efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493270005081 **Return of Organization Exempt From Income Tax** Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service calendar year, or tax year beginning 01-01-2010 A For the 2010 and ending 12-31-2010 D Employer identification number B Check if applicable NATIONAL RIFLE ASSOCIATION OF AMERICA 53-0116130 Address change Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (703)267-100011250 WAPLES MILL ROAD Terminated G Gross receipts \$ 253,051,952 Amended return City or town, state or country, and ZIP \pm 4 FAIRFAX, VA 220307400 Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes WILSON H PHILLIPS JR 11250 WAPLES MILL RD H(b) Are all affiliates included? FAIRFAX, VA 22030 If "No," attach a list (see instructions) H(c) Group exemption number 🕨 Tax-exempt status $\lceil 501(c)(3) \rceil \sqrt{501(c)(4)} = (insert no) \rceil \sqrt{4947(a)(1)} \text{ or } \lceil 527 \rceil$ Website: ► www nra org K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1905 M State of legal domicile VA Part I Summary 1 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 TO PROTECT AND DEFEND THE U.S. CONSTITUTION TO PROMOTE PUBLIC SAFETY, LAW AND ORDER, AND THE NATIONAL DEFENSE TO TRAIN LAW Activities & Governance ENFORCEMENT AGENCIES TO TRAIN CIVILIANS IN MARKSMANSHIP TO FOSTER AND PROMOTE THE SHOOTING SPORTS TO PROMOTE HUNTER SAFETY 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . . 4 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . 5 6 **6** Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year** 190,620,182 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . 5,753,381 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . -131,048 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 41,301,989 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 237,544,504 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 312,500 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 51,967,645 7,116,019 16a Professional fundraising fees (Part IX, column (A), line 11e) . Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 33,912,021$ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 176,964,817 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 236,360,981 18

Current Year 71,145,801 107,083,801 3,460,273 46,121,404 227,811,279 219,500 51,666,650 7,989,955 183,658,170 243,534,275 Revenue less expenses Subtract line 18 from line 12 . . . 1,183,523 -15,722,996 **Beginning of Current End of Year** Year Total assets (Part X, line 16) . 160,315,364 20 163,781,200

Net assets or fund balances Subtract line 21 from line 20 . Signature Block Part II

(Assets or de Balances

21

22

Under penalties of perjury, I declare that I have examined this return, including acco knowledge and belief, it is true, correct, and complete. Declaration of preparer (other knowledge.

Total liabilities (Part X, line 26) . .

Sign Here	Signature of officer WILSON H PHILLIPS JR TREASURER AND CHIEF FINANCIAL OFFIC
	Type or print name and title
	Print/Type preparer's name JAMES P SWEENEY Preparer's signature JAMES P SWE
Paid	Firm's name RSM MCGLADREY INC
Preparer	Firms/s address \$ 0000 TOWERS CRESCENT RR CTE FOO
Use Only	Firm's address ▶ 8000 TOWERS CRESCENT DR STE 500
	VIENNA, VA 22184

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

For Paperwork Reduction Act Notice, see the separate instructions.

OMB No 1545-0047

Open to Public Inspection

┌ Yes ┌ No

76

72

781 125,000

22,545,060

139,630,906

122,740,032

-480,264

Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
<u>TO P</u>	ROTECT AND DEFEND THE U.S. CONSTITUTION
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 38,859,989 including grants of \$ 39,500) (Revenue \$ 18,297,536)
	EDUCATIONAL, COMPETITIVE, COMMUNITY SERVICE AND TRAINING PROGRAMS NRA PROVIDES A BROAD SPECTRUM OF HIGH QUALITY SERVICES TO TRAIN, INFORM AND INSTRUCT THE MEMBERSHIP AND GENERAL PUBLIC OF 80 MILLION GUNOWNERS WITH REGARD TO THEIR INALIENABLE SECOND AMENDMENT RIGHTS NRA CONTINUES TO BE THE PREMIER LEADER IN FIREARMS EDUCATION AND SAFETY NRA OUTREACH FOR YOUTH IN THE HUNTING AND SHOOTING SPORTS ALSO INCLUDES YOUTH SCHOLARSHIPS AND SHOOTING CAMPS TO BUILD AND FOSTER THE NEXT GENERATIONS IN AMERICA VISIT NRA ORG AND NRANEWS COM FOR MORE INFORMATION, AND PARTICIPATE IN NRA SOCIAL NETWORKING THROUGH FACEBOOK, TWITTER AND YOUTUBE
	(Code) (Expenses \$ 36,029,923 including grants of \$) (Revenue \$ 22,428,263)
-	NRA PUBLICATIONS THE PRIMARY MISSION IS TO PROVIDE MEMBERS WITH MONTHLY PRINT AND DIGITAL MAGAZINES CONTAINING THE MOST AUTHORITATIVE ARTICLES ON FIREARMS, HUNTING, LEGISLATIVE AND LEGAL ACTION FROM RECOGNIZED LEADERS ALL NRA MEDIA VEHICLES SERVE TO EDUCATE AND INFORM O NRAS PURPOSES AND OBJECTIVES FOR ACCESS TO NRAS EXPANDED MEDIA PRESENCE AND OFFICIAL JOURNALS, VISIT NRAPUBLICATIONS ORG
	(Code) (Expenses \$ 21,288,446 including grants of \$ 180,000) (Revenue \$)
	LEGISLATIVE ACTION AS THE FOREMOST PROTECTOR AND DEFENDER OF THE U.S. CONSTITUTION, NRA ADVOCATES AGAINST EFFORTS TO ERODE THE SECOND AMENDMENT, FIGHTS FOR INITIATIVES AIMED AT REDUCING VIOLENT CRIME, AND PROMOTES HUNTERS RIGHTS AND CONSERVATION EFFORTS NATIONWIDE NR LEGISLATIVE ACTION INVOLVES FIREARMS RIGHTS, REGULATIONS AND LAWS, RANGE PROTECTION, INTERNATIONAL GUN CONTROL THREATS, WORKERS PROTECTION, SELF-DEFENSE, FREE SPEECH RIGHTS, AND A HOST OF RELATED MATTERS VISIT NRAILA ORG FOR THE LATEST UPDATES
	Other program services (Describe in Schedule O)
	(Expenses \$ 88,852,887 including grants of \$) (Revenue \$ 100,990,554)
4e	Total program service expenses►\$ 185,031,245

Part IV Ch	ecklist of	Required	Schedules
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			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 instruction)? 🕏	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? <i>If</i> "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 where 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? <i>If "Yes," complete Schedule D, Part II</i>	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, 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 term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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, XII, and XIII	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, XII, and XIII 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, and program service activities outside the United States? 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 assistance to any organization or entity located outside the U S? <i>If</i> "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 assistance to individuals located outside the U S ? 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 hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and 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, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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-24d and complete Schedule K. If "No," go to line 25	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	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	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
c	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		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
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? <i>If</i> "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, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	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		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2010)

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 872			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	163	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Νο
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		 N о
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?) D		
_	In rest to line su of su, and the organization menorini occupant.	5с		
6a	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?	6a	Yes	
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).	7-		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g		
h	required?	79		
_	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. 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		
9	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		
10	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 10b			
	facilities	-		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
47-		12-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
	year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	and the second of the second o			
ь	Enter the amount of reserves the organization is required to maintain by the states			
	ın which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax						
b	year						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No			
6	Does the organization have members or stockholders?	6	Yes				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O						
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)						
IXC	venue code.)		Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b					
11a	Has the organization provided a 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	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes				
13	Does the organization have a written whistleblower policy?	13	Yes				
14	Does 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b					
	ection C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed VA, UT, PA, OK, NY, KY, DC, CA, A	L					

18 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 make these available. Check all that apply

Own website Another's website Vpon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 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

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

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

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

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

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

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

(B) Average hours		tıon (che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
57 00			х				835,469	0	125,615
57 00			х				588,412	0	70,796
52 00			Х				519,338	0	124,168
50 00			х				1,027,217	0	45,056
50 00			х				412,527	0	45,832
20 00	х		х				0	0	0
20 00	х		Х				0	0	0
20 00	х		Х				0	0	0
52 00					х		442,476	0	54,463
40 00					х		329,168	0	30,373
40 00					х		352,474	0	40,832
40 00					х		345,102	0	49,348
40 00					х		250,757	0	44,773
1 00	х						0	0	0
1 00	х						0	0	0
1 00	Х						0	0	0
•	A verage hours per week (describe hours for related organizations in Schedule O) 57 00 57 00 50 00 50 00 20 00 20 00 20 00 20 00 40 00 40 00 40 00 40 00 1 00 1	A verage hours per week (describe hours for related organizations in Schedule O) 57 00 57 00 50 00 20 00 X 100 X 100 X	A verage hours per week (describe hours for related organizations in Schedule O) 57 00 57 00 50 00 20 00 X 20 00 X 20 00 X 20 00 40 00 40 00 40 00 1 00 X 1 00 X	A verage hours per week (describe hours for related organizations in Schedule O) 57 00 57 00 57 00 50 00 X 50 00 X 20 00 X 30 00 X 40 00 40 00 40 00 40 00 1 00 X 1 00 X 1 00 X	A verage hours per week (describe hours for related organizations in Schedule O) 57 00 57 00 57 00 50 00 X 50 00 X 20 00 X X 20 00 X X 20 00 A0 00	A verage hours per week (describe hours for related organizations in Schedule O) 57 00 57 00 57 00 50 00 X 50 00 X 20 00 X 30 30 40 00 40 00 40 00 X 100 X 100 X 100 X 100 X 100 X 100 X Highest compensated Ax Highest compensated Ax Highest compensated Ax Highest compensated Ax Ax Ax Ax Ax Ax Ax Ax	A verage hours per week (describe hours for related organizations in Schedule O) 57 00 57 00 50 00 50 00 X 50 00 X 20 00 X X 20 00 X X 20 00 X X 20 00 X X X Ado 00 Ado 00 Ado 00 Ado 00 Ado 00 Ado 00 X Ado 00 Ado 00 Ado 00 X Ado 00 Ado 0	Average hours per week (describe hours for related organizations in Schedule O)	A verage hours per week (describe hours for related organizations in Schedule O)

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations mu			(D)	
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U S See Part IV, line 21 Grants and other assistance to individuals in the U S See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U S See					
			Program service	Management and	Fundraising expenses
1		189,000	189,000		
2		30,500	30,500		
3		0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,168,553	2,196,138	1,708,567	263,848
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	33,141,573	23,315,768	7,421,684	2,404,121
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,284,170	4,555,464	2,206,761	521,945
9	Other employee benefits	4,524,889	3,170,017	1,030,643	324,229
10	Payroll taxes	2,547,465	1,784,685	580,242	182,538
а	Fees for services (non-employees) Management	0			
b	Legal	3,582,244	3,120,380	461,864	
c	Accounting	117,200		117,200	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	7,989,955			7,989,955
f	Investment management fees	219,167		219,167	
g	Other	4,665,094	4,665,094	,	
12	Advertising and promotion	28,506,230	20,315,496		8,190,734
13	Office expenses	4,136,496	2,125,967	2,010,529	
14	Information technology	5,894,109	3,486,954	2,407,155	
15	Royalties	0	, ,	, ,	
16	Occupancy	1,952,024	992,051	959,973	
17	Travel	6,085,855	4,733,186	1,352,669	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	1,111,111		
19	Conferences, conventions, and meetings	5,338,324	4,225,714	1,112,610	
20	Interest	1,369,546	976,749	392,797	
21	Payments to affiliates	0	,	,	
22	Depreciation, depletion, and amortization	2,508,907	1,772,561	736,346	
23	Insurance	1,014,514	1,014,514	,	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	, ,	, ,		
а	MEMBER COMMUNICATIONS	57,011,926	45,243,773		11,768,153
b	PRINTING AND SHIPPING	23,975,743	23,975,743		
c	PRO GRAM SERVICES	16,696,651	16,696,651		
d	ADDITIONAL INSTITUTE FOR LEGISLATIVE ACTION	9,943,784	7,486,001	1,236,714	1,221,069
е	FULFILLMENT MATERIAL	6,464,184	5,814,882	116,695	532,607
f	All other expenses	4,176,172	3,143,957	519,393	512,822
25	Total functional expenses. Add lines 1 through 24f	243,534,275	185,031,245	24,591,009	33,912,021
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			18,396,784	2	9,373,624
	3	Pledges and grants receivable, net			2,528,075	3	3,244,548
	4	Accounts receivable, net			49,767,997	4	52,606,967
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employorganizations (see instructions)	mploy	ers, and			
ets		Schedule L				6	
Assets	7	Notes and loans receivable, net			3,133,320	7	3,111,070
⋖	8	Inventories for sale or use			10,888,636	8	13,178,944
	9	Prepaid expenses and deferred charges			2,167,086	9	2,739,275
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	64,949,941			
	ь	Less accumulated depreciation	10b	28,228,772			36,721,169
	11	Investments—publicly traded securities			29,042,690	11	33,133,504
	12	Investments—other securities See Part IV , line 11 \cdot . \cdot		•	3,341,890	12	4,602,761
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			4,862,341	15	5,069,338
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			160,315,364	16	163,781,200
	17	Accounts payable and accrued expenses .			59,109,001	17	59,163,137
	18	Grants payable				18	
	19	Deferred revenue			28,119,095	19	28,336,891
	20	Tax-exempt bond liabilities	i			20	
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	· .		29,340,012	23	45,335,166
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			6,171,924	25	6,795,712
	26	Total liabilities. Add lines 17 through 25			122,740,032	26	139,630,906
Balances		Organizations that follow SFAS 117, check here F and complete or and lines 33 and 34.	plet e l	ines 27			
ğ	27	Unrestricted net assets			11,164,773	27	-6,423,671
Ba	28	Temporarily restricted net assets			3,207,708	28	6,253,866
	29	Permanently restricted net assets			23,202,851	29	24,320,099
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ are lines 30 through 34.	nd con	nplet e			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
ASS	32	Retained earnings, endowment, accumulated income, or other fi				32	
Net	33	Total net assets or fund balances			37,575,332	33	24,150,294
Z	34	Total liabilities and net assets/fund balances			160,315,364		163,781,200
	l	· · · · · · · · · · · · · · · · · · ·			1 , , , , , , , , , , , , , , , , , , ,		· ,

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		227,8	311,279
2	Total expenses (must equal Part IX, column (A), line 25)	2		243,5	534,275
3	Revenue less expenses Subtract line 2 from line 1	3		-15,7	722,996
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		37,5	575,332
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2,2	297,958
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		24,1	150,294
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	•
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
3a	,		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

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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, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number

IONAL RIFLE ASSOCIATION OF AMERICA					
rt I Organizations Maintaining Donor A	Advised Funds or Other Similar F)116130 Or Acco unt	ts. Complete	ıf th
organization answered "Yes" to Form 9				p	
	(a) Donor advised funds	(b) Funds and	other accounts	3
Total number at end of year					
Aggregate contributions to (during year)					
Aggregate grants from (during year)					
Aggregate value at end of year					
Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor advis	sed	┌ Yes ┌	_ _{No}
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit				┌ Yes ┌	_ _ No
t II Conservation Easements. Complete	e if the organization answered "Yes" t	o Form	990, Part	IV, line 7.	
Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreased Protection of natural habitat Preservation of open space	tion or pleasure)	certified	l historic stri	•	
Complete lines 2a-2d if the organization held a qua easement on the last day of the tax year	llified conservation contribution in the form	of a co			
Tabal manahan af anna mark			Held at th	ne End of the Ye	<u>ear</u>
Total number of conservation easements		2a			
Total acreage restricted by conservation easement		2b			
Number of conservation easements on a certified hi		2c			
Number of conservation easements included in (c) a	acquired after 8/1//06	2d			
Number of conservation easements modified, transf	ferred, released, extinguished, or terminate	ed by the	e organizatio	n during	
the taxable year 🛌					
Number of states where property subject to conserv	vation easement is located ►				
Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of	violations, ai		_ _N
Staff and volunteer hours devoted to monitoring, ins	specting and enforcing conservation easen	nents du	ırıng the yeaı	r Þ	
A mount of expenses incurred in monitoring, inspect	ring, and enforcing conservation easement	s during	the year ► 🕏	s	
Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	tion		┌ Yes ┌	_ _N
In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia			•	
Complete if the organization answered		or Oth	ner Simila	r Assets.	
If the organization elected, as permitted under SFA art, historical treasures, or other similar assets helprovide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resear	ch ın fur			
If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research i				
(i) Revenues included in Form 990, Part VIII, line	1		► \$		
(ii) Assets included in Form 990, Part X			- \$		
If the organization received or held works of art, his following amounts required to be reported under SFA		or financ	·		
Revenues included in Form 990, Part VIII, line 1			► \$		
Assets included in Form 990, Part X			► \$		

Par	Organizations Maintaining Co	ollections of Art	:, His	torical	Treas	sures, or C	the	r Similar	Ass	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne followir	ng that a	are a signific	ant u	se of its col	lectio	n	
а	Public exhibition		d	┌ Lo	an or ex	change prog	rams				
ь	Scholarly research		e	┌ ot	her						
С	✓ Preservation for future generations										
4	Provide a description of the organization's c Part XIV	ollections and expla	ın hov	w they fur	ther the	e organizatior	ı's e>	cempt purpo	se in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than							nılar	Г	Yes	√ No
Pai	t IV Escrow and Custodial Arrang					on answere	d "Y	es" to Forr	n 99	0,	
	Part IV, line 9, or reported an ar										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					s or other ass	ets	not	Г	Yes	☐ No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table		Г			A		
_						-	4 -		A mo	unt	
c	Beginning balance					}	1c				
d	Additions during the year					}	1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	, ,	e 21?						ı	Yes	No
b	If "Yes," explain the arrangement in Part XIV					. Farma 000	D	+ T) / J			
Ра	rt V Endowment Funds. Complete	(a)Current Year		Mered " Prior Year		Two Years Back		TIV, IINE I Three Years B		e) Four Ye	ears Back
1a	Beginning of year balance	8,687,890		6,920,		7,675,3		,	1	,	
ь	Contributions	808,137		1,582,	,051	487,0	22				
c	Investment earnings or losses	549,205		750,	,029	-1,205,4	79				
d	Grants or scholarships										
e	Other expenditures for facilities	304,201		536,	,900						
e	and programs	30,020		27	,906	36,2	43				
f	End of year balance	9,711,011		8,687		6,920,6	_				
g 2	Provide the estimated percentage of the year	, ,		0,007,	,,,,,	0,320,0					
	•	ir end balance held (a 5								
a	Board designated or quasi-endowment										
Ь	Termanent endowment P										
c 3a	Term endowment ► Are there endowment funds not in the posse	ssion of the organiz	ation	that are b	aald and	Ladministara	d for	the			
Ja	organization by	ssion of the organiz	ation	tilat ale i	ieiu aiiu	i auiiiiiistere	u ioi	tile		Yes	No
	(i) unrelated organizations							[3a(i)		Νο
	(ii) related organizations							🛚	3a(ii)	Yes	
b	If "Yes" to 3a(II), are the related organization								3b	Yes	
4	Describe in Part XIV the intended uses of th										
Pai	t VI Investments—Land, Building	s, and Equipme	nt. S	ee Form	า 990,	Part X, line	10.				
	Description of investment			(a) Cost basis (inv	t or other vestment)			(c) Accumula depreciatio		(d) Boo	ok value
1a	Land					4,902	,450				4,902,450
b	Buildings		•			47,869	,332	24,400),367	28	3,828,275
c	Leasehold improvements										
d	Equipment					12,178	,159	5,574	1,944	:	2,990,444
е	Other					1			Ī		

36,721,169

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
(1)Financial derivatives		00010101111	, your mannot raids
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation f-year market value
		Cost of end-o	r year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip			(b) Book value
			. ,
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	15.)		
Part X Other Liabilities. See Form 990, Part >			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	1,000,000		
DERIVATIVE INSTRUMENT MARKET VALUATION	5,051,972		
OTHER MISCELLANEOUS LIABILITIES	743,740		
	·		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	6,795,712		
	,		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	227,811,279
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	243,534,27
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-15,722,990
4	Net unrealized gains (losses) on investments	4	1,005,31
5	Donated services and use of facilities	5	
6	Investment expenses	6	-
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,292,640
9	Total adjustments (net) Add lines 4 - 8	9	2,297,95
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-13,425,038
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	237,358,52
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		· · ·
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 830,644		
e	Add lines 2a through 2d	2e	1,835,95
3	Subtract line 2e from line 1	3	235,522,564
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b -7,711,285		
c	Add lines 4a and 4b	4c	-7,711,28
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	227,811,27
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements	₁	250,783,55
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	+	
a	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 7,279,783	1	
e	Add lines 2a through 2d	2e	7,279,78
3	Subtract line 2e from line 1	3	243,503,77
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		· · · · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	30,500
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	243,534,27
Par	t XIV Supplemental Information		

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
III	1a	FINANCIAL STATEMENT NOTE 1 THE VALUE OF THE NRAS FIREARMS MUSEUM COLLECTION HAS BEEN EXCLUDED FROM THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION ONLY PURCHASES OF FIREARMS AND OTHER OBJECTS, AND NOT DONATIONS, ARE RECOGNIZED IN THE STATEMENTS OF ACTIVITIES FIREARMS AND OTHER OBJECTS THAT HAVE BEEN ACCESSIONED IN THE NRA MUSEUM ARE NOT INTENDED FOR SALE OR EXCHANGE
III	4	THE NATIONAL FIREARMS MUSEUM PROMOTES GUN COLLECTING AND PRESERVATION OF HISTORY THROUGH THE HERITAGE OF FIREARMS PLEASE VISIT NRAMUSEUM ORG FOR EXCITING INFORMATION
V	4	NRA ENDOWMENT FUNDS BENEFIT NRA INSTITUTE FOR LEGISLATIVE ACTION, NATIONAL CHAMPIONSHIPS, MARKSMANSHIP, AND LAW ENFORCEMENT
X	2	MANAGEMENT EVALUATED THE NRAS 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 WITH FEW EXCEPTIONS, THE NRA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2007, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOKBACK PERIOD
XI	8	INCLUDES AGENCY TRANSACTIONS, UNREALIZED GAIN ON DERIVATIVE INSTRUMENT, AND ACCOUNTING PROCEDURE VALUATION ADJUSTMENT TO PENSION PLAN
XII	2 d	INCLUDES AGENCY TRANSACTIONS AND UNREALIZED GAIN ON DERIVATIVE INSTRUMENT
XII	4 b	INCLUDES COST OF GOODS SOLD, RENTAL EXPENSE, AND INTEREST ON ENDOWMENT GRANTS
XIII	2 d	INCLUDES COST OF GOODS SOLD, RENTAL EXPENSE, AND ACCOUNTING PROCEDURE VALUATION ADJUSTMENT TO PENSION PLAN
XIII	4 b	INCLUDES INTEREST ON ENDOWMENT GRANTS

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2010

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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

Statement of Activities Outside the United States

Name of the organization
NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number

					53-0116130	
Pai	rt I General Information "Yes" to Form 990, Par			ne United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the o	organization n	naıntaın record	s to substantiate the	amount of the grants of	or
	assistance, the grantees' elig	_			-	
	the grants or assistance?					
2	For grant makers. Describe in Pa United States	irt V the organiz	atıon's procedur	es for monitoring the use	e of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed))		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Central America and the Caribbean			INVESTMENTS		4,000,000
	Central America and the Caribbean			PROGRAM SERVICES	LAW ENFORCE TRAINING	25,000
	-					
32	Sub-total					4,025,000
	Total from continuation sheets					1,525,600

c Totals (add lines 3a and 3b)

4,025,000

Pai	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		+							
2							country, recognized letter		
3	Enter total nur	nber of other o	organızatıons or en	tities					: (Form 990) 2010

Part III	Grants and Ot	ther Assistance to	Individuals	Outside the Unit	ed States. Complete i	f the organization a	nswered "Yes" to Form S	990, Part IV, line 16.
	Use Part V if ad	lditional space is nee	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)
		+					appraisar, other)
			· · · · · · · · · · · · · · · · · · ·		1		
			<u> </u>		1		
			<u> </u>				
					'		
					1		
					<u>'</u>		
	<u> </u>						

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 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
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 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	<u> </u>	Yes	Г	Νo
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)	Г	Yes	ত	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	굣	Νo

Schedule F (Form 990) 2010

information.	Dahum Dafayanaa	Evalanation
Identifier	ReturnReference	Explanation

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493270005081

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	ION OF AMERICA				Employer iden	tification number	
WITOWNE KITEE NOOGENT	10 W OT ATTENION				53-0116130		
Part I Fundraising Ad	tivities. Complete	e if the o	rganiza	tion answered "Yes" t	o Form 990, Part IV,	line 17.	
a	olicitations is a written or oral agre n Form 990, Part VII est paid individuals or	ement wit) or entity entities (e f g th any ind in conne fundraise	Solicitation of non Solicitation of gov Special fundraisin Iividual (including officer ction with professional f	-government grants ernment grants g events s, directors, trustees undraising services?		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo	ody or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
	PAID SOLICITOR		N o	12,739,255	7,687,860	E 0 E 1 2 0 E	
NFOCISION			NO	12,739,255	7,007,000	rt IV, line 17. ts ees rs? Yes ne fundraiser is is table (vi) A mount paid to (or retained by) organization ,860 5,051,395 ,095 147,982	
STRATEGIC FUNDRAISING	PAID SOLICITOR		Νο	450,077	302,095	147,982	
「otal			•	13,189,332	7,989,955	5,199,377	

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

KY, NY, PA, UT, VA

Pa	t II		Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$					
			(a) Event #1 ILA CHARLOTTE (event type)	(b) Event #2 (event type)	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))		
Revenue	1 2	Gross receipts Less Charitable contributions	429,699	5		429,695		
<u>"</u>	3	Gross income (line 1 minus line 2)	429,69!	5		429,695		
	4	Cash prizes						
မှ	5	Non-cash prizes						
anse.	6	Rent/facility costs						
Expenses	7	Food and beverages						
Direct	8	Entertainment						
ā	9	Other direct expenses .	236,738	3		236,738		
	10	Direct expense summary Add line	es 4 through 9 ın columr	ı(d)	🛌	236,738		
	11	Net income summary Combine li	nes 3 and 10 in column (d)		192,957		
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))		
	1	Gross revenue						
ses	2	Cash prizes						
xpenses	3	Non-cash prizes						
ш	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes % ┌ No	┌ Yes % ┌ No	┌ Yes %			
	7	Direct expense summary Add lines						
	8	Net gaming income summary Com	bine lines 1 and 7 in coli	umn (d)	<u> </u>			
9 a b	Is t	ter the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in eac	h of these states?		· Fyes Fno		
10a b		re any of the organization's gaming l Yes," Explain			the tax year?	· · Fyes Fno		

11	Does the organization operate ga	aming activities with nonmembers? .		Γ_{Yes} Γ_{No}
L 2		neficiary or trustee of a trust or a mem		
	formed to administer charitable g	jaming?		. Г _{Yes} Г _{No}
L 3	Indicate the percentage of gamir			
а	The organization's facility		13a	
b	An outside facility		13b	
14		the person who prepares the organiza	tion's gaming/special events books and	
	records			
	Name 🟲			
	Address ►			
L5a	Does the organization have a cor	ntract with a third party from whom the	organization receives gaming	
				· Fyes Fno
b		ning revenue received by the organizated by the third party 🟲 \$	cion > \$ and the	
c	If "Yes," enter name and address	3		
	Name 🟲			
	Address ▶			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation	\$		
	Description of services provided	>		
	Director/officer	Employee	☐ Independent contractor	
L7	Mandatory distributions			
а	-	er state law to make charitable distribu		
_	<u> </u>			Tyes TNo
b		required under state law distributed t	o other exempt organizations or spent	
Dar		activities during the tax year * \$	responses to question on Schedule G	
	instructions.)		responses to question on schedule d	
	Identifier	ReturnReference	Explanation	

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Schedule I

(Form 990)

OMB No 1545-0047

DLN: 93493270005081

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

Department of the Treasury Internal Revenue Service	Со	mplete if the organization	on answered "Yes," to Attach to Form 9		21 or 22.		Open to Public Inspection
Name of the organization NATIONAL RIFLE ASSOCIATI	ON OF AMERICA					Employer ident	ification number
NATIONAL RIFLE ASSOCIATI	ON OF AMERICA					53-0116130	
Part I General Inform	nation on Grants	and Assistance					
Does the organization ma the selection criteria used	l to award the grants o	orassistance?			ity for the grants or as	sistance, and	. Ves
2 Describe in Part IV the or							
Form 990, Part I		Governments and ecipient that received eded.	d more than \$5,000		o one recipient rece	eived more than \$5	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LAW ENFORCEMENT ALLIANCE7700 LEESBURG OIKE FALLS CHURCH, VA 22043	54-1798397	501c4	180,000				LA W ENFORCEMENT
(2) NATIONAL FDN FOR WOMEN LEGISLATORS910 16TH ST NW WASHINGTON, DC 20006	52-1480785	501c3	9,000				SCHOLARSHIPS
2 Enter total number of sect	ion 501(c)(3) and go	vernment organizations					> 1

art III	Grants and Other Assistance to Individuals in the United States.	Complete if the organization	answered "\	Yes" to Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	•			

(a)Type of grant or assistance	(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) UNDERGRADUATE SCHOLARSHIPS	19	30,500			

Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.						
Ident if ier	Return Reference	Explanation					
I		NRA-ILA PROVIDES GRANT SUPPORT TO LEAA EDUCATION AND TRAINING INITIATIVES, AND NRA ACTIVELY ASSISTS NATIONAL FOUNDATION OF WOMEN LEGISLATORS IN THE SELECTION AND ADMINISTRATION OF NFWL SCHOLARSHIPS					

DLN: 93493270005081

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number NATIONAL RIFLE ASSOCIATION OF AMERICA 53-0116130

Рa	Questions Regarding Compensatio	<u>n</u>				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III		·			
	▼ First-class or charter travel		Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to					
	officers, directors, trustees, and the CEO/Executive	e Directo	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the					
	∇ Compensation committee	Γ	Written employment contract			
	✓ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line $f 1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	nt from the organization or a related organization?	4a		Νο
Ь	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only me	ust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
Ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		No
8	Were any amounts reported in Form 990, Part VII, I		·			
	subject to the initial contract exception described in	n Regs	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

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

For each individual whose compensation must be reported 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) WAYNE LAPIERRE	(ı) (ıı)	674,117	132,008	29,344	92,913	41,918	970,300	
(2) CHRIS W COX	(ı) (ıı)	478,033	91,560	18,819	41,891	35,825	666,128	
(3) WILSON H PHILLIPS JR	(ı) (ıı)	401,384	92,156	25,798	103,460	26,747	7 649,545	
(4) KAYNE B ROBINSON	(ı) (ıı)	418,893	88,595	519,729	18,130	33,838	1,079,185	175,170
(5) EDWARD J LAND JR	(ı) (ıı)	358,117	44,819	9,591	. 18,130	31,705	462,362	
(6) TYLER SCHROPP	(ı) (ıı)	359,289	75,000	8,187	14,700	45,120	502,296	
(7) MARY CORRIGAN	(ı) (ıı)	324,416		4,752	28,868	5,961	363,997	
(8) JOSEPH GRAHAM	(ı) (ıı)	229,116	100,000	23,358	18,130	26,135	396,739	
(9) MICHAEL MARCELLIN	(ı) (ıı)	149,680	176,546	18,876	18,130	33,628	396,860	
(10) ROBERT MARCARIO	(ı) (ıı)	218,290	29,242	3,225	14,011	34,064	298,832	
(11) DAVID BUTZ	(ı) (ıı)	151,033					151,033	
(12) MARION P HAMMER	(ı) (ıı)	140,000	50,000				190,000	
(13)				1		1		
(14)								
(15)				1		1		
(16)	 '	,	1	1		1		

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
I	1 a	CHARTER TRAVEL WAS USED ON OCCASIONS INVOLVING MULTIPLE EVENTS WHEN REDUCED AIRLINE SCHEDULES PRECLUDED OTHER OPTIONS THIS WAS PROPERLY EXCLUDED FROM TAXABLE COMPENSATION
I	1 a	CERTAIN COMPENSATION ELEMENTS WERE GROSSED UP ALL TAX GROSS-UPS WERE PROPERLY INCLUDED IN TAXABLE COMPENSATION
I	1 a	CLUBS, SUCH AS SAFARI CLUB AND LUNCHEON CLUB, ARE USED FOR BUSINESS PURPOSES THIS WAS PROPERLY EXCLUDED FROM TAXABLE COMPENSATION
I	4 b	THE 457F SERVICE COST INCLUDED IN DEFERRED COMPENSATION FOR WAYNE LAPIERRE WAS 74,783, FOR CHRIS W COX 23,761, FOR WILSON H PHILLIPS JR 85,330, AND FOR MARY CORRIGAN 10,738 THE NRA DECIDES THE BENEFIT AMOUNT AND TIMEFRAME FOR VESTING FOR 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
II		COLUMN E READER NOTE TOTAL COMPENSATION IN SCHEDULE J PART II COLUMN E SHOULD NOT BE EXPECTED TO TIE TO 990 PART VII COMPENSATION TOTALS PER EMPLOYEE DUE TO DIFFERENT DEFINITIONS AND EXCLUSIONS
II		COLUMN BIII OTHER REPORTABLE COMPENSATION IN TAXABLE WAGES INCLUDES 457B, AUTO AND LIFE BENEFITS IN ADDITION, FOR KAYNE ROBINSON IT INCLUDES VESTING AND ONE-TIME DISTRIBUTION OF DEFERRED COMPENSATION AS REQUIRED BY REGULATIONS
II		COLUMN C INCLUDES THE EMPLOYER-PAID PORTIONS OF THE NRA DEFINED BENEFIT PLAN, 401K PLAN, AND 457F PLAN

Schedule J (Form 990) 2010

Schedule L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493270005081

LSS ASTREA Data -

Transactions with Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

	of the organization IL RIFLE ASSOCIATION OF AMERIC	:A						E	mployer i	dent if ica	ition numbe	er
Davit T	Evenes Bonefit Tun		inna /s	sation FO1	(0)(2) 5	and section FO1	(0)(4)		3-01161			
Part I	Excess Benefit Trai Complete if the organizat										ıne 40b	
1	(a) Name of disq									,		rrected
	(a) Name of disq	uumeu	person			(b) Desc	ription	ortrans	action		Yes	No
												+
se	ter the amount of tax impos ction 4958 ter the amount of tax, if any								ear unde	r · \$ · \$		
Part I	Loans to and/or I). Part IV. line 26	or For	m 990-F	=7. Part V	Line 38	a	
(a) Nan	ne of interested person and purpose	(b) L	oan to om the zation?	(c)Orig	jinal	(d)Balance due	(e) In default?		(f) Approv	/ed d or	(g)Written agreement?	
		То	From	1			Yes	No	Yes	No	Yes	No
			1									
			+							+		
Total .					▶ \$			<u> </u>				
Part II		ice Be	enefitt	ing Inter	ested I		/. line 2	 27.				
	(a) Name of interested pers			b) Relationsh	nıp betwe	een interested per ganization			nount of g	rant or t	ype of assis	tance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
(1) MARION HAMMER	DIRECTOR	190,000	CONSULTING		Νo
(2) DAVID BUTZ	DIRECTOR	151,033	CONSULTING		Νo

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

Schedule L (Form 990 or 990-EZ) 2010

As Filed Data -

DLN: 93493270005081

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA Employer identification number

53-0116130

Identifier	Return Reference	Explanation
Form 990 Part I	7	READER NOTE THE 990 COVER PAGE SHOWS GROSS UNRELATED BUSINESS REVENUE ON LINE 7A AND NEGATIVE UNRELATED BUSINESS TAXABLE INCOME ON LINE 7B BECAUSE RELATED EXPENSES EXCEEDED REVENUE IN THE YEAR 2010 FOR UNRELATED BUSINESS ACTIVITIES

ldentifier	Return Reference	Explanation
Form 990 Part VI	6	NRA IS A MEMBERSHIP ASSOCIATION

ldentifier	Return Reference	Explanation
Form 990 Part VI	7a	NRA MEMBERS ELECT ALL 76 MEMBERS OF THE NRA BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
Form 990 Part VI		CERTAIN BOARD DECISIONS ARE SUBJECT TO MEMBERSHIP APPROVAL PER BYLAWS AND NEW YORK NOT FOR PROFIT CORPORATE LAW

ldentifier	Return Reference	Explanation
Form 990 Part VI		FORM 990 IS REVIEWED BY EXTERNAL AUDITING FIRM AND THE NRA BOARD AUDIT COMMITTEE BEFORE IT IS FILED WITH THE IRS

ldentifier	Return Reference	Explanation
Form 990 Part VI	19	NRA BYLAWS AND CONSOLIDATED ANNUAL FINANCIAL STATEMENTS ARE MAILED UPON REQUEST NRA DOES NOT MAKE INTERNAL OPERATING POLICIES AVAILABLE TO THE GENERAL PUBLIC

Identifier	Return Reference	Explanation
Form 990 Part VI	12c	ANNUAL FILINGS BY ALL BOARD MEMBERS ARE REVIEWED BY THE NRA AUDIT COMMITTEE

ldentifier	Return Reference	Explanation
Form 990 Part VI	15a,15b	COMPENSATION IS REVIEWED BY BOARD COMPENSATION COMMITTEE AND INDEPENDENT COMPENSATION AND BENEFITS CONSULTING FIRM INCLUDING BENCHMARKING AND INDUSTRY BEST PRACTICES

Identifier	Return Reference	Explanation
Form 990 Part VII		OFFICERS OF THE NRA ALSO SPEND TIME SERVING ON BOARDS OF THE NRA CHARITABLE AFFILIATES AS DISCLOSED IN THE FOLLOWING LIST NRA PRESIDENT RON SCHMEITS SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FOUNDATION AND NRA SPECIAL CONTRIBUTION FUND NRA 1ST VICE PRESIDENT JIM PORTER SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FOUNDATION, NRA SPECIAL CONTRIBUTION FUND, AND NRA CIVIL RIGHTS DEFENSE FUND WAYNE LAPIERRE SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FREEDOM ACTION FOUNDATION WILSON H PHILLIPS JR SPENDS 1 ADDITIONAL HOUR PER WEEK ON EACH OF NRA FOUNDATION, NRA SPECIAL CONTRIBUTION FUND, NRA CIVIL RIGHTS DEFENSE FUND, AND NRA FREEDOM ACTION FOUNDATION KAYNE ROBINSON SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA SPECIAL CONTRIBUTION FUND

ldentifier	Return Reference	Explanation
Form 990 Part VII		OTHER MEMBERS OF THE NRA BOARD ALSO SPEND TIME ON BOARDS OF CHARITABLE AFFILIATES AS FOLLOWS, AT APPROXIMATELY 1 ADDITIONAL HOUR PER WEEK PER ENTITY JOE ALLBAUGH ON NRA FOUNDATION THOMAS ARVAS ON NRA SPECIAL CONTRIBUTION FUND BILL BACHENBERG ON NRA FOUNDATION CAROL BAMBERY ON NRA CIVIL RIGHTS DEFENSE FUND DAVID BENNETT ON NRA SPECIAL CONTRIBUTION FUND BILL CARTER ON NRA SPECIAL CONTRIBUTION FUND ALLAN CORS ON NRA FOUNDATION CHARLES COTTON ON NRA CIVIL RIGHTS DEFENSE FUND JOHN CUSHMAN ON NRA SPECIAL CONTRIBUTION FUND BILL DAILEY ON NRA SPECIAL CONTRIBUTION FUND AND NRA CIVIL RIGHTS DEFENSE FUND SANDY FROMAN ON NRA FOUNDATION BUZ MILLS ON NRA FOUNDATION CLETA MITCHELL ON NRA FREEDOM ACTION FOUNDATION BOB SANDERS ON NRA CIVIL RIGHTS DEFENSE FUND JOHN SIGLER ON NRA SPECIAL CONTRIBUTION FUND AND NRA FOUNDATION

ldentifier	Return Reference	Explanation
Form 990 Part VII		CONTINUED FROM A BOVE BOB VIDEN ON NRA SPECIAL CONTRIBUTION FUND HAROLD VOLKMER ON NRA CIVIL RIGHTS DEFENSE FUND

ldentifier	Return Reference	Explanation
Form 990 Part VII		READER NOTE 990 PART VII SECTION B TOTAL COMPENSATION TO INDEPENDENT CONTRACTOR INFOCISION SHOULD NOT BE EXPECTED TO TIE TO SCHEDULE G DISCLOSURE OF COMPENSATION TO INFOCISION AS A PAID FUND RAISING SOLICITOR, BECAUSE 990 PART VII SECTION B REPORTS TOTAL COMPENSATION FOR ALL WORK INCLUDING BOTH MEMBERSHIP PROCESSING AND SOLICITATION OF CONTRIBUTIONS, WHEREAS SCHEDULE G DISCLOSES VENDOR COMPENSATION SPECIFICALLY FOR SOLICITATION OF CONTRIBUTIONS

ldentifier	Return Reference	Explanation
Form 990 Part X		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

ldentifier	Return Reference	Explanation
Form 990 Part III	4e	OTHER PROGRAM SERVICES INCLUDE MEMBERSHIP SERVICES, PUBLIC AFFAIRS, ANNUAL MEETING AND MEMBERS EXHIBIT HALL, EXECUTIVE, ADVANCEMENT, AND ADMIN PROGRAM EXPENSES

ldentifier	Return Reference	Explanation
Form 990 Part XI	5	RECONCILIATION INCLUDES ADJUSTMENT FOR AGENCY TRANSACTIONS, UNREALIZED GAINSLOSSES ON INVESTMENTS AND DERIVATIVE INSTRUMENT, AND ACCOUNTING PROCEDURE VALUATION ADJUSTMENT TO PENSION PLAN

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

DLN: 93493270005081

2010

Open to Public Inspection

Schedule R (Form 990) 2010

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization
NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number

53-0116130

Part I Identification of Disregarded Entities (Complete	ıf the organizatı	ion a	inswered "Yes	on Form 990, Par	t IV, line 33.)			
(a) Name, address, and EIN of disregarded entity		(b) Primary activity		(c) Legal domicile (stat or foreign country)	(d) e Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Of more related tax-exempt organizations d			ıf th	ne organizatior	າ answered "Yes" o	n Form 990, Part	IV, line 34 becaus	e it had	one
(a) Name, address, and EIN of related organization		(b) Primary activity		(c) al domicile (state foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		g) 12(b)(1 rolled nization
								Yes	No
(1) NRA FOUNDATION INC									
11250 WAPLES MILL RD	CHAR	CHARITABLE		DC	501c3	LINE 7	NRA	Yes	
FAIRFAX, VA 22030 52-1710886									
(2) NRA SPECIAL CONTRIBUTION FUND									
PO BOX 700	CHAR	HARITABLE		NM	501c3	LINE 11-TYPE I	NRA	Yes	
RATON, NM 87740 23-7367534									
(3) NRA CIVIL RIGHTS DEFENSE FUND									
11250 WAPLES MILL RD	CHAR	CHARITABLE		VA	501c3	LINE 7	NRA	Yes	
FAIRFAX, VA 22030 52-1136665									
(4) NRA FREEDOM ACTION FOUNDATION									
11250 WAPLES MILL RD	.1250 WAPLES MILL RD CHAF			VA	501c3	LINE 7	NRA	Yes	
FAIRFAX, VA 22030 26-1277941									
			+					-	1

Cat No 50135Y

(a) ime, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total in	come Share	(g) e of end-of-year assets	(h Disproj alloca	prtionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	(j Gener mana parti	ral or iging	(k) Percentage ow nership
								Yes	No			Yes	No	
				ble as a Corpora ations treated as						nswered "Y	'es" on	Form	990,	Part IV,
(a)		(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) (e) Direct controlling entity (C corp, S corporations)		corp,		(g) Share of end-of-year assets			(h) Percentage ownership		
													+	

chedule	: R (Form 990) 2010					Pag	je 3			
Part \	Transactions With Related Organizations (Complete if the organization answer	ered "Yes" on Form 99	0, Part IV, line 34, 35	5, 35A, or 36.)						
Not	te. Complete line 1 if any entity is listed in Parts II, III or IV					Yes	No			
1 Durin	g the tax year, did the orgranization engage in any of the following transactions with one or more rela	ated organizations listed i	n Parts II-IV?	Γ						
a Re	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity									
b Gif	b Gift, grant, or capital contribution to other organization(s)									
c Gıf	c Gift, grant, or capital contribution from other organization(s)									
d Lo	d Loans or loan guarantees to or for other organization(s)									
e Lo	e Loans or loan guarantees by other organization(s)									
f Sa	le of assets to other organization(s)			<u> </u>	1f		No			
g Purchase of assets from other organization(s)										
_	h Exchange of assets									
i Lease of facilities, equipment, or other assets to other organization(s)							No			
. 200	as or lastification, equipment, or other assets to other organization(s)			ŀ						
j Lea	ase of facilities, equipment, or other assets from other organization(s)				1j		No			
k Pe	rformance of services or membership or fundraising solicitations for other organization(s)			[1k		No			
l Per	formance of services or membership or fundraising solicitations by other organization(s)				11		No			
m Sh	aring of facilities, equipment, mailing lists, or other assets			[1m		No			
n Sh	aring of paid employees			[1n	Yes				
o Re	imbursement paid to other organization for expenses			<u> </u>	10		No			
p Re	imbursement paid by other organization for expenses			[1р	Yes				
q Ot	her transfer of cash or property to other organization(s)			ļ:	1q		No			
r Ot	her transfer of cash or property from other organization(s)				1r		No			
2 If t	he answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including covered	d relationships and trans	action thresholds						
	(a) Name of other organization (b) Transaction type(a-r) (c) Amount involved Method of determining						olved			
1) NRA F	OUNDATION INC	С	12,573,541	ACTUAL COST						
2) NRA F	OUNDATION INC	n	4 126 180	ACTUAL COST						

(a) Name of other organization	Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NRA FOUNDATION INC	С	12,573,541	ACTUAL COST
(2) NRA FOUNDATION INC	n	4,126,180	ACTUAL COST
(3) NRA FOUNDATION INC	р	5,066,935	ACTUAL COST
(4) NRA SPECIAL CONTRIBUTION FUND	a	120,000	ACTUAL COST
(5) NRA SPECIAL CONTRIBUTION FUND	р	328,252	ACTUAL COST
(6) NRA CIVIL RIGHTS DEFENSE FUND	p	59,825	ACTUAL COST
			Schedule R (Form 990) 2010

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

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

(a) Name, address, and EIN of entity	(b) (c) N of entity Primary activity Legal domic (state or fore country)		Are parti sect 501(c organiz	ners :ion :)(3) zations?	(e) Share of end-of-year assets		rtionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Forn 1065)	man part	h) eral or naging tner?	
			Yes	No		Yes	No		Yes	No	
									_	╀	
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

	Ident if ier	Return Reference	Explanation
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Schedule R (Form 990) 2010

Software ID: 10000149

Software Version: 2010.2.15

EIN: 53-0116130

Name: NATIONAL RIFLE ASSOCIATION OF AMERICA

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	NRA FOUNDATION INC	с	12,573,541	ACTUAL COST
(2)	NRA FOUNDATION INC	n	4,126,180	ACTUAL COST
(3)	NRA FOUNDATION INC	р	5,066,935	ACTUAL COST
(4)	NRA SPECIAL CONTRIBUTION FUND	а	120,000	ACTUAL COST
(5)	NRA SPECIAL CONTRIBUTION FUND	р	328,252	ACTUAL COST
(6)	NRA CIVIL RIGHTS DEFENSE FUND	p	59,825	ACTUAL COST

Software ID: 10000149
Software Version: 2010.2.15

EIN: 53-0116130

Name: NATIONAL RIFLE ASSOCIATION OF AMERICA

Compensated Employees, and Independent Contractors											
(B) Average hours	that apply)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation					
week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
57 00			х				835,469	0	125,615		
57 00			х				588,412	0	70,796		
52 00			х				519,338	0	124,168		
50 00			х				1,027,217	0	45,056		
50 00			х				412,527	0	45,832		
20 00	Х		х				0	0	0		
20 00	Х		х				0	0	0		
20 00	Х		х				0	0	0		
52 00					Х		442,476	0	54,463		
40 00					х		329,168	0	30,373		
40 00					х		352,474	0	40,832		
40 00					х		345,102	0	49,348		
40 00					Х		250,757	0	44,773		
1 00	Х						0	0	0		
1 00	Х						0	0	0		
1 00	Х						0	0	0		
1 00	Х						0	0	0		
1 00	Х						0	0	0		
1 00	Х						0	0	0		
1 00	Х						0	0	0		
1 00	Х						0	0	0		
1 00	Х						0	0	0		
1 00	Х						0	0	0		
1 00	Х						0	0	0		
1 00	Х						0	0	0		
	(B) Average hours per week 57 00 57 00 57 00 50 00 50 00 20 00 20 00 20 00 40 00 40 00 40 00 1 00	(B) Average hours per week 57 00 57 00 52 00 50 00 20 00 X 1 00 X	(B) Average hours per week 57 00 57 00 50 00 50 00 20 00 X 40 00 40 00 40 00 1 00 X 1 00 X	(B) A verage hours per week 57 00	C	C	C	CD	C		

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		tion (that a	che	′)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
MATT BLUNT DIRECTOR	1 00	x						0	0	0	
DAN BOREN DIRECTOR	1 00	х						0	0	0	
ROBERT K BROWN DIRECTOR	1 00	×						0	0	0	
PETE BROWNELL DIRECTOR	1 00	Х						0	0	0	
JOHN P BURTT DIRECTOR	1 00	Х						0	0	0	
DAVID BUTZ DIRECTOR	1 00	х						151,033	0	0	
J WILLIAM CARTER DIRECTOR	1 00	Х						0	0	0	
RICHARD CHILDRESS DIRECTOR	1 00	Х						0	0	0	
PATRICIA A CLARK DIRECTOR	1 00	Х						0	0	0	
ALLAN D CORS DIRECTOR	1 00	Х						0	0	0	
CHARLES L COTTON DIRECTOR	1 00	х						0	0	0	
DAVID G COY DIRECTOR	1 00	Х						0	0	0	
LARRY E CRAIG DIRECTOR	1 00	Х						0	0	0	
JOHN L CUSHMAN DIRECTOR	1 00	Х						0	0	0	
WILLIAM H DAILEY DIRECTOR	1 00	Х						0	0	0	
JOSEPH P DEBERGALIS JR DIRECTOR	1 00	Х						0	0	0	
DONN C DIBIASIO DIRECTOR	1 00	Х						0	0	0	
MANUEL FERNANDEZ DIRECTOR	1 00	Х						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 DIRECTOR	1 00	Х						45,180	0	0	
TOM GAINES DIRECTOR	1 00	Х						0	0	0	
JAMES S GILMORE III DIRECTOR	1 00	Х						0	0	0	
MARION P HAMMER DIRECTOR	1 00	Х						190,000	0	0	
GRAHAM HILL DIRECTOR	1 00	х						0	0	0	

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per	Posi t	tion (that a	(che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
STEVE HORNADY DIRECTOR	1 00	Х						0	0	0		
SUSAN HOWARD DIRECTOR	1 00	×						0	0	0		
ROY INNIS DIRECTOR	1 00	х						0	0	0		
H JOAQUIN JACKSON DIRECTOR	1 00	Х						0	0	0		
CURTIS S JENKINS DIRECTOR	1 00	Х						0	0	0		
D CYNTHIA JULIEN DIRECTOR	1 00	Х						0	0	0		
TOM KING DIRECTOR	1 00	Х						0	0	0		
HERBERT A LANFORD JR DIRECTOR	1 00	Х						0	0	0		
KARLA MALONE DIRECTOR	1 00	Х						0	0	0		
CAROLYN D MEADOWS DIRECTOR	1 00	Х						0	0	0		
JOHN F MILIUS DIRECTOR	1 00	Х						0	0	0		
BILL MILLER DIRECTOR	1 00	Х						0	0	0		
OWEN P MILLS DIRECTOR	1 00	Х						0	0	0		
CLETA MITCHELL DIRECTOR	1 00	Х						0	0	0		
GROVER G NORQUIST DIRECTOR	1 00	Х						0	0	0		
OLIVER L NORTH DIRECTOR	1 00	X						0	0	0		
JOHNNY NUGENT DIRECTOR	1 00	Х						0	0	0		
TED NUGENT DIRECTOR	1 00	Х						0	0	0		
LANCE OLSEN DIRECTOR	1 00	Х						90,000	0	0		
TIMOTHY W PAWOL DIRECTOR	1 00	Х						0	0	0		
PETER J PRINTZ DIRECTOR	1 00	Х						0	0	0		
TODD J RATHNER DIRECTOR	1 00	Х						0	0	0		
WAYNE ANTHONY ROSS DIRECTOR	1 00	Х						0	0	0		
CARL T ROWAN JR DIRECTOR	1 00	Х						0	0	0		
DON SABA DIRECTOR	1 00	Х						0	0	0		

(A) Name and Title	(B) A verage hours		(C tion (hat a	che		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ROBERT E SANDERS DIRECTOR	1 00	Х						0	0	0
STEVEN C SCHREINER DIRECTOR	1 00	×						0	0	0
HAROLD W SCHROEDER DIRECTOR	1 00	Х						0	0	0
TOM SELLECK DIRECTOR	1 00	х						0	0	0
JOHN C SIGLER DIRECTOR	1 00	х						0	0	0
DWIGHT D VAN HORN DIRECTOR	1 00	х						0	0	0
ROBERT L VIDEN JR DIRECTOR	1 00	х						0	0	0
HOWARD J WALTER DIRECTOR	1 00	х						0	0	0
JD WILLIAMS DIRECTOR	1 00	×						0	0	0
DENNIS L WILLING DIRECTOR	1 00	Х						0	0	0
ROBERT J WOS DIRECTOR	1 00	Х						0	0	0
DONALD E YOUNG DIRECTOR	1 00	х						0	0	0