DLN: 93493309004174

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

2013

OMB No 1545-0047

Open to Public Inspection

foundations) ▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

 $\blacktriangleright$  Information about Form 990 and its instructions is at  $\underline{\textit{www.IRS.gov/form990}}$ A For the 2013 calendar year, or tax year beginning 01-01-2013 2013, and ending 12-31-2013 D Employer identification number B Check if applicable NATIONAL RIFLE ASSOCIATION OF AMERICA Address change 53-0116130 Doing Business As Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 11250 WAPLES MILL ROAD Terminated (703) 267-1000 City or town, state or province, country, and ZIP or foreign postal code FAIRFAX, VA 220307400 \_\_\_\_ Amended return Application pending **G** Gross receipts \$ 368,295,635 Name and address of principal officer **H(a)** Is this a group return for WILSON H PHILLIPS JR ┌ Yes 🗸 No subordinates? 11250 WAPLES MILL RD FAIRFAX, VA 22030 **H(b)** Are all subordinates included? 501(c)(3) **✓** 501(c) (4) **◄** (insert no) Tax-exempt status ☐ 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions) Website: ► www nra ora **H(c)** Group exemption number ▶ K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation M State of legal domicile NY Part I Summary Briefly describe the organization's mission or most significant activities TO PROTECT AND DEFEND THE U.S. CONSTITUTION TO PROMOTE PUBLIC SAFETY, LAW AND ORDER, AND THE NATIONAL DEFENSE TO TRAIN LAW ENFORCEMENT AGENCIES TO TRAIN CIVILIANS IN MARKSMANSHIP TO FOSTER AND PROMOTE THE SHOOTING SPORTS TO PROMOTE HUNTER SAFETY Activities & Governance Check this box 📭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 72 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 785 150,000 6 **6** Total number of volunteers (estimate if necessary) . . . . **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 27,614,188  ${\bf b}$  Net unrelated business taxable income from Form 990-T, line 34 **7**b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 86,429,504 96,400,372 Program service revenue (Part VIII, line 2g) . . . 115,517,205 183,474,187 1,808,745 3,664,363 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 52,535,474 64,429,867 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 256,290,928 347.968.789 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 63,000 84,033 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 52,815,395 55,999,119 Expenses 5 - 10) 8,502,013 7,222,981 16a Professional fundraising fees (Part IX, column (A), line 11e) . Total fundraising expenses (Part IX, column (D), line 25)  $\blacksquare 38,784,597$ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 192,780,670 227,244,224 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 254,161,078 290,550,357 57,418,432 19 Revenue less expenses Subtract line 18 from line 12 2,129,850 t Assets or | nd Bafances | **Beginning of Current End of Year** Year 160.497.536 229,468,040 20 Total assets (Part X, line 16) . 154,559,962 21 149,276,146 Total liabilities (Part X, line 26) . . . 22 11,221,390 74,908,078 Net assets or fund balances  $\,$  Subtract line 21 from line 20  $\,$ Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	WI	gnature of officer  ILSON H PHILLIPS JR TREASURER AND CFO pe or print name and title			2014-11-05 Date	
Doid	, iy	Print/Type preparer's name JAMES P SWEENEY	Preparer's signature	Date 2014-11-05	Check f	PTIN
Paid Preparer	•	Firm's name MCGLADREY LLP			Firm's EIN 🕨	
Jse Only		Firm's address ► 8000 TOWERS CRESCEN	Phone no (703) 336-6400			
		VIENNA, VA 22184				

May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2013)						Page <b>2</b>
Par		ment of Program S			art III		<del>.</del>
1	Briefly descr	ıbe the organızatıon's mı	ssion				
<u>TO F</u>	ROTECT AND	DEFEND THE U S COI	NSTITUTION				
2	_	ızatıon undertake any sı n 990 or 990-EZ?	gnıficant program se	rvices during the	year which were not list		Yes 🔽 No
	If "Yes," desc	cribe these new services	on Schedule O				
3	services? .	ization cease conducting		t changes ın how ı	t conducts, any prograr		Yes ▼ No
4	expenses Se	organization's program s ction 501(c)(3) and 501 enses, and revenue, if an	. (c )(4 ) organizations	are required to re		•	•
4a	(Code	) (Expenses \$	41,409,374	ıncludıng grants of \$	) (Re	venue \$ 28,	248,562 )
	DIGITAL AND H VEHICLES SERV PRESENCE SUC	HIP COMMUNICATIONS ARE D ARDCOPY MATERIALS AND TH /E TO EDUCATE, INFORM, ANI CH AS THE NRA OFFICIAL JOU NT NRA DOT ORG	E MOST AUTHORITATIVE REINFORCE THE NRAS	COVERAGE FROM REPRIMARY EXEMPT PU	COGNIZED LEADERS AND SU RPOSES AND OBJECTIVES FO	BJECT MATTER EXPERT OR ACCESS TO NRAS C	S NRA MEDIA ONTINUALLY UPDATED
4b	(Code	) (Expenses \$	34,063,015	ıncludıng grants of \$	84,033 ) (Re	evenue \$ 27	,275,405 )
	FIREARM TRAII MUSEUMS, ANI	OPERATIONS PROGRAM SERV NING, HUNTER SERVICES, LAV D MORE EDUCATION, SAFETY FIREARMS EDUCATION, SAFE	W ENFORCEMENT SERVIC , AND TRAINING ARE THI	CES, RANGE SERVICES E CORE OF THE NRA N	, WOMENS PRÓGRAMS, YOU IISSION NRA CONTINUES TO	TH PROGRAMS, FRÍENI O BE THE GLOBAL LEADI	S OF NRA, NRA
	(Code	) (Expenses \$	27,618,525	including grants of \$	) (Re	venue \$	)
- <b>T</b> C	NRA-ILA LEGISI ADVOCATES AC RIGHTS AND C INTERNATIONA	LATIVE PROGRAM SERVICES A GAINST EFFORTS TO ERODE TO ONSERVATION EFFORTS NATI IL GUN CONTROL THREATS, W RG FOR THE LATEST UPDATES	AS THE FOREMOST PROT HE SECOND AMENDMENT ONWIDE NRA LEGISLATION ORKERS PROTECTION, S	ECTOR AND DEFENDE , FIGHTS FOR INITIAT VE ACTION INVOLVES GELF-DEFENSE, FREE !	R OF THE U.S. CONSTITUTION IVES AIMED AT REDUCING VITE FIREARMS RIGHTS, REGULAT	DN, THE NATIONAL RIFL TOLENT CRIME, AND PR TIONS AND LAWS, RANG	OMOTES HUNTERS E PROTECTION,
4d	Other progra	am services (Describe ir	Schedule O )				
	(Expenses \$	126,490,866	including grants o	f\$	) (Revenue \$	175,975,05	54)
4e	Total progra	m service expenses 🕨	229,581,780				
							Form <b>990</b> (2013)

## 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $\chi^{f colored}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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		
25a	Section 501(c)(3) and 501(c)(4) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1	
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part $I$	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

αı	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	j
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   1,257		res	INC
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
3	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
ı	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	12-		
	Note. See the instructions for additional information the organization must report on Schedule O	13a		<u> </u>
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2013) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . . . . . . . . . . . . . . . Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax 76 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Nο Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? . . . . . . Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12</b> c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

## Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed►WV, WI, WA, VA, UT, TN, SC, RI, PA, OR, OK, OH, NY, NM, NJ, NH, ND, NC, MS, MO, MN, ME, MD, MA, LA, KY, KS, IL, GA, FL, DC, CT, CO, CA, AZ, AR, AL, ΑK
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website V Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►NATIONAL RIFLE ASSOCIATION OF AMERI 11250 WAPLES MILL ROAD FAIRFAX, VA 220307400 (703) 267-1000

Form 990	(2013)	
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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

	<b>(A)</b> Name and Tıtle	(B) A verage hours per week (list any hours	more t	tion ( :han ( on is	ne l both	oox, an	heck unless officer stee)	5	( <b>I</b> Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W-	c	<b>(F)</b> Estima nount o ompens from t	ited f other sation
		for related organizations below dotted line)	Individual trustee or director	Institutional	2/1099-MISC)  Pointer  Highest compensated employee  Key employee  Institutional Trustee			ganızatı relate organıza	ed					
			iste e	Trustee		ě	pensated							
												-		
												-		
												+		
1b	Sub-Total			•				<b>P</b>						
c d	Total from continuation sheet  Total (add lines 1b and 1c) .	-		<b>A</b> .	•	•	•	•		7,500,290		+		595,046
<u>u</u> 2	Total number of individuals (in \$100,000 of reportable compe		lımıted				d abov	'e) w	l ho receive					333,010
													Yes	No
3	Did the organization list any <b>fc</b> on line 1a? <i>If "Yes," complete S</i>	chedule J for suc	ch indivi	ıdual	•	•		•				3		No
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization	e highest comp											ax vear	
		(A) ame and business						, -			(B) cription of services		(C Comper	)
NFO	CISION 325 SPRINGSIDE DR AKRON OH										IP PROCESSING AND			,359,095
ACKE	RMAN MCQUEEN 1601 NW EXPRESSWA	AY STE 1100 OKLAH	ОМА СІГ	Y OK 7	'3118						LATIONS AND		14	,466,985
	MASTER 1735 N LYNN ST ARLINGTON V COAST DATA 11 COMMERCE BLVD PALI									POSTAGE S	HIPPING IIP PROCESSING			,902,396 ,965,280
	BERSHIP MARKETING PARTNERS 11250		STE 310 F	AIRFA	X VA	2203	0				NG PRINTING AND			,726,773
2	Total number of independent co	ntractors (inclu	dına but	not	lımıt	ed t	o thos	a lict			ived more than	$\dashv$		

\$100,000 of compensation from the organization >82

Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g
Program Service Revenue	2a b c c d d e f f 3 3 4 5 6a b
evenue	3 4 5 6 6 6 b c c d d 6 8 6 8 6
Other R	b c 9a b (10a
	11a b d d e

Form 99								Page <b>9</b>
Part V	<b>7111</b>	Statement of Check if Schedu	f <b>Revenue</b> le O contains a respon	se or note to any lu	ne in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>ω 2</u>	1a	Federated camp	aigns 1a					
ant	ь	Membership due	es <b>1b</b>					
9	c	Fundraising eve	nts 1c					
Gifts, Grants illar Amounts	d	Related organiza	ations 1d	13,044,170				
nii.Gi	e	Government grants	(contributions) <b>1e</b>					
Sir	f	All other contribution	ns, gifts, grants, and <b>1f</b>	83,356,202				
uti her	'	similar amounts not	t included above					
ള	g	Noncash contributio 1a-1f \$	ns included in lines					
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines	1a-1f		96,400,372			
				Business Code				
enu	2a	PROGRAM FEES			7,896,324	7,896,324		
e Se	ь	MEMBER DUES			175,577,863	175,577,863		
93	c							
Z.	d							
Ē	е							
Program Service Revenue	f	All other prograi	m service revenue					
<u>~</u>	g	<b>Total.</b> Add lines	2a-2f	🛌	183,474,187			
	3		ome (including dividence r amounts)		1,476,905			1,476,905
	4		ment of tax-exempt bond p					
	5	Royalties		►	16,359,604			16,359,604
		_	(ı) Real	(II) Personal				
	6a b	Gross rents Less rental	952,294 1,389,363					
		expenses Rental income	-437,069					
	C	or (loss)			427.060			427.060
	d	Net rental incom	ne or (loss) (i) Securities	(II) O ther	-437,069			-437,069
	7a	Gross amount	. ,	(II) O thei				
		from sales of assets other	10,651,418					
	ь	than inventory Less cost or						
		other basis and sales expenses	8,463,960					
	C .	Gain or (loss)	2,187,458		2 407 450			2 407 450
	d 8a		s)	· · · · <b>&gt;</b>	2,187,458			2,187,458
Other Revenue		Gross income freevents (not incli						
ě		See Part IV, line						
<u>-</u>			a	733,661				
Ě	b		oenses <b>b</b> loss) from fundraising e	251,163	482,498			482,498
•	c 9a		om gaming activities	events	102,130			102,130
		See Part IV, line	e 19					
	ь	loce direct eve	a penses b					
	°	•	penses <b>b</b> loss) from gaming activ	rities				
	10a	Gross sales of II	-	-				
		returns and allow	F	29,601,441				
	Ь	less cost of do	a   ods sold b	10,222,360				
			loss) from sales of inve		19,379,081	16,233,717	3,145,364	
		Miscellaneous	Revenue	Business Code				
	11a	ADVERTISING		541800	24,468,824		24,468,824	
	b	SUBSCRIPTION	<del></del> }	541800	3,664,477	3,664,477		
	C .	NRA CAFE SAL		722210	397,191	0.455		397,191
	d e	All other revenu  Total. Add lines	L	🕨	115,261	3,150		112,111
					28,645,753			
	12	iotai revenue. S	See Instructions	· · · •	347,968,789	203,375,531	27,614,188	20,578,698

#### Part IX Statement of Functional Expenses

Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all columns A	ll other organizat	ions must comp	lete column (A)	
Check if Schedule O contains a response or note to any line in this	Part IX			
		(B)	(C)	(D)

D				<del></del>	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	20,112	20,112		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	63,921	63,921		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	5,157,474	1,975,715	2,968,553	213,206
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	34,628,053	25,970,916	6,451,155	2,205,982
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,418,497	5,270,580	2,637,994	509,923
9	Other employee benefits	4,997,436	3,497,265	1,197,467	302,704
10	Payroll taxes	2,797,659	1,957,836	670,365	169,458
11	Fees for services (non-employees)	_,,,	2,201,000	0.0,000	
а	Management	0			
b	Legal	7,889,836	7,602,227	287,609	
c	Accounting	130,525	1,11,11	130,525	
d	Lobbying	0		100,020	
e	Professional fundraising services See Part IV, line 17	7,222,981			7,222,981
f	Investment management fees	260,652		260,652	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
q	Other (If line 11g amount exceeds 10% of line 25,	200,032		200,032	
9	column (A) amount, list line 11g expenses on Schedule O)	5,439,341	5,439,341		
12	Advertising and promotion	47,531,085	40,099,686		7,431,399
13	Office expenses	4,596,370	2,690,273	1,906,097	
14	Information technology	9,458,596	5,634,486	3,824,110	
15	Royalties	0			
16	Occupancy	2,026,324	864,243	1,162,081	
17	Travel	6,041,188	4,316,159	1,725,029	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	7,215,967	5,650,133	1,565,834	
20	Interest	1,289,516	830,089	459,427	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,342,325	1,754,355	587,970	
23	Insurance	1,081,521	1,081,521		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MEMBER COMMUNICATIONS	66,168,963	48,936,691		17,232,272
b	PRINTING AND SHIPPING	28,279,410	28,279,410		
С	GENERAL OPERATIONS PROGRAM SERVICES	27,366,223	27,366,223		
d	BANKING FEES	5,363,614	587,481	3,578,636	1,197,497
e	All other expenses	4,762,768	9,693,117	-7,229,524	2,299,175
25	Total functional expenses. Add lines 1 through 24e	290,550,357	229,581,780	22,183,980	38,784,597
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				rm <b>990</b> (2013)

Part X Balance Sheet

Par	't X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1	
	2	Savings and temporary cash investments	10,747,947	2	18,589,464
	3	Pledges and grants receivable, net	2,601,438	3	4,754,673
	4	Accounts receivable, net	51,240,665	4	53,885,272
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	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 organizations (see instructions) Complete Part II of Schedule L		6	
Š	7	Notes and loans receivable, net	3,064,403	7	3.042.736
4	8	Inventories for sale or use	11,799,972	8	18,784,686
	9	Prepaid expenses and deferred charges	3,109,155	9	4,223,274
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  69,661,793		3	1,220,271
	ь	Less accumulated depreciation 10b 33,792,745	34,324,673	10c	35,869,048
	11	Investments—publicly traded securities	29,895,485	11	77,381,866
	12	Investments—other securities See Part IV, line 11	7,951,222	12	6,627,475
	13	Investments—program-related See Part IV, line 11		13	<u> </u>
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	5,762,576	15	6,309,546
	16	Total assets. Add lines 1 through 15 (must equal line 34)	160,497,536	16	229,468,040
	17	Accounts payable and accrued expenses	78,683,405	17	67,471,453
	18	Grants payable		18	<u> </u>
	19	Deferred revenue	30,985,830	19	47,701,178
	20	Tax-exempt bond liabilities		20	· · ·
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			-
ē		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	31,104,089	23	33,478,339
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	8,502,822	25	5,908,992
	26	D	149,276,146	26	154,559,962
	26	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	149,270,140	20	154,559,902
ă	27	Unrestricted net assets	-21,588,667	27	34,813,419
<u>छ</u>	28	Temporarily restricted net assets	5,097,033	28	8,903,939
	29	Permanently restricted net assets	27,713,024	29	31,190,720
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► and			,
<u> </u>		complete lines 30 through 34.			
Š.	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	11,221,390	33	74,908,078
2	34	Total liabilities and net assets/fund balances	160,497,536	34	229,468,040

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		347,9	968,789
2	Total expenses (must equal Part IX, column (A), line 25)	2		290,5	550,357
3	Revenue less expenses Subtract line 2 from line 1	3		57,	118,432
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		11,	221,390
5	Net unrealized gains (losses) on investments	5		2,3	366,603
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		3,9	901,653
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		74,9	908,078
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. $\sqsubset$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	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	arate			
	Separate basis Consolidated basis 🔽 Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of tl	ne <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

**Software ID:** 13000230 **Software Version:** 13.6.0.0

**EIN:** 53-0116130

Name: NATIONAL RIFLE ASSOCIATION OF AMERICA

Form 990, Part VII - Compensation Compensated Employees, and Inde				Tru	ste	es, k	(ey	Employees, Higl	hest	
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	ion ( nan o n is b	ne b oth ctor,	ox, u an of trus	inless fficer tee)		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-1413C)	2/1099-1413C)	organization and related organizations
JAMES W PORTER II	20 00	X		×		<u> </u>		0	0	0
PRESIDENT	2 00			<u> </u>				Ů	0	
ALLAN D CORS	10 00	х		х				0	0	0
1ST VICE PRESIDENT PETE BROWNELL	2 00									
2ND VICE PRESIDENT	10 00	Х		Х				0	0	0
JOE M ALLBAUGH	1 00								0	0
DIRECTOR	1 00	Х						0	0	0
WILLIAM H ALLEN	1 00	x						0	0	0
DIRECTOR THOMAS P ARVAS	1 00									
DIRECTOR		х						0	0	0
SCOTT L BACH	1 00									
DIRECTOR		X						0	0	0
WILLIAM A BACHENBERG	1 00	х						0	0	0
DIRECTOR	1 00									
F E BACHHUBER JR	1 00	х						0	0	0
DIRECTOR  M CAROL BAMBERY	1 00									
DIRECTOR	2 00	Х						0	0	0
BOB BARR	1 00	x						0	0	0
DIRECTOR								0	0	,
RONNIE G BARRETT  DIRECTOR	1 00	×						0	0	0
CLEL BAUDLER	1 00	х						0	0	0
DIRECTOR DAVID E BENNETT	1 00									
DIRECTOR		Х						0	0	0
J KENNETH BLACKWELL	1 00									
DIRECTOR		X						0	0	0
MATT BLUNT	1 00	х						0	0	0
DAN BOREN	1 00	×						0	0	0
DIRECTOR								Ů		
ROBERT K BROWN	1 00	х						0	0	0
DIRECTOR DAVID BUTZ	1 00 5 00	-								
DIRECTOR	5 00	Х						150,000	0	0
J WILLIAM CARTER	1 00	х						0	0	0
DIRECTOR	1 00							0	Ů,	
TED W CARTER DIRECTOR	1 00	×						0	0	О
RICHARD CHILDRESS	1 00	х						0	0	0
DIRECTOR PATRICIA A CLARK	1 00			$\vdash$						
DIRECTOR		Х						0	0	0
CHARLES L COTTON	1 00	х						0	0	0
DIRECTOR DAMES COV	1 00							<u> </u>		<u> </u>
DAVID G COY	1 00	x						0	0	0
DIRECTOR	J					1	<u> </u>			

(A) Name and Title	(B) Average hours per week (list any hours	more the persould and a	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		r compensation r from the organization (W-		(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
LARRY E CRAIG	1 00	x						0	0	0
DIRECTOR  JOHN L CUSHMAN	1 00	\								
DIRECTOR	1 00	X						0	0	0
WILLIAM H DAILEY DIRECTOR	1 00	x						0	0	0
JOSEPH P DEBERGALIS JR	2 00	\								
DIRECTOR		X						0	0	0
R LEE ERMEY DIRECTOR	1 00	×						0	0	0
EDIE P FLEEMAN DIRECTOR	1 00	х						0	0	0
JOEL FRIEDMAN DIRECTOR	1 00	х						0	0	0
SANDRA S FROMAN	5 00	х						45,180	0	0
DIRECTOR TOM GAINES	1 00							13,100		
DIRECTOR	1 00	х						0	0	0
JAMES S GILMORE III DIRECTOR	1 00	×						0	0	0
MARION P HAMMER	5 00	х						122,000	0	0
MARIA HEIL	1 00	Х						0	0	0
GRAHAM HILL	1 00	х						0	0	0
DIRECTOR STEVE HORNADY	1 00									
DIRECTOR	1 00	Х						0	0	0
SUSAN HOWARD DIRECTOR	1 00	х						0	0	0
ROY INNIS DIRECTOR	1 00	х						0	0	0
H JOAQUIN JACKSON	1 00	х						0	0	0
DIRECTOR CURTIS S JENKINS	1 00									
DIRECTOR DAVID A KEENE	1 00	Х						0	0	0
DIRECTOR	1 00	×						0	0	0
TOM KING	1 00	х						0	0	0
DIRECTOR HERBERT A LANFORD JR	1 00	х						0	0	0
DIRECTOR  KARL A MALONE	1 00	х						0	0	0
DIRECTOR  CAROLYN D MEADOWS	1 00									
DIRECTOR	1 00	х						0	0	0
JOHN F MILIUS	1 00	х						0	0	0
DIRECTOR BILL MILLER	1 00	<b>-</b>						0	^	•
DIRECTOR	_	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors **(E)** Reportable (A) Name and Title (B) Average (C) Position (do not check **(D)** Reportable (F) Estimated amount

Name and Title	hours per week (list any hours for related	more the perso	han o n ıs b	ne b oth ctor,	ox, ι an o /trus	ınless fficer tee)		compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-MISC)	of other compensation from the organization and
OWEN BUZ MILLS	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-1413C)	2/1099-1413C)	related organizations
DIRECTOR	1 00	x						0	0	0
CLETA MITCHELL THROUGH 05052013	1 00	х						0	0	0
DIRECTOR CONCRETE CON	1 00							0	0	
GROVER G NORQUIST	1 00	x						0	0	0
DIRECTOR OLIVER L NORTH	1 00									
DIRECTOR		Х						0	0	0
ROBERT NOSLER	1 00	×						0	0	0
DIRECTOR JOHNNY NUGENT	1 00									
DIRECTOR		X						0	0	0
TED NUGENT	1 00	х						0	0	0
DIRECTOR LANCE OLSON	5 00									
DIRECTOR	3 00	x						90,000	0	0
TIMOTHY W PAWOL	1 00									
DIRECTOR		Х						0	0	0
PETER J PRINTZ	1 00	×						0	0	0
DIRECTOR TODD J RATHNER	1 00									
DIRECTOR		X						0	0	0
WAYNE ANTHONY ROSS	1 00	х						0	0	0
DIRECTOR  CARL T ROWAN JR	1 00				-					
DIRECTOR	100	х						0	0	0
DON SABA	1 00	х						0	0	0
DIRECTOR								0	0	
ROBERT E SANDERS	1 00	х						0	0	0
DIRECTOR WILLIAM H SATTERFIELD	1 00									
DIRECTOR	1 00	Х						0	0	0
RONALD L SCHMEITS	1 00	×						0	0	0
DIRECTOR STEVEN C SCHREINER	1 00									
DIRECTOR		x						0	0	0
TOM SELLECK	1 00	×						0	0	0
DIRECTOR	1.00									
JOHN C SIGLER DIRECTOR	1 00	х						0	0	0
LEROY SISCO	2 00	<u> </u>							_	_
DIRECTOR		Х						0	0	0
DWIGHT D VAN HORN	1 00	x						0	0	0
DIRECTOR LINDA L WALKER	1 00				1					
DIRECTOR		x						0	0	0
HOWARD J WALTER	1 00	х						0	0	0
DIRECTOR J D WILLIAMS	100	<u> </u>	<u> </u>	_			_			
DIRECTOR	1 00	×						0	0	0
					1		1	ı	l .	L

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

(A) Name and Title	(B) Average hours per week (list any hours	more th	ion (d ian oi n is b	ne bo	ot check lox, unless an officer /trustee)			(D)  Reportable compensation from the organization (W-	<b>(E)</b> Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
ROBERT J WOS	1 00	x						0	0	0
DIRECTOR										-
DONALD E YOUNG	1 00	х						0	0	0
DIRECTOR										
WAYNE LAPIERRE	60 00			х				834,786	0	149,396
CEO AND EXECUTIVE VP	2 00									
WILSON H PHILLIPS JR	50 00			х				2,827,976	0	41,635
TREASURER	5 00									·
CHRIS W COX	58 00			х				734,770	0	93,886
EXEC DIR, ILA	2 00									
EDWARD J LAND JR SECRETARY	40 00			х				409,994	0	52,920
ROBERT K WEAVER	50 00									
EXEC DIR, GENERAL OPS				Х				392,164	0	60,492
TYLER SCHROPP	52 00					х		495,075	0	58,709
EXEC DIR, ADVANCEMENT	5 00					^		475,075		30,709
DAVID LEHMAN	50 00					х		390,781	0	19,022
DEPUTY EXEC DIR, ILA	1 00							000,000	-	
ROBERT MARCARIO	50 00					x		363,743	0	56,545
MANAGING DIRECTOR										,
JAMES BAKER	50 00					x		323,439	0	12,669
DIRECTOR, ILA FEDERAL							$\vdash$			
MICHAEL MARCELLIN	40 00					х		320,382	0	49,772
MANAGING DIRECTOR	J									

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### DLN: 93493309004174

OMB No 1545-0047

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

	me of the organization IONAL RIFLE ASSOCIATION OF AMERICA			oloyer identification number
Pa	rt I Organizations Maintaining Donor Adv			or Accounts. Complete if the
	organization answered "Yes" to Form 990	(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year	(a) Bonor davised rands		(b) Fullus und seiner decesunes
- >	Aggregate contributions to (during year)			
- }	Aggregate grants from (during year)			
ı	Aggregate value at end of year			
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the or		nor advi	sed <b>Yes No</b>
;	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?	donor advisors in writing that grant fund:		
2a	rt II Conservation Easements. Complete If	f the organization answered "Yes"	to Forn	
L 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	n or education)  Preservation of a Preservation of a	certifie	ically important land area d historic structure n of a conservation
	easement on the last day of the tax year			Hald as the Ford of the Warn
_	Total number of conservation easements		20	Held at the End of the Year
a	Total acreage restricted by conservation easements		2a 2b	
b	Number of conservation easements on a certified histo	oric structure included in (a)		
C .		` '	2c	
d	Number of conservation easements included in (c) acc historic structure listed in the National Register	quired after 6/17/06, and not on a	2d	
3	Number of conservation easements modified, transfer the tax year ▶		ed by th	ne organization during
ŀ	Number of states where property subject to conservat			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation ease	ments o	during the year
,	A mount of expenses incurred in monitoring, inspecting  \$	g, and enforcing conservation easement	ts durin	g the year
3	Does each conservation easement reported on line 2( and section 170(h)(4)(B)(II)?	(d) above satisfy the requirements of se	ction 17	70(h)(4)(B)(ı)
•	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	ne footnote to the organization's financia		•
ar	Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
La	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	116 (ASC 958), not to report in its reve ets held for public exhibition, education	, or rese	arch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	ets held for public exhibition, education		
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
<u> </u>	If the organization received or held works of art, histor following amounts required to be reported under SFAS			· <del></del>
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
				·

**b** Assets included in Form 990, Part X

Par	t∎≢≢ Organizations Maintaining Co	<u>llections of Art,</u>	Hist	<u>ori</u>	<u>cal Treas</u>	sures, or O	<u>the</u>	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other record	ls, che	eck	any of the fo	ollowing that a	re a	sıgnıfıcant	use of	its	
a	▼ Public exhibition		d	$\sqcap$	Loan or ex	kchange progr	ams				
b	Scholarly research		e	$\Gamma$	Other						
С	✓ Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and explai	n how	the	/ further the	e organızatıon	's ex	empt purpo	se in		
5	During the year, did the organization solicit of							ılar	_		_
	assets to be sold to raise funds rather than t	<u> </u>						"		Yes	│ No
Pal	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					on answere	a "Y	es" to For	m 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					s or other ass	ets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the f	followi	ng t	able						
						_			Amou	ınt	
С	Beginning balance					_	1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Γ	Yes	<b>▼ No</b>
b	If "Yes," explain the arrangement in Part XII	I Check here if the	explai	nati	on has beer	n provided in F	art )	KIII			Γ
Pa	rt V Endowment Funds. Complete										
		(a)Current year	<b>(b)</b> P			)Two years back	+				ears back
1a	Beginning of year balance	12,587,566			738,148	9,711,011	—	8,687,	_		6,920,616
Ь	Contributions	2,818,471		1,	554,967	1,546,181	_	808,	13/		1,582,051
C	Net investment earnings, gains, and losses	794,093			775,895	-112,646	;	549,	205		750,029
d	Grants or scholarships										
e	Other expenditures for facilities and programs	461,526			442,581	378,110		304,	201		536,900
f	Administrative expenses	32,383			38,863	28,288	3	30,	020		27,906
g	End of year balance	15,706,221		12,	587,566	10,738,148	3	9,711,	011		8,687,890
2	Provide the estimated percentage of the curi	ent year end balanc	e (lıne	1g,	column (a)	)) held as					
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ► 100 000 %										
c	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiza	tion th	hata	re held and	d administered	d for	the			
	organization by							г	- 415	Yes	No
	(i) unrelated organizations			•			•		3a(i) 3a(ii)	Yes	No
b	(ii) related organizations						•	• • • }	3a(11)	Yes	
4	Describe in Part XIII the intended uses of the						•		- 55	1 1 03	
	rt VI Land, Buildings, and Equipme					swered 'Yes	' to	Form 990	, Part	IV, lır	 1е
	11a. See Form 990, Part X, line								·		
	Description of property				Cost or other (investment			(c) Accumul depreciati		( <b>d</b> ) Boo	ok value
1a	Land					4,902	,450				4,902,450
b	Buildings		. [			49,300	,124	23,42	6,751	26	6,308,338
c	Leasehold improvements		. [								
	Equipment		· [			15,459	,219	13,06	3,456	- 4	4,658,260
Tota	Other	gual Form 990. Part X	· colun	nn (	3), line 10(c	·),)			. +	31	5,869,048
	La	-,	,	(1	-,, 20(0	, ,	-		- 1	٥.	., ,

Part VII Investments—Other Securities. Cor See Form 990, Part X, line 12.	nplete if the organization	answered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)Other		
(A) Financial derivatives and other financial products		
(B) Closely-held equity interests		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII  Investments—Program Related. Co	<u>F </u> omplete if the organization	
See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>*</b>	
	n answered 'Yes' to Form 990	D, Part IV, line 11d See Form 990, Part X, line 15
(a) Descr	iption	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. Complete if the organization.		
Form 990, Part X, line 25.	inization answered Tes t	o form 550, rait iv, line file of fil. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
Federal income taxes		
DERIVATIVE INSTRUMENT MARKET VALUATION	4,341,025	
OTHER MISCELLANEOUS LIABILITIES  ACCRUED SALES AND USE TAXES	817,967 750,000	
ACCRUED SALES AND USE TAXES	750,000	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	5,908,992	
2. Liability for uncertain tax positions In Part XIII, provide		ne organization's financial statements that
reports the organization's liability for uncertain tax positio		

ule D (1 01111 9 9 0 ) 2013		Page 4
Reconciliation of Revenue per Audited Financial Statements With Revenue p the organization answered 'Yes' to Form 990, Part IV, line 12a.	er Re	<b>turn</b> Complete ıf
Total revenue, gains, and other support per audited financial statements	1	365,784,847
Amounts included on line 1 but not on Form 990, Part VIII, line 12		
Net unrealized gains on investments		
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIII )		
Add lines <b>2a</b> through <b>2d</b>	2e	6,268,256
Subtract line <b>2e</b> from line <b>1</b>	3	359,516,591
Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Other (Describe in Part XIII )		
Add lines <b>4a</b> and <b>4b</b>	4c	-11,547,802
Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	347,968,789
XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	Return. Complete
if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
Total expenses and losses per audited financial statements	1	302,098,159
Amounts included on line 1 but not on Form 990, Part IX, line 25		
Donated services and use of facilities		
Prior year adjustments		
Other losses		
Other (Describe in Part XIII )		
Add lines <b>2a</b> through <b>2d</b>	2e	11,611,723
Subtract line <b>2e</b> from line <b>1</b>	3	290,486,436
Amounts included on Form 990, Part IX, line 25, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Other (Describe in Part XIII )		
Other (Describe in Part XIII )	4c	63,921
	the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements  A mounts included on line 1 but not on Form 990, Part VIII, line 12  Net unrealized gains on investments  Donated services and use of facilities  City Coty Coty Coty Coty Coty Coty Coty Co	the organization answered 'Yes' to Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements

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

Return Reference	Explanation
III 1a	THE VALUE OF THE NRA MUSEUM COLLECTIONS HAS BEEN EXCLUDED FROM THE STATEMENTS OF FINANCIAL POSITION ONLY PURCHASES OF FIREARMS AND OTHER OBJECTS, AND NOT DONATIONS, ARE RECOGNIZED IN THE STATEMENTS OF ACTIVITIES THE FIREARMS AND OTHER OBJECTS IN THE NRA MUSEUMS ARE NOT INTENDED FOR SALE OR EXCHANGE AND ARE CONSIDERED TO BE OF SIGNIFICANCE FOR VARIOUS REASONS TO INCLUDE THE HISTORICAL SIGNIFICANCE, PREVIOUS OWNERS, AND CRAFTMANSHIP
III 4	THE NRA MUSEUMS PROMOTE GUN COLLECTING AND PRESERVATION OF HISTORY THROUGH THE HERITAGE OF FIREARMS PLEASE VISIT NRAMUSEUM DOT ORG FOR EXCITING CURRENT INFORMATION ON THE MUSEUM GALLERIES IN FAIRFAX, VIRGINIA AND SPRINGFIELD, MISSOURI
III 4	NRA ENDOWMENT FUNDS BENEFIT NRA INSTITUTE FOR LEGISLATIVE ACTION, NATIONAL CHAMPIONSHIPS, MARKSMANSHIP, AND LAW ENFORCEMENT
X 2	MANAGEMENT EVALUATED THE NRA TAX POSITIONS AND CONCLUDED THAT THE NRA HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE GENERALLY, THE NRA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE, OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2010, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOKBACK PERIOD
XI 2d	INCLUDES AGENCY TRANSACTIONS AND UNREALIZED GAIN ON DERIVATIVE INSTRUMENT
XI 4b	INCLUDES COST OF GOODS SOLD, RENTAL EXPENSE, ACCOUNTING PROCEDURE VALUATION ADJUSTMENT TO PENSION PLANS, INTEREST ON ENDOWMENT GRANTS
XII 2d	INCLUDES COST OF GOODS SOLD, RENTAL EXPENSE, ACCOUNTING PROCEDURE VALUATION ADJUSTMENT TO PENSION PLAN

Part XIII Supplement	al Information <i>(continued)</i>	
Return Reference	Explanation	
XII 4b	INCLUDES INTEREST ON ENDOWMENT GRANTS	

Schedule D (Form 990) 2013

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SCHEDULE F

Department of the Treasury

Internal Revenue Service

Part I

(Form 990)

As Filed Data -

DLN: 93493309004174

OMB No 1545-0047

2013

Open to Public Inspection

No

**Employer identification number** 

E2 0116120

## Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

	33-0110130
General Information on Activities Outside the United States. Complete	e if the organization answered
"Yes" to Form 990, Part IV, line 14b.	

- **2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	offices in the region	employees, agents, and independent contractors in region	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program service, describe specific type of service(s) in region	for and investments in region
(1) Central America and the			INVESTMENT		4,225,000
Carıbbean			ACCOUNT		
(2) Europe			PROGRAM SERVICES	LAW ENFORCEMENT TRAINING	6,978
(3)					
(4)					
(5)					
<b>3a</b> Sub-total					4,231,978
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					4,231,978

					<b>ited States.</b> Comp duplicated if addition			to Form 990,
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	<b>(c)</b> Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
( 2)								
(3)								
(4)								
					les by the foreign co.(c)(3) equivalency			
3 Enter total	number of other or	ganizations or en	rities					

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	tional space is ne	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
( 2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
(13)							
(14)							
( 15)							
( 16)							
( 17)							
(18)							

# Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	굣	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	V	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	দ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	<b>V</b>	Yes	Γ	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	দ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	∀	No

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page **5** 

## Part V Supplemental Information

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

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I Line 3	REFLECTS INDUSTRY STANDARD BEST PRACTICES IN RISK MANAGEMENT FOR LARGE NONPROFIT ORGANIZAT IONS ALTERNATIVE INVESTMENTS REDUCE OVERALL PORTFOLIO RISK BY IMPROVING DIVERSIFICATION 990 READER NOTES ARE INCLUDED AS A CONVENIENCE TO HELP THE PUBLIC UNDERSTAND THE ORGANIZAT ION

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DLN: 93493309004174

OMB No 1545-0047

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

**SCHEDULE G** 

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

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

Inspection

Name of the organization	ON OF AMERICA					Employer ident	tification number
ATIONAL RIFLE ASSOCIATI	ON OF AMERICA					53-0116130	
	<b>tivities.</b> Complete s are not required			on answered "Yes" to part.	o Form 9	990, Part IV,	line 17.
Indicate whether the organ	nızatıon raısed funds t	hrough aı	ny of the f	ollowing activities Che	ck all tha	t apply	
a 🔽 Mail solicitations			e	Solicitation of non-	=	_	
<b>b</b> Internet and email sol	ıcıtatıons		f	Solicitation of gove		grants	
c Phone solicitations d In-person solicitations	S		g	Special fundraising	gevents		
2a Did the organization have a or key employees listed in							√ Yes √ N
<b>b</b> If "Yes," list the ten higher to be compensated at leas			fundraıseı	rs) pursuant to agreeme	ents unde	r which the fun	draiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or re fundraı	ount paid to tained by) ser listed in ol <b>(i)</b>	(vi) A mount paid to (or retained by) organization
4	DAID COLICITOR	Yes	No				
ALLEGIANCE 11250 WAPLES MILL RD	PAID SOLICITOR		No	31,708,814		480,000	31,228,814
FAIRFAX, VA 22030 2	PAID SOLICITOR						
INFOCISION 325 SPRINGSIDE DR			No	11,252,555		6,742,981	4,509,574
AKRON, OH 44333 3							
5							
4							
5							
6							
7							
8							
9							
10							
Total			•	42,961,369		7,222,981	35,738,388
3 List all states in which the registration or licensing							
JT, VA, WA, WI, WV			, , .		, ,		

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundraevents with gross receipts g	aising event contribut			
			(a) Event #1  NRA-ILA EVENT	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
Ф			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	733,661	L		733,661
ě	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	733,661	ı		733,661
	4	Cash prizes				
EO.	5	Noncash prizes				
ja L	6	Rent/facility costs				
Expenses	7	Food and beverages .				
Dreat -	8	Entertainment				
ā	9	Other direct expenses .	251,163	3		251,163
	10	Direct expense summary Add lin	es 4 through 9 in column	n(d)		(251,163)
	11	Net income summary Subtract lii	ne 10 from line 3, columr	n (d)		482,498
Par	t III			"Yes" to Form 990, Pa	rt IV, line 19, or rep	·
	Г	\$15,000 on Form 990-EZ, lir				T
Revenue		C	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	┢	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes% Г Nо	Г Yes <u>%</u> Г No	Г Yes %	_
		Direct expense summary Add lines  Net gaming income summary Subt			<b>.</b>	
_						·
9 a		er the state(s) in which the organiza the organization licensed to operate				T Yes T No
b		No," explain				
10a b		re any of the organization's gaming   Yes," explain	licenses revoked, susper	nded or terminated during	the tax year?	

						11
Does	s the organization operate gaming activit	ies with nonmembers?			Yes $\Gamma_{No}$	
12	Is the organization a grantor, beneficia	ry or trustee of a trust or a mem	ber of a partnership or other	entity		
	formed to administer charitable gaming	,			. Г <sub>Yes</sub> Г	- No
13	Indicate the percentage of gaming acti	vity operated in				
а	The organization's facility			13a		%
b	An outside facility			13b		%
14	Enter the name and address of the pers	on who prepares the organization	n's gamıng/special events b	ooks and record	ds	
	Name 🟲					
	Address 🟲					
15a	Does the organization have a contract	with a third party from whom the	organization receives gamir	ıg		
	revenue?				. Г уез Г	– No
b	If "Yes," enter the amount of gaming re	venue received by the organizat	ion 🟲 \$	and the		
	amount of gaming revenue retained by	the third party 🟲 \$				
c	If "Yes," enter name and address of the	third party				
	Name <b>▶</b>					
	Address 🟲					
16	Gaming manager information					
	Name <b>▶</b>					
	Gaming manager compensation > \$					
	Description of services provided					
	☐ Director/officer	_ Employee	☐ Independent contractor	r		
17	Mandatory distributions	.t /				
а	Is the organization required under state	e law to make charitable distribu	tions from the gaming proce	eds to		
	retain the state gaming license?				Γ <sub>Yes</sub> Γ	— No
b	Enter the amount of distributions requi					
	ın the organization's own exempt activi		-			
Pai	rt IV Supplemental Information Part III, lines 9, 9b, 10b, 15 additional information (see i	b, 15c, 16, and 17b, as app				and
	Return Reference		Explanation			
			•	0-1-1-1-0/-		7) 2012

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

NATIONAL RIFLE ASSOCIATION OF AMERICA

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

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

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

Employer identification number

DLN: 93493309004174

**Inspection** 

Does the organization and market and Assistance.  Does the organization main recroft to substantiate the amount of the grants or assistance, the grantes or assistance, and the selection criteria used to award the grants or assistance?  Part II be organization and part IV the organization are part IV the organization and program trunds in the United States.  Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  (a) Name and address of organization or organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.  (b) EIN (c) TRC Code section (d) Amount of cash assistance to grant trunds in the United States. Complete if the organization answered "Yes" to organization or organization and the section of the program of the United States. Complete if the organization answered "Yes" to organization and the United States. Complete if the organization answered "Yes" to organization and the United States. Complete if the organization answered "Yes" to organization answered "Yes" to organization and the United States. Complete if the organization answered "Yes" to organization and the United States. Complete if the organization answered "Yes" to organization and the United States. Complete if the organization answered "Yes" to organization and the United States. Complete if the organization answered "Yes" to organization and the United States. Complete if the organization answered "Yes" to organization and the United States. Complete if the organization answered "Yes" to organization and the United States. Complete if the organization answered "Yes" to organization and the United States. Complete if the organization of the United States (a) Amount of t	NATIONAL RIFLE ASSOCIATI						53-0116130	
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.  (a) Name and address of organization or government  (b) EIN  (c) IRC Code section if applicable  (d) Amount of cash grant  (a) Amount of non-cash assistance  (b) EIN  (c) IRC Code section if applicable  (d) Amount of cash assistance  (e) Amount of non-cash assistance  (book, FMV, appraisal, other)  (1) NATIONAL FNDN FOR WOMEN LEGISLATORS  910 16TH ST NW  (a) Purpose of grant or assistance  (b) Purpose of grant or assistance  (c) IRC Code section if applicable  (d) Amount of non-cash assistance  (b) EIN  (a) Method of valuation (book, FMV, appraisal, other)  (b) EIN  (b) EIN  (c) IRC Code section if applicable  (d) Amount of cash grant  (a) Amount of non-cash assistance  (b) EIN  (b) EIN  (c) IRC Code section if applicable  (d) Amount of non-cash assistance  (b) EIN  (b) EIN  (c) IRC Code section if applicable  (d) Amount of non-cash assistance  (b) EIN  (d) Amount of non-cash assistance  (e) Amount of non-cash assistance  (b) EIN  (d) EIN  (e) Amount of non-cash assistance  (b) EIN  (d) EIN  (e) Amount of non-cash assistance  (b) EIN  (d) EIN  (e) Amount of non-cash assistance  (b) EIN  (d) EIN  (e) Amount of non-cash assistance  (b) EIN  (d) EIN  (e) Amount of non-cash assis	Does the organization mai the selection criteria used	ntain records to sub I to award the grants	stantiate the amount of t			lity for the grants or as:	sistance, and	✓ Yes
organization or government If applicable grant cash or government Scholar Scho	Part II Grants and Oth Form 990, Part I	er <b>Assistance to</b> V, line 21, for any	o Governments and received	Organizations in ed more than \$5,000	<b>the United State</b> ). Part II can be du	<b>s.</b> Complete if the oi plicated if additional	rganization answered space is needed.	d "Yes" to
WOMEN LEGISLATORS 910 16TH ST NW	organization	<b>(b)</b> EIN			cash	valuation (book, FMV, appraisal,	non-cash assistance	
	WOMEN LEGISLATORS 910 16TH ST NW	52-1480785	501C3	20,112				SCHOLARSHIPS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								

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

SCHOLARSHIPS

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

(a)Type of grant or assistance		<b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) NRA JEANNE E BRAY MEMORIA UNDERGRADUATE SCHOLARSHIP		27	63,921			
Part IV Supplemental Info	ormati	<b>on.</b> Provide the infor	mation required in Pa	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.
Return Reference E	Explanati	on				
Part I Line 2	THE NRA ACTIVELY ASSISTS NATIONAL FOUNDATION OF WOMEN LEGISLATORS IN THE SELECTION AND ADMINISTRATION OF NFWL					

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DLN: 93493309004174

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

**Employer identification number** 

53-0116130

Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided an 990, Part VII, Section A, line 1a Complete Part III to prov				
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	<u> </u>	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organizati reimbursement or provision of all of the expenses described		<b>1</b> b	Yes	
2	Did the organization require substantiation prior to reimburs directors, trustees, officers, including the CEO/Executive D	· · · · · · · · · · · · · · · · · · ·		v	
	directors, trastees, officers, filefading the GEO/Executive D	nector, regarding the items encered in line 14.	2	Yes	
3	Indicate which, if any, of the following the filing organization organization's CEO/Executive Director Check all that apply used by a related organization to establish compensation of	y Do not check any boxes for methods			
	▼ Compensation committee     ▼	Written employment contract			
	✓ Independent compensation consultant	· · · · · · · · · · · · · · · · · · ·			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII or a related organization	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplemental non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a compensation contingent on the revenues of				
а	The organization?		5a		No
b	Any related organization?		5b		No
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a compensation contingent on the net earnings of	, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		No
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a payments not described in lines 5 and 6? If "Yes," describe		7		No
8	Were any amounts reported in Form 990, Part VII, paid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in Regula	tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		No
9	If "Yes" to line 8, did the organization also follow the rebutts section 53 $4958-6(c)$ ?	able presumption procedure described in Regulations	9		No

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-	FW-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred compensation (D) Nontaxable benefits	( <b>D)</b> Nontaxable	<b>(E)</b> Total of	<b>(F)</b> Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation			reported as deferred in prior Form 990	
See Addıtıonal Data Table							

Schedule J (Form 990) 2013

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

iso complete this part for any additional information					
Return Reference	Explanation				
Part I Line 1a	CERTAIN COMPENSATION ELEMENTS WERE GROSSED UP ALL TAX GROSSUPS WERE PROPERLY INCLUDED IN TAXABLE COMPENSATION CLUBS ARE USED FOR BUSINESS PURPOSES ONLY THIS WAS PROPERLY EXCLUDED FROM TAXABLE COMPENSATION				
Part I Line 4b	THE 457F SERVICE COST INCLUDED IN DEFERRED COMPENSATION FOR WAYNE LAPIERRE WAS 90,334 AND FOR CHRIS W COX WAS 28,702, AS ACTUARIALLY CALCULATED UNDER ASC 715 THE NRA DECIDES THE BENEFIT AMOUNT AND TIMEFRAME FOR VESTING OF EACH PARTICIPANT THE 457F PLAN IS ALSO DESIGNED TO SUPPLEMENT THE CURRENT DEFINED BENEFIT PLAN WHERE CURRENT BENEFIT LAW CAUSES LOW REPLACEMENT RATIOS FOR SOME PARTICIPANTS DURING THE YEAR, TREASURER WILSON H PHILLIPS JR VESTED IN HIS 457F PLAN PARTICIPATION SUCH AMOUNTS HAVE BEEN PROPERLY INCLUDED AS TAXABLE COMPENSATION AND REPORTED IN 990 PART VII AND SCHEDULE J PART II				
Part II	COLUMN BIII OTHER REPORTABLE COMPENSATION IN TAXABLE WAGES INCLUDES 457B, 457F VESTING AMOUNTS, AUTO, AND LIFE BENEFITS COLUMN C INCLUDES THE EMPLOYER-PAID PORTIONS OF THE NRA DEFINED BENEFIT PLAN, 401K PLAN, AND 457F PLAN NRA TAKES A FULL TRANSPARENCY POSTURE FOR EXECUTIVE COMPENSATION BY DISREGARDING THE 10 000 PER ITEM EXCEPTION				

Schedule J (Form 990) 2013

### **Additional Data**

**Software ID:** 13000230

Software Version: 13.6.0.0

**EIN:** 53-0116130

Name: NATIONAL RIFLE ASSOCIATION OF AMERICA

Form 990, Schedule J, Part II	I - Officers, Directors, Trustee	s, Key Employees, and	d Highest Compens	sated Employees	
i i					

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
WAYNE LAPIERRE CEO AND EXECUTIVE VP	(I) (II)		128,464	31,937	109,204	40,192	984,182		
WILSON H PHILLIPS JR TREASURER	(ı) (ıı)	402,297	81,456	2,344,223	18,870	22,765	2,869,611	428,345	
CHRIS W COX EXEC DIR, ILA	(ı) (ıı)	629,149	85,628	19,993	47,572	46,314	828,656		
EDWARD J LAND JR SECRETARY	(ı) (ıı)		44,890	8,219	18,870	34,050	462,914		
ROBERT K WEAVER EXEC DIR, GENERAL OPS	(I) (II)			3,715	18,301	42,191	452,656		
TYLER SCHROPP EXEC DIR, ADVANCEMENT	(1)		125,994	3,729	15,300	43,409	553,784		
DAVID LEHMAN DEPUTY EXEC DIR, ILA	(I) (II)		30,000	41,935	14,908	4,114	409,803		
ROBERT MARCARIO MANAGING DIRECTOR	(I)		132,098	21,886	17,929	38,616	420,288		
JAMES BAKER DIRECTOR, ILA FEDERAL	(I) (II)		25,000	3,881		12,669	336,108		
MICHAEL MARCELLIN MANAGING DIRECTOR	(1)		150,415	19,876	18,870	30,902	370,154		
1								!	

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493309004174

OMB No 1545-0047

2013

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# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization
NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number

53-0116130

Return Reference	Explanation
Form 990, Part III, Line 4d	Program Service Expenses 126,490,866, Grants and allocations 0, Revenue 175,975,054 NRA PROGRAM SERVICES ARE IN THE KEY AREAS OF NRA MEMBERSHIP COMMUNICATIONS, NRA GENERAL OPERATIONS, AND NRA INSTITUTE FOR LEGISLATIVE ACTION IN ADDITION TO THESE CATEGORIES AS DESCRIBED IN THE 990 CORE FORM, OTHER VITAL PROGRAMS INCLUDE EXECUTIVE AND SPECIAL PROJECTS ALL NRA 990 READERS ARE ENCOURAGED TO EXPLORE NRA DOT ORG, NRANEWS DOT COM, AND NRAGIVE DOT COM FOR APPEALING AND INSPIRATIONAL OPPORTUNITIES TO CONTINUE TO ENGAGE WITH THE NRA AND PRESERVE THE SECOND AMENDMENT THROUGH EDUCATION, SAFETY, AND TRAINING PROGRAMS THANK YOU

Return Reference	Explanation
Form 990, Part I, Line 7	READER NOTE REGARDING NATIONAL RIFLE ASSOCIATION UNRELATED BUSINESS INCOME. FORM 990 PAGE 1 SHOWS GROSS UNRELATED BUSINESS REVENUE ON LINE 7A AND NET UNRELATED BUSINESS REVENUE ON LINE 7B BY APPLYING NET OPERATING LOSS CARRY FORWARDS, THE NRA DID NOT OWE UBIT FOR THE 2013 YEAR THE MAIN SOURCES OF NRA UNRELATED BUSINESS INCOME ARE MERCHANDISE SALES AND PERIODICAL ADVERTISING 990 READER NOTES ARE INCLUDED AS A CONVENIENCE TO HELP THE PUBLIC UNDERSTAND THE ORGANIZATION

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	THE NATIONAL RIFLE ASSOCIATION IS A MEMBERSHIP ASSOCIATION THAT REPRESENTS INDIVIDUAL CITIZENS REFER TO NRA BY LAWS FOR MEMBERSHIP ELIGIBILITY

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7a	NRA MEMBERS ELECT ALL 76 MEMBERS OF THE NRA BOARD OF DIRECTORS

Return Reference	Explanation
Form 990, Part VI, Section A,	CERTAIN BOARD DECISIONS ARE SUBJECT TO MEMBERSHIP APPROVAL PER NRA BY LAWS AND NEW YORK
Line 7b	NOT FOR PROFIT CORPORATE LAW

Return Reference	Explanation
Form 990, Part VI, Section B,	FORM 990 IS REVIEWED BY EXTERNAL AUDITING FIRM AND THE NRA BOARD AUDIT COMMITTEE BEFORE
Line 11b	IT IS FILED WITH THE IRS

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	NRA BY LAWS, AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF THE NRA AND AFFILIATES, AND ANNUAL REPORTS ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6014d THE NRA DOES NOT MAKE INTERNAL OPERATING POLICIES AVAILABLE TO THE GENERAL PUBLIC

Return Reference	Explanation
Section B, Line 12c	THE ORGANIZATION 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 NRA OFFICE OF THE SECRETARY AND REVIEWED REGULARLY AND CONSISTENTLY

Return Reference	Explanation
, , ,	NRA PROCESSES TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIALS UTILIZE A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANTS, COMPENSATION SURVEYS AND STUDIES, COMPARABILITY DATA, AND ULTIMATE APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. ALL DECISIONS ARE PROPERLY DOCUMENTED

Return Reference	Explanation
Form 990, Part VII, Section B, Line 1	READER NOTE. 990 PART VII SECTION TOTAL COMPENSATION TO INDEPENDENT CONTRACTOR INFOCISION REPORTS COMPENSATION FOR ALL WORK INCLUDING BOTH MEMBERSHIP PROCESSING AND SOLICITATION OF CONTRIBUTIONS, WHILE SCHEDULE G DISCLOSES COMPENSATION SPECIFICALLY FOR SOLICITATION OF CONTRIBUTIONS NOT MEMBERSHIPS 990 READER NOTES ARE INCLUDED AS A CONVENIENCE TO HELP THE PUBLIC UNDERSTAND THE ORGANIZATION

Return Reference	Explanation
Form 990, Part X, Section B, Line 34	READER NOTE REGARDING THE NRA BALANCE SHEET DEFERRED COSTS AND DEFERRED REVENUES RELATED TO MEMBERSHIP ACQUISITION AND RENEWAL ARE ACCOUNTING ENTRIES REQUIRED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES DEFERRED REVENUE FOR DUES IS NOT A LIABILITY, AS IT RECOGNIZES REVENUE TO BE COLLECTED IN FUTURE AND MATCHED WITH FUTURE SERVICES PROVIDED TO NRA MEMBERS DUES REVENUE IS RECOGNIZED OVER THE LIFE OF THE MEMBERSHIP 990 READER NOTES ARE INCLUDED AS A CONVENIENCE TO HELP THE PUBLIC UNDERSTAND THE ORGANIZATION PLEASE LEARN MORE ABOUT NRA MEMBERSHIP LEVELS AT NRA DOT ORG

Return Reference	Explanation
Form 990, Part XI, Line 9	INCLUDES AGENCY TRANSACTIONS AND UNREALIZED GAIN ON DERIVATIVE INSTRUMENT

Return Reference	Explanation
Form 990, Part I, Line 1	READER NOTE FOR ENHANCED TRANSPARENCY OF THE NRA COMPLETE CORPORATE STRUCTURE. THE NRA IS A 501c4 MEMBERSHIP ASSOCIATION WITH FOUR 501c3 CHARITABLE SUBSIDIARIES AND A SECTION 527 POLITICAL ACTION COMMITTEE THAT IS A SEPARATE SEGREGATED FUND THE FOUR CHARITIES ARE NRA CIVIL RIGHTS DEFENSE FUND, NRA FOUNDATION INC, NRA FREEDOM ACTION FOUNDATION, AND NRA SPECIAL CONTRIBUTION FUND DBA WHITTINGTON CENTER AND THE POLITICAL ACTION COMMITTEE IS NRA POLITICAL VICTORY FUND 990 READER NOTES ARE INCLUDED AS A CONVENIENCE TO HELP THE PUBLIC UNDERSTAND THE ORGANIZATION PLEASE CONTACT THE NRA IF YOU ARE INTERESTED IN ADDITIONAL EXPLANATIONS OF THE TECHNICAL ACCOUNTING AND TAX STANDARDS THE NRA VALUES ITS REPUTATION FOR TRANSPARENCY AND ACCOUNTABILITY AND HAS EARNED INDUSTRY RECOGNITION FOR EXCELLENCE IN LEADERSHIP

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

DLN: 93493309004174

OMB No 1545-0047

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Schedule R (Form 990) 2013

**Employer identification number** 

## **Related Organizations and Unrelated Partnerships**

**SCHEDULE R** (Form 990)

Name of the organization

NATIONAL RIFLE ASSOCIATION OF AMERICA

Department of the Treasury Internal Revenue Service

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

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

53-0116130 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (c) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? (1) NRA FOUNDATION INC CHARITABLE DC 501c3 LINE 7 NRA Yes 11250 WAPLES MILL RD FAIRFAX, VA 22030 52-1710886 (2) NRA SPECIAL CONTRIBUTION FUND CHARITABLE LINE 7 NM 501c3 NRA Yes PO BOX 700 **RATON, NM 87740** 23-7367534 (3) NRA CIVIL RIGHTS DEFENSE FUND CHARITABLE NY 501c3 LINE 7 NRA Yes 11250 WAPLES MILL RD FAIRFAX, VA 22030 52-1136665 (4) NRA FREEDOM ACTION FOUNDATION CHARITABLE VA 501c3 LINE 7 NRA Yes 11250 WAPLES MILL RD FAIRFAX, VA 22030 26-1277941

Cat No 50135Y

(a)			(c)	(d)	(e)	(f)	(g)	(t	1)	(i)	l (i	i) l	(k)
Name, address, and EIN of related organization		<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant	Share of total income	Share of	Dispro	prtionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		Percentage
					311,			Yes	No		Yes	No	
IV Identification of Related Org- line 34 because it had one or mo							ar.	were	d "Yes	" on Form			IV,
Name, address, and EIN of related organization	ne, address, and EIN of Primary activity			Direct controlli entity		ty   Share of t	otal Share	of end-		Percentage ownership	(i) Section 512 (b)(13) controlled entity?		
									_		Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations li	sted in Parts II-IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a 1b	Yes			
b	Gift, grant, or capital contribution to related organization(s)								
C	c Gift, grant, or capital contribution from related organization(s)								
d	d Loans or loan guarantees to or for related organization(s)								
е	Loans or loan guarantees by related organization(s)				1e		No		
f	Dividends from related organization(s)				1f		No		
g	Sale of assets to related organization(s)				1g		No		
h	Purchase of assets from related organization(s)				1h		No		
i	Exchange of assets with related organization(s)				<b>1</b> i		No		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No		
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		No		
n	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No		
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	o Sharing of paid employees with related organization(s)								
р	Reimbursement paid to related organization(s) for expenses				1р		No		
q	Reimbursement paid by related organization(s) for expenses				1q	Yes			
r	Other transfer of cash or property to related organization(s)				1r		No		
s	Other transfer of cash or property from related organization(s)				1s		No		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	-							
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amo	ount II	nvolved			
ee A	dditional Data Table								

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

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													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Disproprtiona allocations <sup>7</sup>		(i) Code V <sup>2</sup> UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
											Γ	1 1	

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
	ALL GRANTS MADE BY THE NRA FOUNDATION AND NRA CIVIL RIGHTS DEFENSE FUND TO THE NRA ARE SUBJECT TO STRINGENT REVIEW PROCESSES REQUIRING THAT THEY BE MADE AND USED ONLY FOR QUALIFIED CHARITABLE PURPOSE PROGRAMS

Schedule R (Form 990) 2013

## **Additional Data**

**Software ID:** 13000230

**Software Version:** 13.6.0.0

**EIN:** 53-0116130

Name: NATIONAL RIFLE ASSOCIATION OF AMERICA

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

Torin 550, Schedule 19 Tark V Transactions With Related Significations			
(a) Name of other organization	<b>(b)</b> Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved
NRA FOUNDATION INC	С	13,044,170	CASH VALUE
NRA FOUNDATION INC	0	5,369,792	CASH VALUE
NRA FOUNDATION INC	q	4,244,386	CASH VALUE
NRA SPECIAL CONTRIBUTION FUND	a	120,000	CASH VALUE
NRA SPECIAL CONTRIBUTION FUND	q	1,487,912	CASH VALUE
NRA CIVIL RIGHTS DEFENSE FUND	С	147,181	CASH VALUE
NRA CIVIL RIGHTS DEFENSE FUND	q	103,336	CASH VALUE