Form 990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2016

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

Open t
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

For the 2016 calendar year, or tax year beginning and ending C Name of organization D Employer identification number NRA Civil Rights Defense Fund Check if applicable 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 11250 Waples Mill Road E Telephone number Initial return ZIP code (703) 267-1000 VΑ 22030 Fairfax Final return/terminated Foreign province/state/county Foreign postal code Foreign country name G Gross receipts \$ Amended return 2,152,999 F Name and address of principal officer Yes X No Application pending 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? If "No," attach a list (see instructions) X 501(c)(3) 501(c)) < (insert no) 4947(a)(1) or 527 Tax-exempt status J Website: ► www.nradefensefund.org H(c) Group exemption number Corporation X Trust K Form of organization: Association Other > L Year of formation M State of legal domicile 1978 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 ın a free society. Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets. 2 10 Number of independent voting members of the governing body (Part VI, line 1b)... 4 10 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . . 5 0 6 Total number of volunteers (estimate if necessary) 6 10 Total unrelated business revenue from Part VIII, column (C), line 12. 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Я Contributions and grants (Part VIII, line 1h). 678,003 1,457,672 Program service revenue (Part VIII, line 2g). ည္တ 9 0 Investment income (Part VIII, column (A), lines 324, and 7d) 5 7f17 Other revenue (Part VIII, column (A), lines 5, 663c, 9c, 10c, and 11e) 10 82,312 106,446 11 14 Total revenue—add lines 8 through 11 (must equa) Part VIII, column (A), line-12) 12 760.315 1,564,132 13 570.120 534,534 14 Benefits paid to or for members (Part IX, column-(A); line-4). 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 103,146 111,716 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . 673,266 646,250 19 Revenue less expenses Subtract line 18 from line 12. 87.049 917,882 End of Year Beginning of Current Year 20 Total assets (Part X, line 16). 5,992,499 7,061,963 21 Total liabilities (Part X, line 26) 257,782 301.794 Net assets or fund balances. Subtract line 21 from line 20 . 5,734,717 6,760,169 Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Wilson H. Phillips Jr Type or print name and title

Preparer's sig

Firm's address ► 1861 International Dr Ste 400, McLea

Firm's name ► RSM US LLP

Print/Type preparer's name

James P. Sweeney

Paid

Preparer

Use Only

Form 9	90 (2016)_	NRA CIVII RIGHTS				52	-1130005	Page ∠
Pa	rt III			ccomplishments sponse or note to	any line in this Part I	H		
1	The Fun defendin	escribe the organization of provides legal and fing their right to keep a cation on a wide varies on the cation of	inancial assistance t nd bear arms. Additi	onally, the Fund spo	nsors legal research			
2	Did the o	organization undertake	·		the year which were no		Yes	X No
3	services				how it conducts, any pr		Yes	X No
4	Describe expense	e the organization's pro	ogram service accor nd 501(c)(4) organiz	ations are required t	n of its three largest prog to report the amount of g rted			
4a	directly r	or legal assistance for related to the preserva al to keep and bear are	the representation of the human, ones.	of individuals where individuals where it is individual where it	nts of \$ 454,66 ssues in litigation are onal rights of the			
4b	(Code: Grants a the Seco) (Exp and awards for legal re and Amendment and n ions.	enses \$8 search and education ature of the right to	9,873 including gra on on gun-related iss keep and bear arms	nts of \$ 79,87 ues, including the mear provisions in state	3_) (Revenue \$)
4c	(Code:) (Exp	enses \$	including gra	nts of \$) (Revenue \$		
4d	(Expense		0 including gran		0) (Revenue \$		0)	
_4e	rotal pro	gram service expense	70 <u>-</u>	044 ,034			_	

Form 990 (2016) NRA Civil Rights Defense Fund 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	х	
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		
4		<u> </u>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	ł		
	Part III	5		×
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			Į
	"Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		<u> </u>
_	complete Schedule D, Part III	8	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	ľ		
_	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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	×	
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.]	i	
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	ł	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	116	1	Х
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	<u>-</u> -		
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		Х
d	and the second of the second o	 	-	
Ī	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		~	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X.	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 	^	
	Schedule D, Parts XI and XII	12a	$_{x}$	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
-	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{\dot{x}}{x}$
			_	
	fundraising, business, investment, and program service activities outside the United States, or aggregate		ļ	
	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		$\neg \uparrow$	
	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		$\neg \uparrow$	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	- 1	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		$\neg \uparrow$	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	- 1	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	[X.

Pärt	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ł
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	├
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ł
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	22	V	}
242	employees? If "Yes," complete Schedule J	23	<u> X</u>	
44 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			Į
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 ^
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1270		
•	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		
	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		Х
	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	1 1		
	990-EZ? If "Yes," complete Schedule L, Part I	25b	ŀ	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	1 1	- 1	
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
	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	1 1	ľ	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Х	
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	22		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		_X
p	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1	j	
	Schedule L, Part IV	28b		<u> </u>
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1	l	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	{	<u>X</u>
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	30	- 1	~
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<u> </u>
	Part I	31]	Х
	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
	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		Х
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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled		\neg	
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	X	
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1 1	1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	1 1	j	
	VI	37		<u> X</u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		l	
	19? Note. All Form 990 filers are required to complete Schedule O		X	
		Form \$	₹90 (:	2016)

Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	1	Ì.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	┨	1	[
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ļ	- <u>:-</u> -	 -
_	gaming (gambling) winnings to prize winners?	1c	<u>X</u>	├-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the colonder year and ing with at within the year envered by this return.	1	{	1
h	Statements, filed for the calendar year ending with or within the year covered by this return	2h		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	-	╁╌
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	3b	\vdash	┝
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		 	\vdash
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	(
	account)?	4a		×
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1		
	(FBAR).	1	1	l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	[l
	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	1		ł
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7-		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		X
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
•	required to file Form 8282?	7c	·	х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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		X
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		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			1
a	Initiation fees and capital contributions included on Part VIII, line 12			
_b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		}	
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		· }	
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		}	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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		j	
	the organization is licensed to issue qualified health plans		1	
C	Enter the amount of reserves on hand			
14a	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		

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Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 10)	l	Γ
	If there are material differences in voting rights among members of the governing body, or		7		
	if the governing body delegated broad authority to an executive committee or similar		1		
	committee, explain in Schedule O.		1	1	1
b	Enter the number of voting members included in line 1a, above, who are independent	1b 10	ol .	{	į
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with	1	l	ĺ
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under	the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other		3	1	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	•	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a		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	<u> </u>		<u> </u>
	one or more members of the governing body?	• •	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members		<u> </u>	├	 ^`
	stockholders, or persons other than the governing body?		7ь	1	×
8	Did the organization contemporaneously document the meetings held or written actions undertaken		"		 ^-
U	the year by the following:	rading		į i	ļ
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	100	 ^-	
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	sacricu	9		×
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue		\ _	
OCC.	ion B. I oncies (This occitor B requests information about policies not required by the	internal Nevenae	<u> </u>	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 of	chapters.			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	•	10b	, ,	1
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo	•	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could officers.	rive rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	•	<u> </u>		
_	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 appro-				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	-			i
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement		i	
	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 evalu	ate its	1		- `` -
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safet		1 :		
	the organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► See Attached Sta	tement			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990		s only	/)	
	available for public inspection. Indicate how you made these available. Check all that apply.	. , , ,	•	•	
		plain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	· ·	cy, an	d	
	financial statements available to the public during the tax year	•			
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records:	•		
	NRA CIVIL RIGHTS DEFENSE FUND	703-267-1000			
	11250 WAPLES MILL ROAD, FAIRFAX, VA 22030				

NRA	Civil	Rights	Defense	Fund

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Form 990 (2016) Pàrt VII

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

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

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - · List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

	<u> </u>								
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle er an	Pos heck ss pe	erson	e than on a softrustee than or/trustee Highest compensated employee	n Reportable compensation	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Robert Cottrol	1.00								
Trustee	0.00	X					0	0	0
(2) Robert E Sanders	1.00	l	1	l	l				
Trustee	0 00	X	L	<u> </u>	L		0	0	0
(3) Curtis S. Jenkıns	1 00	1	1	[1				
Trustee	1.00	X	_	L			0	0	0
(4) Charles L. Cotton	1.00		1	Ì)]		1	
Trustee	1.00	X	L	L	L		0	0	0
(5) Robert K. Corbin	1.00	l		ļ		((
Trustee	0.00	X	L	_	L		0	0	0
(6) William H. Satterfield	1.00	1	}	}	1				
Trustee	1.00	X	L				0	0	0
(7) William H. Dailey	1.00					1			
Trustee	1.00	X	L	_			0	0	0
(8) Robert J. Dowlut	1.00		1	1		1			·
Trustee	0.00	X	_	_			0	0	0
(9) James W. Porter, II	1.00	}	1					1	
Chairman	1.00	X	_	X			0	0	0
(10) M. Carol Bambery	1.00		1	1					
Vice Chairman	1.00	X	$oldsymbol{ol}}}}}}}}}}}}}}}}}$	X			0	0	0
(11) Wilson H. Phillips Jr.	1.00	į	-						
Treasurer	47.00		L	X			0	796,886	43,398
(12) Stefan Tahmassebi	1.00	j	ì	1					
Secretary	40.00	<u> </u>	<u>L</u>	X			0	209,659	58,924
(13)			ļ						
(14)							 		
	<u></u>	<u> </u>	Щ.	Ц_					

	(A) Name and title	(B) Average hours per week (list any	Position (do not check more than obox, unless person is both officer and a director/trust				is both	h an Reportable tee) compensation		(E) Reportable compensation from related	ation a		ted t of
		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)	organizations (W-2/1099-MISC)	or a	other mpens from th ganiza nd rela ganizat	ation he ation ated
(15)							-						
(16)													
(17)											-		
(18)		~	-				L						
(19)											-		
(20)						_					-		
		<u> </u>					-	-		<u> </u>			
		<u></u>						-			-		
								-					
(25)													
1b	Sub-total			 		لــا		>	0	1,006,545		102	2,322
	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c).	ection A							0	1,006,545		102	<u>0</u> 2,322
2	Total number of individuals (including but not lir reportable compensation from the organization	nited to those lis	ted a	bov	e) w				more than \$100	,000 of			
												Yes	No
	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched										3		X
	For any individual listed on line 1a, is the sum of the organization and related organizations great								•				
	individual				S, (· · · · · · ·	<i></i>	4	X	
	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye				-			_			5		X
	ion B. Independent Contractors						, po	007		- : - : - : - : - : - : - : - : - : - :		L	
1	Complete this table for your five highest compecompensation from the organization. Report co	•								,	lax	-	
	year. (A) Name and business addi	ress							(B) Description of serv	nces ((C	•	
					_								0
							{						0
					_								0
	· · · · · · · · · · · · · · · · · · ·	_											0

		Check if Schedule O contains a response or note to any line in	this Part VIII			🗀
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
29 29	1a	Federated campaigns				
ra in	b	Membership dues			j	
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	İ			1
돌	d	Related organizations	į			}
SIS,	е	Government grants (contributions) . 1e 0	ł			
of ser	1	All other contributions, gifts, grants, and	j			
혈물		similar amounts not included above 1f 1,093,603	ì			Í
SE	9	Noncash contributions included in lines 1a-1f: \$ 0	4 457 670			l
	<u> </u>	Total. Add lines 1a–1f	1,457,672			
Program Service Revenue	20					
8	2a b					
ec 93	0					
Ž	d		0			
Š	٩		0			
<u> </u>	· •	All other program service revenue	0			
5		Total. Add lines 2a~2f	0			
	3	Investment income (including dividends, interest, and other similar amounts)	114,338			11.4.220
	4	Income from investment of tax-exempt bond proceeds .	114,556			114,338
	5	Royalties	0			
		(i) Real (ii) Personal	-			
	6a	Gross rents		•		ł
	Ь	Less: rental expenses				1
	c	Rental income or (loss)		l		ł
	d	Net rental income or (loss)	0		·	
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory . 580,975 0	1			
	b	Less: cost or other basis	Į.			
		and sales expenses	1			4
	С	Gain or (loss)				
	d	Net gain or (loss)	-7,892			-7,892
Other Revenue	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18				
the	b	Less: direct expenses b		ļ]
0	С	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses b 0		j		}
	C	Net income or (loss) from gaming activities	0			
		Gross sales of inventory, less				
		returns and allowances	1	İ		
	ь	Less: cost of goods sold b 0	1	j		
		Net income or (loss) from sales of inventory	ol			
		Miscellaneous Revenue Business Code				
	11a	Miscellaneous	14			14
	b		0			
	С		0			
	d	All other revenue	0			
	е	Total. Add lines 11a–11d	14			
	12	Total revenue. See instructions	1,564,132	0	0	106,460

NRA Civil Rights Defense Fund Statement of Functional Expenses Part IX

Section	on 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other or	ganizations must co	omplete column (A).	
	Check if Schedule O contains a response or note t	o any line in this Pa	rt IX		🗀
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.				(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	186,892	186,892	,	
2	Grants and other assistance to domestic				
	ındividuals. See Part IV, line 22	347,642	347,642		
3	Grants and other assistance to foreign			•	
	organizations, foreign governments, and foreign			Į.	
	individuals. See Part IV, lines 15 and 16	ol			
4	Benefits paid to or for members	0	 		
5	Compensation of current officers, directors,	`			
	trustees, and key employees	o	ł	o	
6	Compensation not included above, to disqualified	 †		-	
U	persons (as defined under section 4958(f)(1)) and		Ĭ	[
	•	0	į		
-	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	ا]	ì	
	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		
C	Accounting	15,700		15,700	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	19,859		19,859	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
ŭ	(A) amount, list line 11g expenses on Schedule O.)	7,709	j	7,709	
12	Advertising and promotion	0			
13	Office expenses	9,133		9,133	
14	Information technology	10,014		10,000	14
15	Royalties	0			
16	Occupancy				
17	Travel				
18	F				
10	Payments of travel or entertainment expenses	ما	i	i	
40	for any federal, state, or local public officials	0		4 000	
19	Conferences, conventions, and meetings	4,926		4,926	
20	Interest	0			
21	Payments to affiliates	0	}	_	
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered	i	Ĭ		
	above (List miscellaneous expenses in line 24e. If		j	1	
	line 24e amount exceeds 10% of line 25, column		İ	1	
	(A) amount, list line 24e expenses on Schedule O.)				
а	Printing and publications	28,368		19,965	8,403
b	Charitable Org report fees	4,561		4,561	
C	Annuity expense	617		617	
d		0			
e	All other expenses	829		829	
25	Total functional expenses. Add lines 1 through 24e	646,250	544,534	93,299	8,417
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs		{		
	from a combined educational campaign and		Į.		
	fundraising solicitation. Check here		{		
	following SOP 98-2 (ASC 958-720)		{		
				1	

52-1136665

Form 990 (2016) **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part	x <u></u> . <u>.</u>		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	784,510	2	1,335,347
	3	Pledges and grants receivable, net	786,118	3	916,725
	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.	1		
		Complete Part II of Schedule L		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			
23		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
Ą	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	63,654	9	71,357
	10a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D 10a	o]
	ь		0 0	10c	0
	11	Investments—publicly traded securities		11	3,288,766
	12	Investments—other securities. See Part IV, line 11		12	0,200,100
	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11		15	1,449,768
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	7,061,963
	17	Accounts payable and accrued expenses	109,903		131,149
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ø	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
₫		disqualified persons. Complete Part II of Schedule L		22	
=======================================	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	147,879	25	170,645
	26	Total liabilities. Add lines 17 through 25			301,794
		Organizations that follow SFAS 117 (ASC 958), check here X and			
8		complete lines 27 through 29, and lines 33 and 34.		İ	
Š	27	Unrestricted net assets	2,863,663	27	3,692,895
<u> </u>	28	Temporarily restricted net assets	1,307,286	28	1,454,625
8	29	Permanently restricted net assets	1,563,768		1,612,649
Ĕ	23	•		23	1,012,049
Ē		Organizations that do not follow SFAS 117 (ASC958), check here			
Net Assets or Fund Balances		complete lines 30 through 34.		-	
ě	30	Capital stock or trust principal, or current funds		30	
485	31	Paid-in or capital surplus, or land, building, or equipment fund		31	ļ
et.	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances			6,760,169
	34	Total liabilities and net assets/fund balances	5,992,499	34	7,061,963

-omi :	990 (2016) NRA CIVII Rights Defense Fund	<u> </u>	50005	Pa	ge 12
Pärl	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,564	4,132
2	Total expenses (must equal Part IX, column (A), line 25)	2			6,250
3	Revenue less expenses Subtract line 2 from line 1	3		917	7,882
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,734	4,717
5	Net unrealized gains (losses) on investments	5		172	2,286
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		-64	1,716
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	(6,760),1 <u>69</u>
Part	•				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		i i		
	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 Consolidated basis Both consolidated and separate basis			ĺ	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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	ائـــــا
	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	l	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			\dashv	
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь	}	
			Form	990 (2016)
					/

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

NKA	Civil Rights Delense Fund					52-11	30000	
Par	t I Reason for Public Char	ity Status (All org	ganizations must co	mplete tl	nis part.)	See instructions.		
The	organization is not a private foundat	tion because it is: (F	or lines 1 through 12,	check only	one box	.)		
1	A church, convention of church	es, or association of	f churches described II	n section	170(b)(1)	(A)(i).		
2	A school described in section	170(b)(1)(A)(ii) . (Att	ach Schedule E (Form	990 or 99	90-EZ).)			
3	A hospital or a cooperative hos	pital service organiz	cation described in sec	tion 170(b)(1)(A)(ii	i).		
4	A medical research organization hospital's name, city, and state		nction with a hospital d	lescribed (n section	170(b)(1)(A)(iii). Er	iter the	
5	An organization operated for the section 170(b)(1)(A)(iv). (Com	e benefit of a colleg	e or university owned	or operate	d by a go	vernmental unit des	cribed in	
6	A federal, state, or local govern	ment or governmen	ital unit described in se	ection 170)(b)(1)(A)((v).		
7	X An organization that normally redescribed in section 170(b)(1)			m a gove	rnmental (unit or from the gene	ral public	
8	A community trust described in	section 170(b)(1)(/	A)(vi). (Complete Part	H.)				
9	An agricultural research organi or university or a non-land-granuniversity:							
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt function income and unrelated	ins—subject to certain ed business taxable in	exception come (les	s, and (2) s section	no more than 33 1/3 511 tax) from busine	3% of its	
11	An organization organized and	operated exclusivel	y to test for public safe	ety. See s e	ection 509	9(a)(4).		
12	An organization organized and of one or more publicly support Check the box in lines 12a thro	ted organizations de	escribed in section 509	(a)(1) or	section 50	09(a)(2). See sectio	n 509(a)(3).	
а	Type I. A supporting organize the supported organization(sorganization. You must contact the support of the sup	s) the power to regu	larly appoint or elect a					ng
b	Type II. A supporting organic control or management of the organization(s). You must o	ne supporting organi	zation vested in the sa					
C	Type III functionally integrals supported organization(s						rated with,	
d	Type III non-functionally in that is not functionally integr	itegrated. A supportated. The organizat	ting organization operation generation	ated in cor sfy a distr	nection w ibution red	outh its supported org quirement and an att		1
е	requirement (see instruction Check this box if the organization						e III	
	functionally integrated, or Ty	•	lly integrated supportir	ng organiz	ation			
f	Enter the number of supported	•					· · · L_	0
9	Provide the following informatio (i) Name of supported organization	n about the support	ed organization(s). (iii) Type of organization	(iv) le the c	rganization	(v) Amount of monetary	(vi) Amor	unt of
	(i) Maine of Supported Organization	(11) 2.111	(described on lines 1–10 above (see instructions))	listed in you	nent?	support (see instructions)	other suppo	ort (see
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total				No.	CALLED A			

Schedule A (Form 990 or 990-EZ) 2016 NRA Civil Rights Defense Fund 52-1136665 Page 2 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.) Section A. Public Support (a) 2012 Calendar year (or fiscal year beginning in) (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1.408.890 1,120,601 1,414,748 678.003 1,457,672 6,079,914 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . 1,408,890 1,120,601 1,414,748 678,003 1,457,672 6.079.914 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f). 897,423 6 Public support. Subtract line 5 from line 4. 5,182,491 Section B. Total Support (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 Calendar year (or fiscal year beginning in) (f) Total Amounts from line 4 1,408,890 1,120,601 1,414,748 678,003 1,457,672 6,079,914 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 142,310 sources. 120,619 145,886 126,632 114,338 649,785 Net income from unrelated business

13	First five years . If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c) organization, check this box and stop here	` '	 ▶□
Sec	ction C. Computation of Public Support Percentage		
14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	76.89%
15	Public support percentage from 2015 Schedule A, Part II, line 14	15	 77.50%
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and stop here. The organization qualifies as a publicly supported organization		 . ▶ X
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more box and stop here. The organization qualifies as a publicly supported organization		. ▶ 🗀
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 1 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Expla Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly support organization.	in ın ed	 ▶□
b	10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and I	ine	٠ ــــا

10,146

33

48

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in

Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

activities, whether or not the business is

Total support. Add lines 7 through 10. .

10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.).........

regularly carned on .

14

12

10,241 6,739,940

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

(Complete only if you checked the box on line 10 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	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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	Į.					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						
	benefit and either paid to or expended on	1	}				
	ıts behalf		İ			ı jı	0
5	The value of services or facilities						
	furnished by a governmental unit to the	1	·		(}	
	organization without charge	j	į		}	Í	0
6	Total. Add lines 1 through 5	0	0	0	o	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons					1	0
b	Amounts included on lines 2 and 3 received						
-	from other than disqualified persons that		Ţ		{	1	
	exceed the greater of \$5,000 or 1% of the	i	†		j	+	
	amount on line 13 for the year		j		}	j	0
_	Add lines 7a and 7b.	0	0	0	0	0	0
8	Public support (Subtract line 7c from			<u>`</u>	<u>-</u>		<u>~</u>
•	line 6.)	1	}		1	ì	0
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	o	0	0	0	0	0
10a	Gross income from interest, dividends,						 -
	payments received on securities loans,		1				
	rents, royalties and income from similar sources)	0
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses	ļ				ł	
	acquired after June 30, 1975					Ì	0
r	Add lines 10a and 10b	0	0	0	0	0	
11	Net income from unrelated business		- 			-	<u> </u>
••	activities not included in line 10b, whether					j	
	or not the business is regularly carned on .	1	į			}	0
12	Other income. Do not include gain or						<u>~</u>
	loss from the sale of capital assets					}	
	(Explain in Part VI.)		į			Ì	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	o	ol	0	0	o	0
14	First five years. If the Form 990 is for the on						<u>`</u>
	organization, check this box and stop here.	•		•	, ,,	,	▶ □
Sec	ction C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8, co			<u>,, , , , , , , , , , , , , , , , , , ,</u>		15	0.00%
16	Public support percentage from 2015 Schedu			<i>,,</i>	Ţ	16	0.00%
	ction D. Computation of Investmen			 			0.0078
17	Investment income percentage for 2016 (line			lump (f))		17	0.00%
18	Investment income percentage for 2016 (line				F	18	0.00%
	33 1/3% support tests—2016. If the organiz				<u> </u>		0.00/6
	not more than 33 1/3%, check this box and si						
b	33 1/3% support tests—2015. If the organiz	-			-		ا ۱۰
-	line 18 is not more than 33 1/3%, check this b					•	▶□
20	Private foundation If the organization did n		_	·			⊾Ħ

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 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.
- **b** 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.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** 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.
- c 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.
- 5a 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).
- **b** 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 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 or 990-EZ).
- 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**.
- **b** Did one or more disqualified persons (as defined in line 9a) 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 disqualified person (as defined in line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** 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		
2		
3a	├	 -
	ļ	
3b	┼	-
3с		
4a		
1		
4b	ļ	
1	<u> </u>	
4c		
<u> </u>		رــــا
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9a	\vdash	
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9c		'
"		
10a		
10b		

Part	V Supporting Organizations (continued)			
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	l		1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		<u> </u>
ь	A family member of a person described in (a) above?	11b		╁
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	 	├─
	on B. Type I Supporting Organizations	1110		Ь
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			Г
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	,	ł	1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1	1	
	controlled the organization's activities. If the organization had more than one supported organization,	, ,	Į.	1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	 	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	ţ		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	}	}	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		 	l
Sacti	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2	L	Ь
Jecu	on o. Type ii Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ł
	or management of the supporting organization was vested in the same persons that controlled or managed	1 1		İ
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
		لــــ	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1 !		l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		·
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1 1	:	1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's))		l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1 1		
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ruction	 s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instruc	ctions).
2	Activities Test Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	- { - {	ł	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1 1		
	how the organization was responsive to those supported organizations, and how the organization determined	1 1		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1 1	<u> </u>	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b]	
3	Parent of Supported Organizations. Answer (a) and (b) below.] - [
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
þ	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.	3b	- 1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C)rgar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ig trus	st on Nov. 20, 1970 (explain	in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nızatıc	ons must complete Sections	A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 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	1		
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):	_1		
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):			
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,	1		
see instructions).	4	0	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	L	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	1 !		
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	lly inte	egrated Type III supporting of	organization (see
instructions).			

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)					
Section	on D - Distributions		 	Current Year				
1	Amounts paid to supported organizations to accomplish exe							
2	Amounts paid to perform activity that directly furthers exempt							
	organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations							
3								
4	Amounts paid to acquire exempt-use assets							
5	5 Qualified set-aside amounts (prior IRS approval required)							
6		- 						
7	Total annual distributions. Add lines 1 through 6.			0				
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive					
	(provide details in Part VI). See instructions.			<u> </u>				
9_	Distributable amount for 2016 from Section C, line 6			0				
10_	Line 8 amount divided by Line 9 amount			0.000				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016				
1	Distributable amount for 2016 from Section C, line 6			0				
	Underdistributions, if any, for years prior to 2016							
2	(reasonable cause required—explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2016:							
a				- 				
b	<u> </u>							
	From 2013							
d	From 2014							
е	From 2015							
f_	Total of lines 3a through e	0						
<u> </u>	Applied to underdistributions of prior years		0					
h_	Applied to 2016 distributable amount			0				
i_	Carryover from 2011 not applied (see instructions)			·				
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0	·					
4	Distributions for 2016 from	•		1				
	Section D, line 7: \$ 0							
	Applied to underdistributions of prior years		0					
	Applied to 2016 distributable amount			0				
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.	0						
5	Remaining underdistributions for years prior to 2016, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.		0					
6	Remaining underdistributions for 2016. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.			0				
7	Excess distributions carryover to 2017. Add lines 3j							
	and 4c.	0						
8	Breakdown of line 7							
a	<u> </u>							
<u>b</u>	Excess from 2013							
с	Excess from 2014							
d_	Excess from 2015							
e	Excess from 2016							

Schedule A (Fo	rm 990 or 990-EZ) 2016	NRA Civil Rights Defense Fund	52-1136665 Page 8
Part VI	Supplemental Info	rmation. Provide the explanations required by Part II, line 10; Part II, line 17a of	r 17b; Part
		Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV	
		rt IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines	
		ine 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V	
		so complete this part for any additional information. (See instructions.)	,
	<u></u>		
Part II Secti	on B Line 10 Securition	es litigation settlement. Year 2013 also includes	
returned un	used legal assistance	fees of \$9,720.	
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
			••••••••••
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

SCHEDULE D ·(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Italile	or the organization		Employer identification fightibes
NRA	Civil Rights Defense Fund		52-1136665
Par	Organizations Maintaining Don	or Advised Funds or Other Sir	nilar Funds or Accounts.
	Complete if the organization answ		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do	onor advisors in writing that the asset	s held in donor advised
	funds are the organization's property, subject		
6	Did the organization inform all grantees, don		
	used only for charitable purposes and not for		
	purpose conferring impermissible private bei		
Par	<u> </u>		
ı aı	Complete if the organization answ	vered "Yes" on Form 990 Part IV	/ line 7
1	Purpose(s) of conservation easements held		
•	Preservation of land for public use (e.g., rec		
	=		ervation of a historically important land area
	Protection of natural habitat	Pres	ervation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation cor	ntribution in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation eas	ements	2b
C	Number of conservation easements on a cer	tified historic structure included in (a)	2c
d	Number of conservation easements included	in (c) acquired after 8/17/06, and no	t on a
	historic structure listed in the National Regist		
3	Number of conservation easements modified	, transferred, released, extinguished	, or terminated by the organization during
	the tax year		
4	Number of states where property subject to o	conservation easement is located	•
5	Does the organization have a written policy r	egarding the periodic monitoring, ins	pection, handling of
	violations, and enforcement of the conservat	on easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring,	nspecting, handling of violations, and er	forcing conservation easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspenses	ecting, handling of violations, and enforce	ng conservation easements during the year
	▶ \$		
8	Does each conservation easement reported		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization re		·
	balance sheet, and include, if applicable, the	-	on's financial statements that describes
5	the organization's accounting for conservation		
Part			
	Complete if the organization answ	vered "Yes" on Form 990, Part IV	, line 8.
1a	If the organization elected, as permitted under	er SFAS 116 (ASC 958), not to report	in its revenue statement and balance sheet
	works of art, historical treasures, or other sim	ilar assets held for public exhibition,	education, or research in furtherance
	of public service, provide, in Part XIII, the tex	t of the footnote to its financial stater	nents that describes these items.
b	If the organization elected, as permitted under	er SFAS 116 (ASC 958), to report in i	ts revenue statement and balance sheet
	works of art, historical treasures, or other sim	ilar assets held for public exhibition,	education, or research in furtherance
	of public service, provide the following amou		
	(i) Revenue included on Form 990, Part VIII,	line 1	> \$
	(ii) Assets included in Form 990, Part X		> \$ 10,000
2	If the organization received or held works of		
	following amounts required to be reported un	der SFAS 116 (ASC 958) relating to	these items:
а	Revenue included on Form 990, Part VIII, lin	e 1	
b	Assets included in Form 990, Part X		> \$

Schod	ule D (Form 990) 2016 NRA Civil Rights Defens	eo Eund					5 2-1:	36665		n 2
Part			rt. Hist	orical Tr	easures, o	r Othe			ntinue	Page 2
3	Using the organization's acquisition, access									<u>u) </u>
	collection items (check all that apply):					J	Ū			
а	X Public exhibition		d [Loan	or exchange	program	าร			
b	Scholarly research		е	Other						
С	Preservation for future generations		_	•						
4	Provide a description of the organization's of XIII.	collections and	explain h	ow they fu	rther the org	janizatio	n's exempt pu	rpose in I	Part	
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Yes X] No
Part	Complete if the organization and 990, Part X, line 21.		on Form	990, Pa	rt IV, line 9,	, or rep	orted an amo	ount on I	=orm	
1a	Is the organization an agent, trustee, custoo	dian or other int	ermediar	y for contr	ibutions or o	ther ass	ets not			
	included on Form 990, Part X?							. 🔲 🛚	res 🗌] No
b	If "Yes," explain the arrangement in Part XII	I and complete	the follow	wing table:						
							 	Amoun		
C	Beginning balance									0
d	Additions during the year					1 <u>d</u>				
e	Distributions during the year					1e				
Ţ	Ending balance				, .	<u>_1f</u>				0
2a	Did the organization include an amount on						_		∕es 📙	No
b	If "Yes," explain the arrangement in Part XII	I. Check here if	the expl	anation ha	s been prov	ided on	Part XIII	<u> </u>	<u>. L</u>	<u> </u>
Part										
	Complete if the organization ans									
	 -) Current year		or year	(c) Two years		(d) Three years ba		our year	
1a	Beginning of year balance	1,162,434	1	,236,990		38,331	1,065,9			71,199
b	Contributions	10,017		11,993		32,273	12,	065		10,699
С	Net investment earnings, gains,	85,293		22 000	-	76 406	162 (.42	47	10.400
ď	Grants or scholarships	58,950		-23,800	<u>'</u>	76,186	163,0	142		06,186
u e	Other expenditures for facilities	38,930				+				
·	and programs	j		62,749	ŗ	59,800	53,2	34	5	22,126
f	Administrative expenses					3,000				<u>, , , </u>
g	End of year balance	1,198,794	1	,162,434	1,23	36,990	1,188,3	331	1.0€	35,958
2	Provide the estimated percentage of the cur									
a	Board designated or quasi-endowment	•	%							
b	Permanent endowment	100%								
C	Temporarily restricted endowment	<u>%</u>								
	The percentages on lines 2a, 2b, and 2c sh									
3a	Are there endowment funds not in the poss	ession of the or	ganizatıc	n that are	held and ad	minister	ed for the			
	organization by:							<u> </u>	Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		 -
b	If "Yes" on line 3a(ii), are the related organiz							_3b_	X	L
4	Describe in Part XIII the intended uses of the		s endowr	nent junas	i <u>. </u>					
Part	Land, Buildings, and Equipme Complete if the organization ans		on Form	000 Pa	t IV/ lina 11	la Soc	Form 000 F	ort V III	20.40	
	Description of property	(a) Cost or oth			st or other s (other)	1 ''	Accumulated epreciation	(d) E	Book valu	8
1a	Land		0	<u> </u>	0	} <u>-</u>	·			
b	Buildings		0	<u> </u>	0	 	0			 0

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	0	0		0
b	Buildings	0	0	0	0
С	Leasehold improvements	0	0	0	0
d	Equipment	0	0	0	0
е_	Other	0	0	0	0
Tota	II. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,	column (B), line 10c.)		0

Part VII	Investments—Other Securiti			32-1100000 Fage 3
Part VII	Complete if the organization a		00. Part IV. line 11b. See For	m 990. Part X. line 12.
(a) ī	Description of security or category (including name of security)	(b) Book value	(c) Method of vo	aluation
(1) Financial d	derivatives	0		
• •	eld equity interests	0		
(3) Other				
(B)				
(C)		 		
/r-\		1		
		 		
(G) (H)		 		
	nust equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Rela	ted.		
	Complete if the organization a		0, Part IV, line 11c. See Form	m 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of va	
			Cost or end-of-year i	narket value
_(1)				
(2)		 		
(3)				
(4)				
<u>(5)</u> (6)		 		
(7)				
(8)				
(9)				
Total. (Column (b) m	nust equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets. Complete if the organization a		0, Part IV, line 11d. See Form	
(4) ENDOW	MENTS AND GIFT ANNUITIES DUE	(a) Description		(b) Book value
	MS/MUSEUM COLLECTIONS	FROMINICATION		1,463,317 10,000
(3) DUE TO				-23,549
(4)	 			20,010
(5)				
(6)				
(7)				
(8)				
_(9)		 		
	n (b) must equal Form 990, Part X, co	ol. (B) line 15.)	<u> </u>	1,449,768
Part X	Other Liabilities.	\ "\ " = 00		E 000 B ()
	Complete if the organization at line 25.		U, Part IV, line 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal in		0		
	ES PAYABLE	170,645		
(3)		 		,
(4)				;
(5)		 		
(6)		 		Î
(8)				,
(9)				,
	ist equal Form 990, Part X, col (B) line 25)	170,645		
	ncertain tax positions. In Part XIII, provi		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

Par	t XI	Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Pa			•	Return	l .
1	Total rev	venue, gains, and other support per audited financial statements			<u>. </u>	1	1,713,229
2		s included on line 1 but not on Form 990, Part VIII, line 12:			•		1,7 10,220
a		ealized gains (losses) on investments	2a	1	172,286		
b		d services and use of facilities	2b				
c		ries of prior year grants	2c	1		1	
d		Describe in Part XIII.)	2d	 			
e	•	es 2a through 2d				2e	172,286
3		t line 2e from line 1				3	1,540,943
4		s included on Form 990, Part VIII, line 12, but not on line 1.	ĺ	1			
а		ent expenses not included on Form 990, Part VIII, line 7b	4a	į.	23,189	ļ	
b		Describe in Part XIII.)	4b			1	
С	Add line	es 4a and 4b				4c	23,189
5	Total rev	venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).				5	1,564,132
Par	t XII	Reconciliation of Expenses per Audited Financial Stateme				er Retu	
		Complete if the organization answered "Yes" on Form 990, Pa					
1	Total ex	penses and losses per audited financial statements				1	687,777
2	Amount	s included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated	d services and use of facilities	2a	<u> </u>	Į		
b	Prior ye	ar adjustments	2b				
C	Other lo	sses	2c			1	
d	Other (E	Describe in Part XIII.)	2d				
e	Add line	s 2a through 2d				2e	0
3	Subtrac	t line 2e from line 1				3	687,777
4	Amount	s included on Form 990, Part IX, line 25, but not on line 1:	1	l		- 1	
а	Investm	ent expenses not included on Form 990, Part VIII, line 7b	4a	L	23,189		
b	Other (E	Describe in Part XIII)	4b	<u> </u>	-64,716		
С		s 4a and 4b			ŀ	4c	-41,527
5		penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	· · ·	<u> </u>	<u>l</u>	_ 5	646,250
	t XIII	Supplemental Information.					
		scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa					l; Part X, line
2, Pa	irt XI, line:	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	vide ar	ny additio	onal informa	tion.	
Part I	III Line 4	The Fund maintains a collection of firearms housed within the National					
Firea	rms Muse	eum where they promote appreciation, understanding, and participation is	n gun				
collec	cting and	the preservation of the heritage of firearms through collection,	-				
cons	ervation, e	exhibition and research.					
Part \	V Line 4 7	o voluntarily assist in the preservation and defense of human, civil, and					
const	litutional r	ights of individuals to keep and bear arms in a free society.					
Part 2	X Line 2 N	Management evaluated the Fund's tax positions and concluded that the F	und				
had t	aken no u	incertain tax positions that require adjustment to the financial statements					
to co	mply with	the provisions of the guidance. Generally, the Fund is no longer subject	to				
incon	ne tax reg	ulations by the U.S. federal, state, or local tax authorities for years					
	0010	Attaches the set of the Attaches and a t					
befor	e 2013, w	hich is the standard look-back period.					
Dad'	VII I : 41	h Lagger from translikatikle pladres					
Pan)	All Line 4	b Losses from uncollectible pledges.					

Schedule D (Form	990) 2016 NR	A Civil Rights D	efense Fund		 	52-1136665	Page 5
Part XIII	Suppleme	ntal Informati	on (continued)				
	.				 		_
					 		-
				*	 		
•					_		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" on 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.

20**16**

Open to Public Inspection
Employer Identification number

NRA Civil Rights Defense Fund						52	2-1136665		
Part I General Informatio	n on Grants a	and Assistance							
Does the organization mainta the selection criteria used to aDescribe in Part IV the organ	award the grants	or assistance?.			eligibility for the grants o		X Yes No		
	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
(1) David T. Hardy, P.C. 8987 E. Tanque Verde, No. 265 Tusco	86-0726769		30,698				2nd amendment research		
(2) National Rifle Association 11250 Waples Mill Road Fairfax, VA 22	53-0116130	501(c)(4)	156,194				human, civil, and constitutional rights		
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
Enter total number of sectionEnter total number of other or				table			0 2		

Part III Grants and Other Assistance to D		•	organization answe	ered "Yes" on Form 990	, Part IV, line 22.
Part III can be duplicated if additiona (a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Legal Assistance					
1	36	281,204			
Youth Essay Contest 2	8	3,800		1	
2nd Amendment Research	-	3,800		 	
3	3	30,638		l	
4					
5					
6					
7					
Part IV Supplemental Information. Provide	the information	required in Part I, line	e 2; Part III, column	(b); and any other addi	tional information.
Part I Line 2 Payments on grants for legal assistance a	are made on a cost	reimbursement basis u	pon receipt of detailed	bills from grant	
recipients. Periodic updates on case status and/or res	earch are obtained t	rom grant recipients ar	nd reviewed by the Bo	ard of Trustees	
three times per year. The Fund's annual report include	s a detailed descrip	tion of each active case	e during the year.		
Part II Line 2 Grants to the NRA are made to support li	tigation where that	itigation is directly relat	ed to the preservation	of the	
human, civil, and/or constitutional rights of individuals	to keep and bear ar	ms. Cases supported in	n 2016 include Kolbe v	O'Malley,	
Staten Island Pistol Club v. NYC, Matthew Wilson, NY	State Rifle & Pistol	Club v. NYC, and Barry	/ Bauer.		
•••••••••••••••••••••••••••••••••••••••					·····

SCHEDULE J (Förm 990)

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

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

NRA	Civil Rights Defense Fund		52-1136665	5	
Pa					
				Yes	No
1a	Check the appropriate box(es) if the organization pro			1	1
	990, Part VII, Section A, line 1a. Complete Part III to		ì	- 5	}
	First-class or charter travel	Housing allowance or residence for	`		ł
	Travel for companions	Payments for business use of perso		ŀ	İ
	Tax indemnification and gross-up payments	Health or social club dues or initiation	i	•	1
	☐ Discretionary spending account	Personal services (such as, maid, cl	nauffeur, chef)	1	1
ь	If any of the boxes on line 1a are checked, did the o	rganization follow a written policy regarding i	payment		1
_	or reimbursement or provision of all of the expenses				1
	explain		<i>.</i> <u> 1b</u>	<u> </u>	
				_	ļ
2	Did the organization require substantiation prior to re]
	directors, trustees, and officers, including the CEO/E	Executive Director, regarding the items check			
	16:				
3	Indicate which, if any, of the following the filing organ	nization used to establish the compensation	of the	l	ł
	organization's CEO/Executive Director. Check all that	· · · ·		1	l
	related organization to establish compensation of the		t III.		ĺ
	Compensation committee	Written employment contract		Į.	l
	Independent compensation consultant	Compensation survey or study			į
	Form 990 of other organizations	Approval by the board or compensat	tion committee]
4	During the year, did any person listed on Form 990,	Part VII Section A line 1a with respect to the	ne filing		ł
•	organization or a related organization:	Ture vii, occuloriza, inte ra, with respect to the	ie illing	1	
а	Receive a severance payment or change-of-control	payment?	4a		X
b	Participate in, or receive payment from, a supplement				X
С	Participate in, or receive payment from, an equity-ball f "Yes" to any of lines 4a-c, list the persons and pro			: }	X
	if fes to any or lines 4a—c, list the persons and pro	wide the applicable amounts for each item in	rait III.	1	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) o	rganizations must complete lines 5–9.		1	
5	For persons listed on Form 990, Part VII, Section A,	line 1a, did the organization pay or accrue a	ny		
_	compensation contingent on the revenues of:				
a b	The organization? Any related organization?		5a		_X _X
	If "Yes" on line 5a or 5b, describe in Part III.		· · · · · ·		-^-
				j	
6	For persons listed on Form 990, Part VII, Section A,	line 1a, did the organization pay or accrue a	ny		
_	compensation contingent on the net earnings of: The organization?		6a		
a b	Any related organization?		6b		X
-	If "Yes" on line 6a or 6b, describe in Part III.		· · · · · · · · · · · · · · · · · · ·	1	
-	5	the de did the consule the consule			~
7	For persons listed on Form 990, Part VII, Section A, payments not described on lines 5 and 6? If "Yes," d		nfixed 7		
8	Were any amounts reported on Form 990, Part VII, I				_ X_
-	subject to the initial contract exception described in				
	ın Part III		8_		Х
				_	
9	If "Yes" on line 8, did the organization also follow the	e rebuttable presumption procedure describe	d in		
	Regulations section 53 4958-6(c)?		1 Q		1

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation benefits in column (B) reported other deferred (B)(i)-(D) (A) Name and Title (I) Base (ii) Bonus & incentive compensation as deferred on prior reportable compensation compensation Form 990 compensation Wilson H. Phillips Jr. (i) (ii) 524.396 100,000 172,490 19,610 23,788 840.284 1 Treasurer Stefan Tahmassebi (i) (ii) 207,390 2.269 2 Secretary 16,132 42,792 268.583 (i) (ii) (i) (ii) (i) (ii) (i) (ii) (i) (ii) (i) (ii) (i) (ii) (i) (ii) (i) (ii) 11 (i) (ii) (i) (ii) 13 (i) (ii) (i) (ii) 15 (i) 16 (ii)

Schedule J (Form 990) 2016 NRA Civil Rights Defense Fund Part III Supplemental Information

Provide the information,	explanation,	or descriptions re	quired for Part	I, lines 1a,	1b, 3, 4a	a, 4b, 4c,	5a, 5b, 6	Sa, 6b, 7	, and 8, and	for Part II. A	Also complet	e this part -
for any additional inform	ation.											
	· · · · -										· -	

Part I Line 3 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. All decisions are properly documented
Part I Line 4b The NRA takes a full transparency posture for executive compensation. This comment provides context for the 457(b)
and 457(f) plans. The related organization has an executive 457(b) deferred compensation retirement benefit plan for the benefit
of certain employees. The 457(b) plan is employee funded, not employer funded. The related organization also has a nonqualified
of certain employees. The 407(0) plants employee funded, not employer funded. The related organization also has a nonqualified
457(f) supplemental income retirement plan for the benefit of certain individuals. The 457(f) plan is employer funded. The NRA
decides the benefit amount and timeframe for vesting of each participant using different factors particular to each relevant
individual and his specific desired circumstances. Service costs included in deferred compensation are actuarially determined
under FASB ASC 715. The 457(f) plan is designed to supplement the current tax qualified defined benefit pension plan where current
limitations on benefits and employer contributions may be inadequate, and an employer sponsored supplemental income plan can best
provide these select employees with the appropriate amount of income in the specific desired situation 457(f) payouts are
properly included in taxable wages and reported in W-2 income.
Part II Column B(iii) Other reportable compensation in taxable wages includes 457(b) plan, fringe auto, group life insurance
benefits, and 457(f) plan if applicable. Column C represents benefits that will not be paid until the future, including the
employer paid portions of the related organization's defined benefit pension plan, 401(k) plan, and 457(f) plan if applicable. All
NRA affiliates take a full transparency posture for executive compensation paid by related organizations.

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.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

Employer identification number Name of the organization 52-1136665 NRA Civil Rights Defense Fund Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ. Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1)(2)(3)(4)(5)(6)2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22, (a) Name of interested person (b) Relationship (c) Purpose (d) Loan to or (e) Onginal (f) Balance due (g) In default? (h) Approved (i) Written from the with organization of loan principal amount by board or agreement? organization? committee? To From Yes Yes No No Yes No (1)(2)(3)(4)(5) (6)(7) (8)(9)(10)Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) Alice Marie Beard spouse of Trustee Robert Dow 7500 research and writing grant (2)(3)(4)(5) (6)**(7)** (8)(9)

(10)

Part IV	Business Transactions Invol Complete if the organization a	iving interested Persons. Inswered "Yes" on Form 990, F	Part IV, line 28a, 28b,	or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
					Yes	No
(1)						<u> </u>
<u>(2)</u> <u>(3)</u>						
(4)		- 				
_(5)						
(6)						-
(7) (8)						├
(9)						
(10)						
Part V	Supplemental Information Provide additional information	for responses to questions on	Schedule L (see ins	tructions).		
						·- -
						·

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 2016

Open to Public Inspection

Employer identification number

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.

52-1136665 NRA Civil Rights Defense Fund 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 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 Form 990, Part XI, Line 9. Losses from uncollectible pledges.

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
NRA Civil Rights Defense Fund	52-1136665
·	

·	

SCHEDULE R (Form 990)

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 2016

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

NRA Civil Rights Defense Fund

Employer identification number 52-1136665

identification of Disregarded Entitles. Complete if the organization answered ites on Form 990, Part IV, line 33.								
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
<u>(1)</u>								
(2)								
_(3)								
_(4)								
(5)								
(6)								

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

(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled lity?
		-				Yes	No
(1) National Rifle Association of America 53-0116130	Membership						1
11250 Waples Mill Road Fairfax, VA 22030		NY	501(c)(4)		N/A		Ιx
(2) The NRA Foundation, Inc. 52-1710886	Charitable						
11250 Waples Mill Road Fairfax, VA 22030		DC	501(c)(3)	Line 7	NRA	1	l x
(3) NRA Freedom Action Foundation 26-1277941	Charitable						
11250 Waples Mill Road Fairfax, VA 22030	1	VA	501(c)(3)	Line 7	NRA	1	×
(4) NRA Special Contribution Fund 23-7367534	Charitable					<u> </u>	 _
P.O. Box 700 Raton, NM 87740	<u>L</u> .	NM	501(c)(3)	Line 7	NRA		х
(5) NRA Political Victory Fund 52-1083020	PAC/SSF					1	- ^ -
11250 Waples Mill Road Fairfax, VA 22030		VA	527		NRA	1	х
(6)					11101		
]					l i	
						1	
	1						
Fac Daniel at D. I. d. A. M. A. M. A.							

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Part III because it had one or more related organizations treated as a partnership during the tax year. (a) (b) (g) (h) **(I)** (k) Primary activity Legal Direct controlling Name, address, and EIN of Predominant Share of total Share of end-of-Disproportionate Code V-UBI General or Percentage related organization allocations? domicile entity income (related, year assets amount in box 20 income managing ownership. (state or unrelated, of Schedule K-1 partner? foreign excluded from (Form 1065) country) tax under sections 512-514) Yes No Yes No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(9)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Section 5 contr enti	olled
								Yes	No
.(1)			{						
(2)									
(3)									
(4)									
(5)									
(6)									
_(7)									

52-1136665

Part V	Transactions with Related Organizations. Complete if the organization answered "Yes" (on Form 990, Part I	7, IINE 34, 350, or 36	•		_
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•		1a		X.
ь	Gift, grant, or capital contribution to related organization(s)			1b	X	
c	Gift, grant, or capital contribution from related organization(s)			1c	Х	
d	Loans or loan guarantees to or for related organization(s)			1d		X
- e	Loans or loan guarantees by related organization(s)			<u> </u>		X
•				1	 	<u> </u>
f	Dividends from related organization(s)			1f		X
	Sale of assets to related organization(s)			19	 	X
9	Purchase of assets from related organization(s)			1h		X
	Exchange of assets with related organization(s)			1i	 	X
•	· · · · · · · · · · · · · · · · · · ·			1j	 -	$\frac{\hat{x}}{x}$
J	Lease of facilities, equipment, or other assets to related organization(s)			"	 -	 ^- -
1.	Lease of facilities and instant or other proofs from polated aggregation(a)			41-	ļ	
К .	Lease of facilities, equipment, or other assets from related organization(s)			1k		Î
,	Performance of services or membership or fundraising solicitations for related organization(s)			11	 	
m	Performance of services or membership or fundraising solicitations by related organization(s)			1m	 	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			<u>1n</u>	X	
0	Sharing of paid employees with related organization(s)			10	X	<u> </u>
Р	Reimbursement paid to related organization(s) for expenses			1p	X	
q	Reimbursement paid by related organization(s) for expenses			19		X
r	Other transfer of cash or property to related organization(s)			1r		X
S	Other transfer of cash or property from related organization(s)				<u> </u>	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered rela	ationships and transact	ion threst	olds.	
	(a)	(b)	(c)	j I	(d)	
	Name of related organization	Transaction type (a~s)	Amount involved	Method	of detern nt involv	
		1,900 (0. 0)				
				cash		
(1) Na	tional Rifle Association of America	b	156,194			
				cash		
(2) Th	e NRA Foundation, Inc.	С	180,285			
				cash		
(3) Na	tional Rifle Association of America	р	76,442			
				_		
(4)						
(5)				<u></u>		
(6)						
			Sched	lule R (Fo	rm 990) 2016

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all j sec 501(organiz	partners ction c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate itions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or iging	(k) Percentage ownership
(4)			 	Yes	No			Yes	No	 	Yes	No	
_(1)								}	<u> </u>				}
(2)													
(3)													
(4)				 									
(5)													
(6)				-									
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		ental Information.	
Part VII		dditional information for responses to questions on Schedule	R. See Instructions.
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