

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

► Attach to Form 990.

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

•		٠,
OMB No 1545-0047	2014	Open to Public

Inspection

Employer identification number

52-1136665

Seneral Information on Grants and Assista	on on Grants	and Assistance					
1 Does the organization maintain records to substantiate the	ain records to su	bstantiate the amou	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	stance, the grantees' e	sligibility for the grants of	or assistance, and	
the selection criteria used to award the grants or assistance?	award the grant	s or assistance?					X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	nization's proced	ures for monitoring	the use of grant funds II	n the United States			
Part II Grants and Other Assistance to Domestic (Part IV, line 21, for any recipient that received	Assistance to any recipient the	Domestic Organ hat received more	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 99 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	estic Governments I can be duplicated i	s. Complete if the or if additional space is	ganization answere needed.	d "Yes" to Form 99
1 (a) Name and address of organization or government	( <b>a</b> )	(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) Independence Institute 727 East 16th Street Denver, CO 8020	84-0990300	501(c)(3)	20,000				2nd amendment research
(2) David T. Hardy, P.C. 8987 E. Tanque Verde, No. 265 Tucso	86-0726769		82,072				2nd amendment research
(3) The Independent Institute 100 Swan Way, Suite 200 Oakland, CA	94-3008370	501(c)(3)	20,000				2nd amendment research
(4) Congressional Sportsmens Founda 110 North Carolina Ave , SE Washingte	52-1686163	501(c)(3)	000'9				NASC sponsorship
(5) National Rifle Association 11250 Waples Mill Road Fairfax, VA 22	53-0116130	501(c)(4)	000'09				law clerks
(9)							
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							;
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	n 501(c)(3) and g	povernment organiza	ations listed in the line 1	1 table			
3 Enter total number of other organizations listed in the line 1 table	organizations usu	ed in the line I table					

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

Schedule I (Form 990) (2014)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Page 2

chedule I (Form 990) (2014)

Part III

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. award plaque (e) Method of valuation (book, FMV, appraisal, other) Other Part I Line 2 Payments on grants for legal assistance are made on a cost reimbursement basis upon receipt of detailed bills from grant recipients. Periodic updates on case status and/or research are obtained from grant recipients and reviewed by the Board of Trustees 175 non-cash assistance three times per year. The Fund's annual report includes a detailed description of each active case during the year. (d) Amount of 3,900 10,000 26,107 962,780 (c) Amount of cash grant Part III can be duplicated if additional space is needed 6 69 (b) Number of recipients (a) Type of grant or assistance 2nd Amendment Research Youth Essay Contest Carter-Knight Award Legal Assistance Part IV 40

#### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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

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

► Attach to Form 990. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Employer identification number

NRA	Civil Rights Defense Fund	52-1136665		
Par	t I Questions Regarding Compensation	-		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a personage of the section A, line 1a. Complete Part III to provide any relevant information regarding		Yes	No
	First-class or charter travel Housing allowance or residence for p			
	Travel for companions Payments for business use of person	1		
	Tax indemnification and gross-up payments  Health or social club dues or initiation			
	Discretionary spending account  Personal services (e.g., maid, chauffe			
	Discretionary spending account Personal services (e.g., maid, chaunt	sui, criei)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding or reimbursement or provision of all of the expenses described above? If "No," complete Part II	l to		
	explain	<u>1b</u>	+	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by directors, trustees, and officers, including the CEO/Executive Director, regarding the items check that items is a substantiation prior to reimbursing or allowing expenses incurred by directors, trustees, and officers, including the CEO/Executive Director, regarding the items check that items is a substantiation prior to reimbursing or allowing expenses incurred by directors, trustees, and officers, including the CEO/Executive Director, regarding the items check that items is a substantiation prior to reimbursing or allowing expenses incurred by directors, trustees, and officers, including the CEO/Executive Director, regarding the items check that items is a substantial prior to reimbursing or allowing expenses incurred by directors.			
3	Indicate which, if any, of the following the filing organization used to establish the compensation organization's CEO/Executive Director Check all that apply Do not check any boxes for methor related organization to establish compensation of the CEO/Executive Director, but explain in Page 1997.	ds used by a		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation	on committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to toganization or a related organization			
a b	Receive a severance payment or change-of-control payment?  Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a	X	X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	40 4c	<del>  ^</del>	х
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue compensation contingent on the revenues of:			
а	The organization?	<b>5a</b>		Х
b	Any related organization?	. <u>5b</u>	ļi	Х
6	If "Yes" to line 5a or 5b, describe in Part III.  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue a compensation contingent on the net earnings of:	any		
а	The organization?	<u>6</u> a		Х
b	Any related organization?	<b>6b</b>		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any no	n-fixed	<del></del>	<u> </u>
•	payments not described in lines 5 and 6? If "Yes," describe in Part III			×
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that v			<u> </u>
	subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes			
	in Part III	<u>8</u>	<u> </u>	Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure describe Regulations section 53.4958-6(c)?	ed in		

NRA Civil Rights Defense Fund Schedule J (Form 990) 2014

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported in Schedule J, report compensation from the organization of row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Part II

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.

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	listed	individual must equal t	he total amount of Fo	rm 990, Part VII, Sec	ion A, line 1a, applica	ple column (D) and (	<ul> <li>amounts for that in</li> </ul>	dividual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(a)-(ı)(a)	n column (B) reported as deferred in prior Form 990
Wilson H. Phillips, Jr	ε						0	
1 Treasurer	€	439,730	94,265	30,788	19,240	21,730	605,753	
Robert J Dowlut (thru September)	ε							
2 Secretary	(ii)	244,000	0	11,136	15,348	31,983	302,467	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Stefan Tahmassebı (eff October 1)	ε							
3 Secretary	Œ	200,924	0	2,048	15,657	38,768	257,397	
	(E)							
4	<u>(ii)</u>							
	ε							
5	(ii)							
	(:)							
9	(ii)							
	ε							
7	€							
	ε							
8	▣							
	Θ							
6	(ii)						; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	1
	ε							
10	(ii)							
	(i)							
11	<b>(ii)</b>							
	Ξ							
12	<b>(E)</b>							
	Ξ							
13	⊞							
	ε					1		
14	Œ							
	Ξ							
15	≘		:					
	Ξ	1			1			
16								

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014 NRA Civil Rights Defense Fund	52-1136665 Page*3
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	art II. Also complete this part
Part II This organization relied on the processes of a related organization to establish compensation of top management officials,	
and such processes utilized a compensation committee, independent compensation consultants, compensation surveys and studies,	
comparability data, and ultimate approval by the board or compensation committee	
Part II Column B(iii) Other reportable compensation in taxable wages includes 457(b), fringe auto, and group life insurance	
benefits	
Part II Column C Includes the employer-paid portions of the NRA defined benefit plan and 401k plan.	
Part II All NRA affiliates take a full transparency posture for executive compensation	

#### SCHEDULE L (Form 990 or 990-EZ)

**Transactions With Interested Persons** 

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

Name o	ir the organization							•	:mpioyer ia	entifica	ition nu	ımber		
NRA C	Civil Rights Defense F	- und						5	2-113666	5				
Part	Excess Benef	fit Transaction	s (section 501(eanswered "Yes"	c)(3), se on For	ection 50 m 990, F	1(c)(4), an Part IV, line	d 501( 25a o	c)(29) organı r 25b, or Fori	zations o	nly). ', Part	V, line	e 40b		
			(b) Relationship t	between c	disqualified	person and							(d) Cor	rected'
1	(a) Name of disqualif	led person		organiza	ation			(c) Desci	nption of trai	nsaction	1		Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														L
2	Enter the amount of under section 4958										▶ \$			
3	Enter the amount of	tax, if any, on	line 2, above, re	eımburs	sed by th	e organizat	tion .	•			<b>▶</b> \$			
Part (a) N	Complete if the	e organization a		on For 90, Part			nal	a or Form 99		, line 2	(h) Ap	proved		/ntten
		With Organization	Orioan		nization?	principarai	ilouiit	by board or committee?			agree	ment		
				То	From				Yes	No	Yes	No	Yes	No
(1)														
(2)	-					<u> </u>								
_(3)_											<u> </u>			
(4)												—		<u> </u>
<u>(5)</u>		_										—	<u> </u>	<u> </u>
(6)		<b>.</b>		+							ļ	—	<u> </u>	—
(7)			<b>—</b>	+	-	-			_				<b>├</b>	—
(8)			<del></del>	+	+							-		<del> </del>
(9)				+	<del></del> -					<del> </del>	<del> </del>		├─	-
(10)		<u> </u>				L					-	<u></u>		<u> </u>
Total . Part			iting Intereste				▶ \$		0					
ıaıı	Complete if the	e organization	answered "Yes"	on For	m 990, F	Part IV, line	27.							
(a)	Name of interested person		nship between interi and the organization		(c) Amount	of assistance		(d) Type of assis	tance	(6	e) Purpo	ose of a	ssistan	ce
(1) A	Alice Marie Beard	Family me	ember			7500	Cash	1		2nd a	amen	dment	resea	arch (
(2)						-								
_(3)										L_				
(4)														
(5)														
(6)														
(7)														
(8)														
(9)			<u>-</u>				1							

(10)

Page 2

•	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shi organi revei	aring o zation' nues?
44)					Yes	No
(1)		<del></del>				
(2)						
(4)						
(5)	···					
(6)						
(7) (8)					<del>-   · · ·</del>	
(9)				***	<del></del>	
(10) Part V						
<del></del> :		for responses to questions on	Schedule L (see ins	tructions).		
Part III Lii	ne 1 Column (b) Spouse of Robe	rt J. Dowlut, Secretary				
· <b></b>						
				· • • • • • • • • • • • • • • • • • • •		
	·····				<b>-</b>	
					<b></b>	

#### · SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

NRA Civil Rights Defense Fund	52-1136665
Form 990, Part VI, Section B, Line 11b: The NRA Civil Rights Defense Fund's 990 is reviewed by	
its Board of Trustees and by the external auditing firm before it is filed with the IRS.	
Form 990, Part VI, Section B, Line 12c The NRA Civil Rights Defense Fund takes conflicts of	
interest very seriously and utilizes a statement of corporate ethics. To monitor and enforce	
compliance with corporate policies, annual filings must be provided to the NRA Office of the	
Secretary and reviewed regularly and consistently	
Form 990, Part VI, Section B, Line 15 The NRA Civil Rights Defense Fund relied on a related	
organization's processes to establish compensation of top management officials. Such processes	
utilized a compensation committee, independent compensation consultants, compensation surveys	3
and studies, comparability data, and ultimate approval by the Board or Compensation Committee	
All decisions are properly documented	
Form 990, Part VI, Section C, Line 19: Governing documents, audited financial statements, and	
annual reports are made available upon request for the same period of disclosure as set forth	
in section 6104(d) NRA Civil Rights Defense Fund does not make internal operating policies	
available to the general public	

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
NRA Civil Rights Defense Fund	52-1136665
•	
***************************************	
•	
••••••	
••••••	

## SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047 • Open to Public

Employer identification number

(f)
Direct controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had 52-1136665 (e) End-of-year assets Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity NRA Civil Rights Defense Fund Name of the organization Part II Part 1 €  $\Xi$ 2 3 3 9

one or more related tax-exempt organizations during the tax year.	luring the tax year.	•			:		
(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?	2(b)(13) Mled y?
						Yes	ş
(1) National Rifle Association of America 53-0116130	Membership						
11250 Waples Mill Road Fairfax, VA 22030		NY	501(c)(4)		N/A		×
(2) The NRA Foundation, Inc 52-1710886	Charitable						
11250 Waples Mill Road Fairfax, VA 22030		DC	501(c)(3)	Line 7	NRA		×
(3) NRA Freedom Action Foundation 26-1277941	Charitable						
11250 Waples Mill Road Fairfax, VA 22030		VA	501(c)(3)	Line 7	NRA		×
(4) NRA Special Contribution Fund 23-7367534	Charitable					_	
P.O Box 700 Raton, NM 87740		NM	501(c)(3)	Line 7	NRA		×
(5) NRA Political Victory Fund 52-1083020	PAC/SSF						
11250 Waples Mill Road Fairfax, VA 22030		<b>«</b>	527		NRA		×
(9)	•						
(T)							

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

Schedule R (Form 990) 2014

Page 2

52-1136665

NRA Civil Rights Defense Fund

Schedule R (Form 990) 2014

(I) Section 512(b)(13) controlled Percentage ownership ŝ € Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part General or managing partner? ž (h) Percentage ownership Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g)
Share of
end-of-year assets (h)
Disproportonate
allocations? ŝ (f) Share of total income Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (g) Share of end-of-year assets (e)
Type of entity
(C comp, S corp, or trust) (f) Share of total income because it had one or more related organizations treated as a partnership during the tax year (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from sections 512-514) tax under (c)
Legal domicile
(state or foreign country) (d)
(Direct controlling lentity (b) Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity (a)
Name, address, and EIN of related organization Name, address, and EIN of related organization (1) Part III Part IV  $\Xi$ **€** ල 3 9 8 <u>ල</u> 9 (2) 3 **3** 8 9

Schedule R (Form 990) 2014

NRA Civil Rights Defense Fund

Schedule R (Form 990) 2014

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

Page 3

52-1136665

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Yes	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?	organizations listed in	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			<b>1</b> a		×
<b>b</b> Giff, grant, or capital contribution to related organization(s)			9	×	
c Giff, grant, or capital contribution from related organization(s)			10	×	
d Loans or loan quarantees to or for related organization(s)			10		×
			4		×
			<u> </u>	$\dagger$	<
f Dividends from related organization(s)			#		×
g Sale of assets to related organization(s)			1g		×
			ŧ		×
i Exchange of assets with related organization(s)			÷		×
i Lease of facilities, equipment, or other assets to related organization(s)			=	-	×
	•	•		F	
k   Lease of facilities equipment or other assets from related organization(s)			7	-	\  ×
			=	t	: ×
				$\dagger$	< >
			<b>E</b> .	<b>+</b> ;	×
			2	×	
o Sharing of paid employees with related organization(s)			9	×	
<b>p</b> Reimbursement paid to related organization(s) for expenses			<del>م</del>	×	
			5		×
r Other transfer of cash or property to related organization(s)			+		×
			- v		×
,	clar barayan paipi loai		or throcho	-   <u>-</u>	:
I 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.	including covered reis	Itionsnips and transaction	on thresho	ids.	1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	(d) f determin it involved	guii _
			Cash		
(1) National Rifle Association of America	þ	469,080			
			Cash		
(2) National Rifle Association of America	۵	104,610			
(3)					
(4)					
(5)					
(9)		Lodo	Schodule B (Form 990) 2014	1000	125

Page 4

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

Percentage ownership  $\mathbf{\hat{\epsilon}}$ Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships ŝ (J) General or managing partner? Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h)
Disproportionate
allocations? ž Yes (g) Share of end-of-year assets Share of total income ε (e)
Are all partners section 501(c)(3) organizations? ž Yes Predominant income (related, unrelated, excluded from tax under sections 512-514) 9 Legal domicile (state or foreign country) ق Primary activity ē (12) Name, address, and EIN of entity (7) **(1**) (11) (13) (5) (9) (10) 3 ල € (14) (15) **⊚** (6)

Schedule R (Form 990) 2014

(16)

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Part VII	Suppleme	ental Information	-	
	Provide ad	Iditional information for responses to questions on Schedule R (see instruc	tions).	
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