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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

DLN: 93493260005203

Open to Public Inspection

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A F	or the 2	2012 cal <mark>endar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-</mark>	2012								
		pplicable NATIONAL RIFLE ASSOCIATION OF AMERICA		D Emplo	yer id	entification number					
_	ldress ch	Doing Business As		53-01	.1613	30					
_	ame chai										
_	ıtıal retui	number and street (or PO box it mains not delivered to street address) Room/suite		E Telepho	one nui	mber					
Τe	erminated			(703)	267-	1000					
Ar	nended i	return City or town, state or country, and ZIP + 4 FAIRFAX, VA 220307400		(, , ,							
Ap	plication	n pending		G Gross r	eceipts	\$ 272,950,038					
		F Name and address of principal officer WILSON H PHILLIPS JR		this a group	retur						
		11250 WAPLES MILL RD	af	filiates?		┌ Yes 🗸 No					
		FAIRFAX,VA 22030	Н(b) д	re all affiliate	s ıncl	uded? 「Yes 「No					
. T		npt status	Ιf	"No," attach	a lıst	: (see instructions)					
		, , , , , , , , , , , , , , , , , , , ,	H(c) G	roup exempt	ion nu	umber ►					
) W	/ebsite	www nra org	(5)								
K Foi	m of org	ganization	L Year o	of formation	ı	M State of legal domicile NY					
Pā	art I	Summary									
ance ance	r	TO PROTECT AND DEFEND THE U.S. CONSTITUTION TO PROMOTE PUBLIC NATIONAL DEFENSE TO TRAIN LAW ENFORCEMENT AGENCIES TO TRAIN O AND PROMOTE THE SHOOTING SPORTS TO PROMOTE HUNTER SAFETY									
Ě	-										
Governance	2 0	2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets									
ACTIVITIES &	_{3 1}	Number of voting members of the governing body (Part VI, line 1a)		3	76						
Ĕ			nber of independent voting members of the governing body (Part VI, line 1b) $$. $$.								
<u> </u>	5 7	Total number of individuals employed in calendar year 2012 (Part V, line 2a) .			5	767					
ā.	6 7	Total number of volunteers (estimate if necessary)			6	150,000					
	7a 7	Total unrelated business revenue from Part VIII, column (C), line 12			7a	21,975,540					
	ь	Net unrelated business taxable income from Form 990-T, line 34			7b						
			F	Prior Year		Current Year					
an a	8	Contributions and grants (Part VIII, line 1h)		59,382,	-	86,429,504					
enu	9	Program service revenue (Part VIII, line 2g)		109,729,0		115,517,205					
Rayenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,362,		1,808,745					
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		46,509,	1/5	52,535,474					
	12	12)		218,983,	530	256,290,928					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		92,	000	63,000					
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0					
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		50,733,	831	52,815,395					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		6,126,	261	8,502,013					
ਡੌ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 29,100,907									
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		174,119,4	197	192,780,670					
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		231,071,	-	254,161,078					
,_	19	Revenue less expenses Subtract line 18 from line 12		-12,088,	-	2,129,850					
Net Assets of Fund Balances			Begini	ning of Curre Year	nt	End of Year					
3 TE	20	Total assets (Part X, line 16)		149,826,	381	160,497,536					
3 E	21	Total liabilities (Part X, line 26)		144,162,6		149,276,146					
	22	Net assets or fund balances Subtract line 21 from line 20		5,663,	756	11,221,390					
	rt II	Signature Block									
Jnde	er pena	alties of perjury, I declare that I have examined this return, including									

my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here	<u>w</u> ı	nature of officer LSON H PHILLIPS JR TREASURER AND CFO pe or print name and title					
Paid		Print/Type preparer's name JAMES P SWEENEY	Preparer's signature				
Prepare	r	Firm's name ► MCGLADREY LLP					
Use Onl		Firm's address ► 8000 TOWERS CRESCENT DR STE 500					

VIENNA, VA 22184 May the IRS discuss this return with the preparer shown above? (see instruction

Form	m 990 (2012)	Page 2
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 F</u>	PROTECT 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?	┌ Yes ┌ No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	┌ Yes ┌ No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 49,387,404 including grants of \$) (Revenue \$	23,118,246)
	NRA MEMBERSHIP COMMUNICATIONS ARE DAILY, WEEKLY, AND MONTHLY NEWS UPDATES AND TRENCHANT INSIGHTS THROUGH AN A DIGITAL AND HARDCOPY MATERIALS AND THE MOST AUTHORITATIVE COVERAGE FROM RECOGNIZED LEADERS AND SUBJECT MATTER INVEHICLES SERVE TO EDUCATE, INFORM, AND REINFORCE THE NRAS PRIMARY EXEMPT PURPOSES AND OBJECTIVES FOR ACCESS TO IN PRESENCE SUCH AS THE NRA OFFICIAL JOURNALS, PLEASE VISIT NRANEWS DOT COM AND NRAPUBLICATIONS DOT ORG, AND RENEW MEMBERSHIP AT NRA DOT ORG	EXPERTS NRA MEDIA NRAS CONTINUALLY UPDATED
	(Code) (Expenses \$ 18,160,341 including grants of \$ 63,000) (Revenue \$	22,127,674)
	NRA GENERAL OPERATIONS PROGRAM SERVICES ARE WORLD-CLASS PROGRAMS INCLUDING NRA SPORTS, COMPETITIONS AND MATCH FIREARM TRAINING, HUNTER SERVICES, LAW ENFORCEMENT SERVICES, RANGE SERVICES, WOMENS PROGRAMS, YOUTH PROGRAMS, FIREARMS MUSEUM, AND MORE EDUCATION, SAFETY, AND TRAINING ARE THE CORE OF THE NRA MISSION NRA CONTINUES TO BE T TO RESOURCE IN FIREARMS EDUCATION, SAFETY, AND TRAINING PLEASE VISIT PROGRAMS DOT NRA DOT ORG AND GO DOT NRA DOT	HES, EDDIE EAGLE GUNSAFE, FRIENDS OF NRA, NATIONAL HE GLOBAL LEADER AND GO-
4 c	(Code) (Expenses \$ 17,322,006 including grants of \$) (Revenue \$ NRA-ILA LEGISLATIVE PROGRAM SERVICES AS THE FOREMOST PROTECTOR AND DEFENDER OF THE U S CONSTITUTION, THE NATION ADVOCATES AGAINST EFFORTS TO ERODE THE SECOND AMENDMENT, FIGHTS FOR INITIATIVES AIMED AT REDUCING VIOLENT CRIME, RIGHTS AND CONSERVATION EFFORTS NATIONWIDE NRA LEGISLATIVE ACTION INVOLVES FIREARMS RIGHTS, REGULATIONS AND LAWS INTERNATIONAL GUN CONTROL THREATS, WORKERS PROTECTION, SELF-DEFENSE, FREE SPEECH RIGHTS, AND A HOST OF RELATED MORG FOR THE LATEST UPDATES AND ENGAGE WITH ILA ON SOCIAL MEDIA	AND PROMOTES HUNTERS 5, RANGE PROTECTION,
4d	Other program services (Describe in Schedule O) (Expenses \$ 112,357,309 including grants of \$) (Revenue \$ 108,3	87,068)
 4е		· ,

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? 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			
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? 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 $X^{f color}$	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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? 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 and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 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? <i>If</i> "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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," 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? If "Yes," complete Schedule L, Part IV	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? If "Yes," 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		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? <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, 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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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?	38	Yes	

Par				_
	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 877		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	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	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	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		No
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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
. -	Describes a management of the control of the contro	5c	V	
	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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a	Yes	
	were not tax deductible?	6b	Yes	
	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	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	70		
e	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 required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
. 3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Vas " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) 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. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax 1a 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 71 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 Nο 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 Νo Did the organization become aware during the year of a significant diversion of the organization's assets? . Νo 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 Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Did the organization have local chapters, branches, or affiliates? Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes 11a **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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Yes 12c 13 Yes 14 Did the organization have a written document retention and destruction policy? 14 Yes 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? a The organization's CEO, Executive Director, or top management official 15a Yes 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 16a Νo **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 Section C. Disclosure 17 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, ΑК 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 Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

interest policy, and financial statements available to the public during the tax year

Form 990 (2012	<u>'</u>
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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	ition (than (on is a dire	one l both	box, an d r/tru	officer stee)	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
		al trustee or	Institutional Trustee		olojee	Highest compensated employee				
See Additional Data Table										
										Form 990 (2012)

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

	(A) Name and Tıtle	(B) A verage hours per week (list any hours	more t perso	tion (han d n is l	ne b both	oox, an d	heck unless officer stee)	i	Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W	-	(F) Estimated amount of other compensation from the organization and		
		for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		ganızatı relatı organıza	ed	
1b	Sub-Total							Þ							
C	Total from continuation sheet	-			•	•	•	•		5,846,441				698,292	
d 	Total (add lines 1b and 1c). Total number of individuals (inc						d abov	e) w	ho receive					030,232	
	\$100,000 of reportable compe							,							
													Yes	No	
3	Did the organization list any fc on line 1a? <i>If</i> "Yes," complete S	•			-	key	emplo	yee	, or highes	t compen	sated employee	_			
4	For any individual listed on line					mne	nsatio	n an	d other co	• • mnensatio	on from the	3		No	
•	organization and related organ												1		
5	Did any person listed on line 1	a receive or acc	rue cor	nnen	• satir	• on fr	om an	· / IIDI	elated ord	 Januzation	or individual for	4	Yes		
•	services rendered to the organ											5		No	
	ction B. Independent Co	ntractors													
1	Complete this table for your five		ensated	d inde	epen	dent	t contr	acto	rs that red	eived mo	re than \$100,000	of			
	compensation from the organiz	ation Report co	mpens	ation	for t	he c	alenda	arye	ear ending	with or wi	thin the organizati (B)	on's t	ax year (C		
		ame and business	address								cription of services IP PROCESSING AND	+	Comper	nsation	
INFOC	ISION 325 SPRINGSIDE DR AKRON OH	44333								SOLICITOR	ATIONS AND	_	15	,877,933	
	RMAN MCQUEEN 1601 NW EXPRESSWA		OMA CITY	7 OK 7	3118					ADVERTISI	NG	\perp		,564,516	
	IASTER 1735 N LYNN ST ARLINGTON V COAST DATA 11 COMMERCE BLVD PALI									POSTAGE S MEMBERSH	IP PROCESSING	_	8,056,438 6,757,768		
СОММ	UNICATIONS CORP OF AMERICA 1319	5 FREEDOM WAY B	OSTON V	2271	3					FUNDRAISI MAILING	NG PRINTING AND		6,660,733		
	otal number of independent coi			not	lımıt	ed to	o thos	e list	ted above)		ived more than				

Form 99								Page 9
Part V	/1111	Statement of Check of Sched	of Revenue ule O contains a respo	nse to any question	ın thıs Part VIII			
			<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
တည	1a	Federated cam	paigns 1a					
ant und	ь	Membership du	ues 1 b					
9 0 0	l c	Fundraising ev	ents 1 0					
ξ. Ā	d	Related organiz		13,518,518				
<u>⊒</u>	e	Government grant						
Program Service Revenue and Other Similar Amounts		-	, ,					
utic er	f	similar amounts no	ons, gifts, grants, and 1f ot included above	72,910,986				
ë ë	g	Noncash contributi 1a-1f \$	ions included in lines					
No.	h	Total. Add line:	s 1 a - 1 f		86,429,504			
				Business Code				
enue	2a	PROGRAM FEES			7,534,251	7,534,251		
3 5	ь	MEMBER DUES			107,982,954	107,982,954		
исе В	c							
ë. E	d							
S =	e							
Z Era	f	All other progra	am service revenue					
Š	g	Total. Add line:	s 2a-2f		115,517,205			
	3		come (including dividen		600,185			600,185
	4		ar amounts) stment of tax-exempt bond		,			,
	5			. h	14,696,957			14,696,957
		·	(ı) Real	(II) Personal				
	6a	Gross rents	1,165,916					
	Ь	Less rental expenses	1,853,023					
	С	Rental income or (loss)	-687,107					
	d		me or (loss)		-687,107			-687,107
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	8,550,340					
	b	Less cost or other basis and sales expenses	7,341,780					
	c	Gain or (loss)	1,208,560					
	d		ss)		1,208,560			1,208,560
anne.	8a	events (not inc						
Other Revenue		of contributions See Part IV, lir	s reported on line 1c) ne 18 a					
her	ь	Less direct ev	penses b	528,735 118,894				
₹	c		(loss) from fundraising	===,==	409,841			409,841
	9a		from gaming activities ne 19 a					
	b	Less direct ex	penses b					
	c		(loss) from gamıng act	vities				
	10a	Gross sales of						
		returns and allo	owances . a	21,938,836				
	ь	Less costofg	oods sold b	7,345,413				
	c		(loss) from sales of inv		14,593,423	12,726,890	1,866,533	
		Mıscellaneou	s Revenue	Business Code				
	11a	ADVERTISING	G	541800	20,199,376	17,724	20,109,007	72,645
	b	SUBSCRIPTIO		541800	2,918,870	2,918,870		
	С	NRA CAFE SA		722210	404,114			404,114
	d e	All other reven Total. Add lines		▶				
	12		See Instructions .		23,522,360			
]	. o.a. ieveliue.	Sec instructions :	🟲	256,290,928	131,180,689	21,975,540	16,705,195

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 9,000 9,000 Grants and other assistance to individuals in the United States See Part IV, line 22 54,000 54,000 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and 2,970,133 1,477,110 1,334,545 158,478 key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 34,314,125 24,247,195 8,416,399 1,650,531 Pension plan accruals and contributions (include section 401(k) 8,395,776 5,254,664 2,735,003 and 403(b) employer contributions) 406.109 3,150,936 1,245,730 Other employee benefits 4,620,146 223,480 10 2,515,215 1,715,375 678,178 121,662 11 Fees for services (non-employees) 0 Management 4,970,424 4,727,987 Legal 242,437 Accounting 120,700 120,700 0 8,502,013 Professional fundraising services See Part IV, line 17 8,502,013 Investment management fees 179,378 179,378 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 4,223,418 4,223,418 Schedule O) Advertising and promotion . . 31,129,589 24,618,506 12 6,511,083 13 Office expenses 5,031,479 2,730,561 2,300,918 7,076,418 4,017,990 14 Information technology . . . 3,058,428 15 0 Royalties . 1,847,062 905,035 942,027 16 Occupancy **17** 6,488,824 5,118,473 1,370,351 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings . 5,990,552 4,725,212 1,265,340 20 1,230,083 883,034 347,049 Payments to affiliates 21 0 2,481,365 22 Depreciation, depletion, and amortization . 1,844,136 637,229 23 970,446 970,446 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a MEMBER COMMUNICATIONS 40,228,498 49,387,404 9,158,906 PRINTING AND SHIPPING 23,027,780 23,027,780 GENERAL OPERATIONS PROGRAM SERVICES 18,160,341 18,160,341 d ILA LEGISLATIVE PROGRAM SERVICES 17,322,006 17,322,006 13,143,401 7,815,357 e All other expenses 2,959,399 2,368,645 Total functional expenses. Add lines 1 through 24e 25 254,161,078 197,227,060 27,833,111 29,100,907 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)

Form 990 (2012) Page **11** Part X **Balance Sheet** .▽ (A) (B) Beginning of year End of year 1 1 2 10.747.947 2 8.864.786 3,324,463 2,601,438 3 3 4 50.343.338 51.240.665 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 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 Assets 6 3,087,653 7 3,064,403 11.799.972 8 12.209.596 8 9 2,484,598 3,109,155 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 66,964,331 10a Complete Part VI of Schedule D h Less accumulated depreciation 10b 32,639,658 35,507,183 10c 34,324,673 26.199.333 29.895.485 11 11 12 2,374,284 12 7,951,222 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 5,431,147 15 15 5,762,576 16 Total assets. Add lines 1 through 15 (must equal line 34) 149,826,381 16 160,497,536 71,413,466 17 78,683,405 **17** Accounts payable and accrued expenses 18 18 19 25,769,095 19 30,985,830 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 38,973,890 23 Secured mortgages and notes payable to unrelated third parties . . 23 31,104,089 24 24 Unsecured notes and loans payable to unrelated third parties . . . 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 8,006,174 25 8,502,822 26 Total liabilities. Add lines 17 through 25 144,162,625 26 149, 276, 146 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets -25,746,844 27 -21,588,667 5,377,714 5,097,033 28 28 26,032,886 27,713,024 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ŏ 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds š 5,663,756 33 33 11,221,390 Total liabilities and net assets/fund balances 149,826,381 160,497,536

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		256,2	290,928
2	Total expenses (must equal Part IX, column (A), line 25)	2		254,1	61,078
3	Revenue less expenses Subtract line 2 from line 1	3		2,1	.29,850
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		5,6	63,756
5	Net unrealized gains (losses) on investments	5		1,6	51,710
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		1,7	76,074
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			221,390
Par	t XII Financial Statements and Reporting			-	
	Check if Schedule O contains a response to any question 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		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	☐ 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				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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EIN: 53-0116130

Name: NATIONAL RIFLE ASSOCIATION OF AMERICA

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

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	Positio more unless an dire	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations	
DAVID A KEENE PRESIDENT	20 00 1 00	x		×				0	0	0	
JAMES W PORTER II 1ST VICE PRESIDENT	10 00 2 00	×		х				0	0	0	
ALLAN D CORS 2ND VICE PRESIDENT	10 00 1 00	х		х				0	0	0	
JOE M ALLBAUGH DIRECTOR	1 00 1 00	х						0	0	0	
WILLIAM H ALLEN DIRECTOR	1 00	×						0	0	0	
THOMAS P ARVAS DIRECTOR	1 00 1 00	х						0	0	0	
SCOTT L BACH DIRECTOR	1 00	х						0	0	0	
WILLIAM A BACHENBERG DIRECTOR	1 00 1 00	х						0	0	0	
FE BACHHUBER JR DIRECTOR	1 00	х						0	0	0	
M CAROL BAMBERY DIRECTOR	1 00 2 00	х						0	0	0	
BOB BARR DIRECTOR	1 00	х						0	0	0	
RONNIE G BARRETT DIRECTOR	1 00	х						0	0	0	
CLEL BAUDLER DIRECTOR	1 00	х						0	0	0	
DAVID E BENNETT III DIRECTOR	1 00 1 00	х						0	0	0	
J KENNETH BLACKWELL DIRECTOR	1 00	х						0	0	0	
MATT BLUNT DIRECTOR	1 00	х						0	0	0	
DAN BOREN DIRECTOR	1 00	х						0	0	0	
ROBERT K BROWN DIRECTOR	1 00 1 00	х						0	0	0	
PETE BROWNELL DIRECTOR	1 00	х						0	0	0	
DAVID BUTZ DIRECTOR	1 00	х						150,000	0	0	
J WILLIAM CARTER DIRECTOR	1 00 1 00	х						0	0	0	
TED W 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	
CHARLES L COTTON DIRECTOR	1 00 1 00	х						673	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E) (F) (A) Name and Title Average Position (do not check Reportable Estimated amount Reportable hours more than one box, compensation compensation of other unless person is both from the from related compensation per organization (Wan officer and a organizations (Wweek from the (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Highest compensated employee Former hours organizations Institutional Trustee diwdual i for employ related organizations trustie below 0 dotted line) 1 00 DAVID G COY Х 0 0 0 DIRECTOR 1 00 LARRY E CRAIG 0 0 Х 0 DIRECTOR 1 00 JOHN L CUSHMAN Х 0 0 0 **DIRECTOR** 1 00 1 00 WILLIAM H DAILEY Χ 0 0 0 DIRECTOR 1 00 1 00 JOSEPH P DEBERGALIS JR 0 0 Х 0 DIRECTOR 1 00 R LEE ERMEY 0 Х 0 0 **DIRECTOR** 1 00 EDIE P FLEEMAN 0 0 0 Х **DIRECTOR** 1 00 JOEL FRIEDMAN 0 0 Χ DIRECTOR 1 00 SANDRA S FROMAN 45,180 0 0 Х DIRECTOR 1 00 1 00 TOM GAINES 0 0 0 Х DIRECTOR 1 00 JAMES S GILMORE III Χ 0 0 0 DIRECTOR 1 00 MARION P HAMMER 0 Χ 104,000 0 **DIRECTOR** 1 00 MARIA HEIL 0 0 0 Х DIRECTOR 1 00 GRAHAM HILL Χ 0 0 0 DIRECTOR 1 00 STEVE HORNADY 0 DIRECTOR 1 00 SUSAN HOWARD 0 0 0 Х DIRECTOR 1 00 1 00 **ROY INNIS** 0 0 0 Х DIRECTOR 1 00 H JOAQUIN JACKSON Χ 0 0 0 DIRECTOR 1 00 **CURTIS S JENKINS** Χ 0 0 0 DIRECTOR 1 00 1 00 TOM KING 0 0 0 Х DIRECTOR 1 00 HERBERT A LANFORD JR Х 0 0 0 DIRECTOR 1 00 1 00 KARL A MALONE 0 0 0 DIRECTOR 1 00 CAROLYN D MEADOWS 0 0 0 Х DIRECTOR 1 00 1 00 JOHN F MILIUS 0 0 Х 0 DIRECTOR 1 00 BILL MILLER 0 0 DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E) (F) (A) Name and Title Average Position (do not check Reportable Estimated amount Reportable hours more than one box, compensation compensation of other unless person is both from the from related compensation per organization (Wan officer and a organizations (Wweek from the (lıst director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Highest compensated employee Former hours organizations Institutional Trustee diwdual i for employ related organizations trustie below 0 dotted line) 1 00 OWEN BUZ MILLS Х 0 0 0 DIRECTOR 1 00 1 00 CLETA MITCHELL 0 0 Х 0 DIRECTOR 1 00 1 00 GROVER G NORQUIST Х 0 0 0 **DIRECTOR** 1 00 OLIVER L NORTH Х 0 0 0 DIRECTOR 1 00 ROBERT NOSLER 0 Х 0 DIRECTOR 1 00 JOHNNY NUGENT 0 Х 0 0 **DIRECTOR** 1 00 TED NUGENT O 0 0 Х DIRECTOR 1 00 LANCE OLSON 90,000 0 0 Χ DIRECTOR 1 00 TIMOTHY W PAWOL 0 0 0 Х DIRECTOR 1 00 PETER J PRINTZ 0 0 0 Х DIRECTOR 1 00 TODD J RATHNER Χ 0 0 0 DIRECTOR 1 00 WAYNE ANTHONY ROSS 0 Χ 0 DIRECTOR 1 00 CARL T ROWAN JR 0 0 0 Х DIRECTOR 1 00 DON SABA Χ 0 0 0 DIRECTOR 1 00 ROBERT E SANDERS 0 DIRECTOR 1 00 1 00 WILLIAM H SATTERFIELD 0 0 0 Х DIRECTOR 1 00 1 00 RONALD L SCHMEITS 0 0 0 Х DIRECTOR 1 00 1 00 TOM SELLECK Х 0 0 0 DIRECTOR 1 00 JOHN C SIGLER Χ 0 0 0 DIRECTOR 1 00 1 00 LEROY SISCO 0 0 0 Х DIRECTOR 1 00 DWIGHT D VAN HORN Х O 0 0 DIRECTOR 1 00 ROBERT L VIDEN JR Х 0 0 0 DIRECTOR 1 00 1 00 LINDA L WALKER 0 0 0 Х DIRECTOR 1 00 HOWARD J WALTER 0 0 Х 0 DIRECTOR 1 00 JD WILLIAMS 0 0 DIRECTOR

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

1 00 50 00

JAMES BAKER

DEPUTY EXEC DIR, ILA

DIRECTOR, ILA FEDERAL

(A) Name and Title	(B) A verage hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former Highest compensated			related organizations	
ROBERT J WOS DIRECTOR	1 00	х						0	0	0	
DONALD E YOUNG DIRECTOR	1 00	х						0	0	0	
WAYNE LAPIERRE CEO AND EXECUTIVE VP	58 00 2 00			х				833,312	0	141,555	
CHRIS W COX EXEC DIR, ILA	58 00 2 00			х				583,991	0	81,808	
WILSON H PHILLIPS JR TREASURER	52 00 5 00			х				515,260	0	136,332	
KAYNE B ROBINSON EXEC DIR, GENERAL OPERATIONS	40 00 1 00			х				682,166	0	58,082	
EDWARD J LAND JR SECRETARY	40 00			х				408,050	0	50,750	
ROBERT K WEAVER EXEC DIR, GENERAL OPERATIONS	50 00			х				344,143	0	57,525	
MICHAEL MARCELLIN MANAGING DIRECTOR	40 00					х		623,593	0	50,921	
TYLER SCHROPP EXEC DIR, ADVANCEMENT	52 00					х		488,568	0	61,091	
MARY CORRIGAN CHIEF OF STAFF	40 00					х		359,742	0	24,569	
DAVID LEHMAN	50 00					 		227 600	0	22 274	

Χ

327,600

290,163

22,274

13,385

0

0

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Department of the Treasury

SCHEDULE D (Form 990)

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

Open to Public

emal Revenue Service	to Form 990. ► See separate instructions.	Ins	pection			
Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA		Employer identification number				
THE REPORT OF A PERSON		53-0116130				
	or Advised Funds or Other Similar F	unds or Accounts. Cor	nplete if the			
organization answered "Yes" to Fori	m 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other	accounts			
. Total number at end of year	(a) Donor advised funds	(b) I dilus alid otilei i				
Aggregate contributions to (during year)						
Aggregate grants from (during year)						
Aggregate value at end of year						
Did the organization inform all donors and donor	advisors in writing that the assets held in do	nor advised				
funds are the organization's property, subject to	the organization's exclusive legal control?	Γ.	Yes			
Did the organization inform all grantees, donors used only for charitable purposes and not for the conferring impermissible private benefit?		ny other purpose	Yes			
Part II Conservation Easements. Comp	lete if the organization answered "Yes"	to Form 990, Part IV, line	. 7.			
☐ Protection of natural habitat☐ Preservation of open spaceComplete lines 2a through 2d if the organization	reation or education)	certified historic structure	area			
easement on the last day of the tax year			<u> </u>			
a Total number of conservation easements		Held at the End of	r the Year			
 a Total number of conservation easements b Total acreage restricted by conservation easem 	pents	2b				
c Number of conservation easements on a certific		2c 2c				
d Number of conservation easements included in	` ,	20				
historic structure listed in the National Register		2d				
Number of conservation easements modified, tr	ansferred, released, extinguished, or terminat	ed by the organization during	j			
<u> </u>						
Number of states where property subject to con						
Does the organization have a written policy rega enforcement of the conservation easements it h		-	Yes			
Staff and volunteer hours devoted to monitoring	, inspecting, and enforcing conservation ease	ments during the year				
A mount of expenses incurred in monitoring, ins	pecting, and enforcing conservation easemen	ts during the year				
▶ \$						
Does each conservation easement reported on and section $170(h)(4)(B)(II)^{7}$	line 2(d) above satisfy the requirements of se	ction 170(h)(4)(B)(i)	Yes			
In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	kt of the footnote to the organization's financia					
	ections of Art, Historical Treasures, red "Yes" to Form 990, Part IV, line 8.	or Other Similar Asse	ts.			
a If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foo	SFAS 116 (ASC 958), not to report in its reve ar assets held for public exhibition, education	, or research in furtherance o				
b If the organization elected, as permitted under sworks of art, historical treasures, or other similar service, provide the following amounts relating to	SFAS 116 (ASC 958), to report in its revenue ar assets held for public exhibition, education	statement and balance shee				
(i) Revenues included in Form 990, Part VIII, I	ine 1	► \$				
(ii) Assets included in Form 990, Part X		- \$				
If the organization received or held works of art, following amounts required to be reported under		for financial gain, provide the				
Revenues included in Form 990, Part VIII, line		▶ ♦				
b Assets included in Form 990, Part X		. т .				
A 3 3 ELS INCIDUEU III FUIIII 3 3 U, Pail A		F ⊅				

Par	t IIII Organizations Maintaining Co	llections of Art,	<u> Histo</u>	<u>rical T</u>	reasu	res, or O	the	r Similar	<u>Asse</u>	ts (co	<u>ntınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	s, chec	k any of	the follo	owing that a	are a	significant	use of	ıts	
а	Public exhibition		d [Loan	or exch	ange progi	rams	;			
b	✓ Scholarly research		е Г	Othe	er						
c	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and explain	how th	ney furth	er the o	rganızatıor	ı's ex	empt purpo	se in		
5	During the year, did the organization solicit							nılar	_		
Da	assets to be sold to raise funds rather than rt IV Escrow and Custodial Arrange							'as" to For		Yes	│ No
Pal	Part IV, line 9, or reported an ar	•		_		answere	u i	es to ron	וו ששנ	',	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other intermed	ıary foı	r contrib	utions o	rotherass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	ollowing	g table		F		1			
						-			Amou	nt	
с	Beginning balance					-	1c				
d	Additions during the year					-	1d				
e	Distributions during the year					-	1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						ı	Yes	Г No
_ь	If "Yes," explain the arrangement in Part XII										<u> </u>
Pa	rt V Endowment Funds. Complete	If the organization (a)Current year	answe (b)Prio					rt IV, line 1 Three years ba		NEOUT W	ears back
1a	Beginning of year balance	10,738,148	(D)FIIC	9,711,01		8,687,890	+	6,920,6	-		7,675,316
b	Contributions	1,554,967		1,546,18		808,13	+	1,582,0			487,022
c	Net investment earnings, gains, and losses						t	<u> </u>			<u> </u>
		775,895		-112,64	6	549,20	5	750,0	29	-	1,205,479
d	Grants or scholarships Other expenditures for facilities						╁		-		
е	and programs	442,581		378,11	0	304,20	1	536,9	00		
f	Administrative expenses	38,863		28,28	8	30,020	0	27,9	06		36,243
g	End of year balance	12,587,566	:	10,738,14	8	9,711,01	1	8,687,8	90		6,920,616
2	Provide the estimated percentage of the cur	rent year end balance	(line 1	Lg, colur	nn (a)) h	ield as					
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment ► 100 000 %										
С	Temporarily restricted endowment ►										
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organizat	ion tha	t are he	ld and a	dmınıstere	d for	the			
	organization by (i) unrelated organizations							Г	3a(i)	Yes	No No
	(ii) related organizations							_	Ba(ii)	Yes	110
b	If "Yes" to 3a(II), are the related organization			edule R	· · ·	· . · . · .	٠.	`. `. `. <u> </u>	3b	Yes	
4	Describe in Part XIII the intended uses of t	ne organization's endo	owment	t funds				_			
B = 1					_						
Pa	rt VI Land, Buildings, and Equipme	ent. See Form 990									
Pal	Tt VI Land, Buildings, and Equipmed Description of property	ent. See Form 990		X, line (a) Cost o asis (inves	r other	(b) Cost or o basis (othe		(c) Accumula depreciatio		(d) Boo	ok value
		ent. See Form 990		(a) Cost o	r other		r)				ok value 4,902,450
1a	Description of property	ent. See Form 990		(a) Cost o	r other	basis (othe	er) 2,450		n		
1a b	Description of property Land	ent. See Form 990		(a) Cost o	r other	4,902	er) 2,450	depreciatio	n		4,902,450
1a b c	Description of property Land	ent. See Form 990		(a) Cost o	r other	4,902	er) 2,450 5,159	depreciatio	,187	2	4,902,450
1a b c d	Description of property Land			(a) Cost o asis (inve	r other stment)	4,902 48,865 13,196	2,450 5,159 5,722	depreciation	,187	2	4,902,450 7,224,841

Part VII Investments—Other Securities. Se			
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
.)Financial derivatives		00010101111	, year market rarae
)Closely-held equity interests			
)O ther			
) Financial derivatives and other financial products			
3) Closely-held equity interests			
y closely field equity interests			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	See Ferre 2000 Perit V. Ive 4	2	
Investments—Program Related. S	(b) Book value		od of valuation
(a) Description of investment type	(b) Book value		f-year market value
			,
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	-		
Part IX Other Assets. See Form 990, Part X,	line 15.		
(a) Desc			(b) Book value
otal. (Column (b) must equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Par	t X, line 25. (b) Book value		
(a) Danamakan af habitu	. IDIBOOK VAIIIA		
	(B) Book value		
ederal income taxes	(b) Book value		
ederal income taxes ederal income taxes			
ederal income taxes	6,200,802		
ederal income taxes ederal income taxes ERIVATIVE INSTRUMENT MARKET VALUATION THER MISCELLANEOUS LIABILITIES	6,200,802 1,552,020		
ederal income taxes ederal income taxes ERIVATIVE INSTRUMENT MARKET VALUATION THER MISCELLANEOUS LIABILITIES	6,200,802		
ederal income taxes ederal income taxes ERIVATIVE INSTRUMENT MARKET VALUATION THER MISCELLANEOUS LIABILITIES	6,200,802 1,552,020		
ederal income taxes ederal income taxes PERIVATIVE INSTRUMENT MARKET VALUATION OTHER MISCELLANEOUS LIABILITIES	6,200,802 1,552,020		
ederal income taxes ederal income taxes DERIVATIVE INSTRUMENT MARKET VALUATION OTHER MISCELLANEOUS LIABILITIES	6,200,802 1,552,020		
(a) Description of liability Federal income taxes DERIVATIVE INSTRUMENT MARKET VALUATION OTHER MISCELLANEOUS LIABILITIES ACCRUED SALES AND USE TAXES	6,200,802 1,552,020		
ederal income taxes ederal income taxes DERIVATIVE INSTRUMENT MARKET VALUATION OTHER MISCELLANEOUS LIABILITIES	6,200,802 1,552,020		
ederal income taxes ederal income taxes DERIVATIVE INSTRUMENT MARKET VALUATION OTHER MISCELLANEOUS LIABILITIES	6,200,802 1,552,020		
ederal income taxes ederal income taxes DERIVATIVE INSTRUMENT MARKET VALUATION OTHER MISCELLANEOUS LIABILITIES	6,200,802 1,552,020		
ederal income taxes ederal income taxes PERIVATIVE INSTRUMENT MARKET VALUATION OTHER MISCELLANEOUS LIABILITIES	6,200,802 1,552,020		

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	268,863,148
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	3,427,784
3	Subtract line 2e from line 1	3	265,435,364
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 XIII)		
С	Add lines 4a and 4b	4c	-9,144,436
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	256,290,928
Part :	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	263,305,514
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	9,198,436
3	Subtract line 2e from line 1	3	254,107,078
4	Amounts 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 XIII)		
C	Add lines 4a and 4b	4c	54,000
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	254,161,078

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

Identifier	Return Reference	Explanation
III	1 a	THE VALUE OF THE NRA FIREARMS MUSEUM COLLECTION 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 MUSEUM 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 CRAFTSMANSHIP
III	4	THE NATIONAL FIREARMS MUSEUM PROMOTES GUN COLLECTING AND PRESERVATION OF HISTORY THROUGH THE HERITAGE OF FIREARMS PLEASE VISIT NRAMUSEUM DOT ORG FOR EXCITING CURRENT INFORMATION ON THE MUSEUM GALLERIES
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 2009, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOKBACK PERIOD
XI	2 d	INCLUDES AGENCY TRANSACTIONS AND UNREALIZED GAIN ON DERIVATIVE INSTRUMENT
XI	4 b	INCLUDES COST OF GOODS SOLD, RENTAL EXPENSE, ACCOUNTING PROCEDURE VALUATION ADJUSTMENT TO PENSION PLANS, AND INTEREST ON ENDOWMENT GRANTS
XII	2 d	INCLUDES COST OF GOODS SOLD, RENTAL EXPENSE, AND ACCOUNTING PROCEDURE VALUATION ADJUSTMENT TO PENSION PLAN
XII	4 b	INCLUDES INTEREST ON ENDOWMENT GRANTS

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DLN: 93493260005203

OMB No 1545-0047

Open to Public Inspection

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.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

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

53-0116130

1	For grantmakers. Does the	organization m	iaintain record	Is to substantiate the a	amount of the grants o	r
-	assistance, the grantees' elig					
	the grants or assistance?					ິ Yes Γ No
	_					·
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitori	ng the use of grant fur	nds outside
3	Activites per Region (The follow	ung Part I, line 3	3 table can be d	uplicated if additional spa	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
	Central America and the			INVESTMENT		3,688,000
	Carıbbean			ACCOUNT		
	•					
3a	Sub-total					3,688,000
Ŀ	Total from continuation sheets					
	to Part I Totals (add lines 3a and 3b)					3,688,000

Part I	Grants Part IV,	and Other As	sistance to Organ recipient who rece	izations or Entiti ved more than \$5,	es Outside the Un 000. Part II can be	ited States. Comp duplicated if additio	olete if the organizational space is needed	tion answered "Yes' I.	to Form 990,
	Name of lanization	(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)
_									
_									
_									
_									
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_									
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_									
_									
_									
_									
2 Er ta	nter total nui x-exempt by	hber of recipie the IRS, or fo	l ent organizations list or which the grantee	l ed above that are e or counsel has pro	l recognized as charit ovided a section 501	l les by the foreign c L(c)(3) equivalency	l ountry, recognized letter ▶	as 	
3 E	nter total nu	mber of other	organizations or ent	ities					(Form 990) 2012

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 additional space is needed.

(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		,	1	
			1		,		
			1		,		
		+	1		<u> </u>		
		+	1		 		
		+			+ +		†
		+			+		+
		+			+		+
		+			+		+
	 			+	+		+
					 		+
	 				 		+
	<u> </u>		 		 	 	+
			 		 	 	
			1		<u> </u>	+	
			 		<u> </u>	<u> </u>	
			1		<u> </u>	1	
			1		<u> </u>		
		, I	1				T

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)	Γ	Yes	ত	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay 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)	Г	Yes	V	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	Г	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)	√	Yes	Γ	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)	Γ	Yes	<u>\</u>	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).	Γ	Yes	[ত	Νo

Schedule F (Form 990) 2012

Complete this part to 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).

Identifier	ReturnReference	Explanation
	-	•

DLN: 93493260005203

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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. Form 990-EZ filers are not required to complete this part.

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

Inspection

Name of the organization **Employer identification number** NATIONAL RIFLE ASSOCIATION OF AMERICA 53-0116130

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- Indicate whether the organization raised funds through any of the following activities. Check all that apply
- Mail solicitations Solicitation of non-government grants
- Internet and email solicitations Solicitation of government grants
- Phone solicitations Special fundraising events
- In-person solicitations
- Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?
- If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) DId fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
ALLEGIANCE 11250 WAPLES MILL RD FAIRFAX, VA 22030	PAID SOLICITOR		No	18,602,297	480,000	18,122,297	
THIRINA, THE ELOSO	PAID SOLICITOR						
INFOCISION 325 SPRINGSIDE DR			No	11,879,037	7,684,766	4,194,271	
AKRON, OH 44333	PAID SOLICITOR						
MEMBER CONNECT 4805 PEARL RD			No	612,966	337,247	275,719	
CLEVELAND, OH 44109							
al			.	31,094,300	8,502,013	22,592,287	

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

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

		more than \$15,000 of fundr events with gross receipts g		ions and gross income	e on Form 990-EZ, lır	nes 1 and 6b. List
		<u> </u>	(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through
			NRA-ILA EVENT (event type)	(event type)	(total number)	. col (c))
Φ_3	1	Cross research	528,735	5		528,735
Revenue		Gross receipts	320,733	<u> </u>		320,733
₹	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	528,735	5		528,735
	4	Cash prizes				
	5	Noncash prizes				1
Expenses	6	Rent/facility costs				
	7	Food and beverages .				
Direct	8	Entertainment				
Δ	9	Other direct expenses .	118,894	1		118,894
	10	Direct expense summary Add lin	ies 4 through 9 in column	(d)		(118,894)
	11	Net income summary Combine li	ne 3, column (d), and line	210	•	409,841
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	irt IV, line 19, or rep	orted more than
Φ			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c)
Rey	1	Gross revenue				- (-)/
		Cash prizes				
Expenses	3	Non-cash prizes				
<u>Б</u>	4	Rent/facility costs				
<u> </u>	5	Other direct expenses				
			┌ Yes	┌ Yes	┌ Yes	
	6	Volunteer labor	┌ No	┌ No	┌ No	
	7	Direct expense summary Add line	s 2 through 5 in column (d)		
	8	Net gaming income summary Com	ibine lines 1 and 7 in colu	ımn (d)		
_						
9		ter the state(s) in which the organiza the organization licensed to operate		· · · · · · · · · · · · · · · · · · ·		Г _{Yes} Г _{No}
a b		'No," explain				/ 103 / 110
-						
10a		re any of the organization's gaming				· · 「Yes 「No
b	11.	Yes," explain				

JUE5	the organization operate gaining	activities with nonlinembers		· · I Yes I No
12	Is the organization a grantor, ber	neficiary or trustee of a trust or a men	nber of a partnership or other entity	
	formed to administer charitable o	gamıng [,]		· · · · Fyes F No
13	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
L4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address ►			
	revenue?	ntract with a third party from whom the		
Ь		ning revenue received by the organizated by the third party 🟲 \$		d the
С	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address 🟲			
L 6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation	> \$		
	Description of services provided	>		
	Director/officer	□ Employee	Independent contractor	
L 7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			$\Gamma_{\text{Yes}} \Gamma_{\text{No}}$
b	Enter the amount of distributions	required under state law distributed	to other exempt organizations or sp	ent
		activities during the tax year 🕨 \$		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instruct	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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DLN: 93493260005203 OMB No 1545-0047

Employer identification number

Department of the Treasury

Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Open to Public Inspection

NATIONAL RIFLE ASSOCIATIO						53-0116130	
		and Assistance					
Does the organization main the selection criteria used							F Yes □
2 Describe in Part IV the org							
		o Governments and recipient that receive					d "Yes" to
(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) NATIONAL FNDN FOR WOMEN LEGI 910 16TH ST NW WASHINGTON, DC 20006	52-1480785	501c3	9,000				SCHOLARSHIPS
2 Enter total number of sections 3 Enter total number of other							1

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization a	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) 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	24	54,000	1		
Part IV Supplemental Information	tion		•		•

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
I		NRA ACTIVELY ASSISTS NATIONAL FOUNDATION OF WOMEN LEGISLATORS IN THE SELECTION AND ADMINISTRATION OF NFWL SCHOLARSHIPS

Schedule I (Form 990) 2012

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DLN: 93493260005203

OMB No 1545-0047

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

53-0116130

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the approplate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	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 ▼ 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 organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
	and colors, and the open proceeding the feeling the feeling checked in time the		res	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	∇ Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	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, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
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, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
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, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations 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 the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	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)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Schedule J (Form 990) 2012

Part IIII Supplemental Information

Complete this part to 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

Also complete this part for any additional information							
Identifier	Return Reference	Explanation					
	1a	CHARTER TRAVEL WAS USED ON OCCASIONS INVOLVING MULTIPLE EVENTS WHEN REDUCED AIRLINE SCHEDULES PRECLUDED OTHER OPTIONS THIS WAS PROPERLY EXCLUDED FROM TAXABLE COMPENSATION					
Ī	1a	CERTAIN COMPENSATION ELEMENTS WERE GROSSED UP ALL TAX GROSSUPS WERE PROPERLY INCLUDED IN TAXABLE COMPENSATION					
Ī	1a	CLUBS ARE USED FOR BUSINESS PURPOSES ONLY THIS WAS PROPERLY EXCLUDED FROM TAXABLE COMPENSATION					
I	4 b	THE 457F SERVICE COST INCLUDED IN DEFERRED COMPENSATION FOR WAYNE LAPIERRE WAS 84,821 FOR CHRIX W COX WAS 26,951 AND FOR WILSON H PHILLIPS JR WAS 96,783, AS ACTUARIALLY CALCULATED UNDER ASC 715 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 BIII OTHER REPORTABLE COMPENSATION IN TAXABLE WAGES INCLUDES 457B, AUTO, AND LIFE BENEFITS					
II		COLUMN C INCLUDES THE EMPLOYER PAID PORTIONS OF THE NRA DEFINED BENEFIT PLAN, 401K PLAN, AND 457F PLAN					
II		NRA TAKES A FULL TRANSPARENCY POSTURE FOR EXECUTIVE COMPENSATION BY DISREGARDING THE 10,000 PER ITEM EXCEPTION					

Schedule J (Form 990) 2012

Software ID: 12000057

Software Version: 12.18.605.2

EIN: 53-0116130

Name: NATIONAL RIFLE ASSOCIATION OF AMERICA

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

	(B) Breakdown o	of W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable		(F) Compensation
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(I) (II)		129,767	31,160	98,144	43,411	974,867	
(1) (11)		88,841	19,478	43,806	38,002	665,799	
(I) (II)		89,213	25,650	109,377	26,955	651,592	
(I) (II)		159,448	36,538	18,500	39,581	740,248	
(I) (II)		43,343	7,821	18,500	32,251	458,800	
(I) (II)		50,000	822	18,500	39,025	401,668	
(I) (II)		455,460	19,376	18,500	32,421	674,514	
(I) (II)		123,454	3,263	15,000	46,090	549,659	
(I) (II)			9,144	18,500	6,069	384,311	
(I) (II)		20,000	37,792	18,500	3,774	349,874	
(I) (II)		20,000	2,529		13,385	303,548	
		(i) Base Compensation (i) 475,672 (ii) 400,397 (ii) 486,181 (ii) 356,885 (iii) 293,321 (ii) 293,321 (ii) 361,852 (ii) 350,598 (ii) 269,808 (ii) 267,634	(i) Base Compensation (ii) Bonus & Incentive compensation (ii) 475,672 88,841 (iii) 400,397 89,213 (iii) 486,181 159,448 (iii) 356,885 43,343 (iii) 293,321 50,000 (ii) 148,757 455,460 (iii) 361,852 123,454 (iii) 350,598 (iii) 269,808 20,000 (iii) 267,634 20,000	(i) Base Compensation incentive compensation (ii) Other compensation (iii) 672,385 129,767 31,160 (iii) 475,672 88,841 19,478 (iii) 400,397 89,213 25,650 (iii) 486,181 159,448 36,538 (iii) 356,885 43,343 7,821 (ii) 293,321 50,000 822 (iii) 148,757 455,460 19,376 (iii) 361,852 123,454 3,263 (ii) 350,598 9,144 (iii) 269,808 20,000 37,792 (ii) 267,634 20,000 2,529	(i) Base Compensation (ii) Bonus & Incentive compensation (iii) Other compensation compensation (i) 672,385 129,767 31,160 98,144 (i) 475,672 88,841 19,478 43,806 (i) 400,397 89,213 25,650 109,377 (i) 486,181 159,448 36,538 18,500 (i) 356,885 43,343 7,821 18,500 (i) 293,321 50,000 822 18,500 (ii) 361,852 123,454 3,263 15,000 (i) 350,598 9,144 18,500 (i) 269,808 20,000 37,792 18,500 (i) 269,634 20,000 2,529	(i) Base Compensation (iii) Other compensation compensation benefits (i) (ii) G72,385 129,767 31,160 98,144 43,411 (i) 475,672 88,841 19,478 43,806 38,002 (ii) 400,397 89,213 25,650 109,377 26,955 (ii) 486,181 159,448 36,538 18,500 39,581 (i) 356,885 43,343 7,821 18,500 32,251 (ii) 293,321 50,000 822 18,500 39,025 (ii) (iii) 361,852 123,454 3,263 15,000 46,090 (ii) 350,598 9,144 18,500 6,069 (ii) 269,808 20,000 37,792 18,500 3,774 (i) 267,634 20,000 2,529 13,385	(i) Base Compensation (ii) Bonus & incentive compensation (iii) Other compensation compensation benefits (B)(i)-(D) (i) compensation 672,385 129,767 31,160 98,144 43,411 974,867 (i) compensation 475,672 88,841 19,478 43,806 38,002 665,799 (i) compensation 400,397 89,213 25,650 109,377 26,955 651,592 (i) compensation 486,181 159,448 36,538 18,500 39,581 740,248 (i) compensation 356,885 43,343 7,821 18,500 32,251 458,800 (i) compensation 43,448 36,538 18,500 39,025 401,668 (i) compensation 43,441 159,448 36,538 18,500 39,581 740,248 (ii) compensation 293,321 50,000 822 18,500 39,025 401,668 (ii) compensation 36,852 123,454 3,263 15,000 46,090 549,659 (i) compensation

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SCHEDULE O

As Filed Data -

DLN: 93493260005203

OMB No 1545-0047

Open to Public

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service 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 identifi	cation number
	53-0116130	

Identifier	Return Reference	Explanation	
		Form 990, Part III, Line 4d Program Service Expenses 112,357,309, Grants and allocations 0, Revenue 108,387,068 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	

Identifier	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, NRA DID NOT OWE UBIT FOR THE 2012 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	

Identifier	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

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

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

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

Identifier	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 ALL MAILED UPON REQUEST NRA DOES NOT MAKE INTERNAL OPERATING POLICIES AVAILABLE TO THE GENERAL PUBLIC					

Identifier	Return Reference	Explanation						
		Form 990 Part VI Section B Line 12c THE ORGANIZATION TAKES CONFLICTS OF INTEREST VERY SERIOUSLY AND UTILIZES A STATEMENT OF CORPORATE ETHICS TO MONITOR AND ENFORCE COMPLIANCE WITH CORPORATE POLICIES, ANNUAL FILINGS MUST BE PROVIDED TO NRA OFFICE OF THE SECRETARY AND REVIEWED REGULARLY AND CONSISTENTLY						

Identifier	Return Reference	Explanation
		Form 990 Part VI Section B Line 15 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

Identifier	Return Reference	Explanation						
		Form 990 Part VII Section B READER NOTE. 990 PART VII SECTION B 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						

Identifier	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 990 READER NOTES ARE INCLUDED AS A CONVENIENCE TO HELP THE PUBLIC UNDERSTAND THE ORGANIZATION LEARN MORE ABOUT NRA MEMBERSHIP LEVELS AT NRA DOT ORG							

Identifier	Return Reference	Explanation						
		Form 990 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: 93493260005203

OMB No 1545-0047

Open to Public **Inspection**

Schedule R (Form 990) 2012

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

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

NATIONAL RIFLE ASSOCIATION OF AMERICA 53-0116130 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (c) (e) (g) Legal domicile (state Section 512(b) Name, address, and EIN of related organization Primary activity Exempt Code section Public charity status Direct controlling 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 NM 501c3 LINE 7 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)		(b)	(c)	(d)	(e)	(f)	(g)	(H	1)	(i)	l di	i)	(k)
(a) Name, address, and EIN of related organization		Primary activit	ary activity Legal domicile (state or foreign country)	Direct I controlling entity e	Predominant	Share of total income	Share of	Disproj ar alloca	ortionate tions?	e Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging ner?	Percentage ownership
								Yes	No		Yes	No	
IV Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration as a cor	or Trust (poration or	Complete if trust during	the organi the tax ye	zation a ar.)	nswere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreigr country)		(d) Direct controll entity	(e) Type of ent (C corp, S corp, or trust)		e	(g) e of end- f-year assets		(h) ercentage wnership	Section (b) (contract)	(13) olled	
]	Yes		No

chedule R (Form 990) 2012		Рa	age 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 3	6.)		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e 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)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
It is a constitution of a supposed from related organization (a)	1k		No
k Lease of facilities, equipment, or other assets from related organization(s)	11		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1m		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1n		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	10		1
• Sharing of paid employees with related organization(s)	10	163	\vdash
p Reimbursement paid to related organization(s) for expenses	1p		No
	1g	Yes	+
q Reimbursement paid by related organization(s) for expenses	144		\vdash
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 this line, including	covered relationships and transaction thresholds
------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NRA FOUNDATION INC	С	13,518,518	CASH VALUE
(2) NRA FOUNDATION INC	0	4,719,902	CASH VALUE
(3) NRA FOUNDATION INC	q	4,211,106	CASH VALUE
(4) NRA SPECIAL CONTRIBUTION FUND	а	120,000	CASH VALUE
(5) NRA SPECIAL CONTRIBUTION FUND	q	1,333,361	CASH VALUE
(6) NRA CIVIL RIGHTS DEFENSE FUND	С	52,130	CASH VALUE

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships															
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under section 512-	orn	(e) all partners section 501(c)(3) anizations?	(f) Share of	(f) Share of total	(f) Share of total	total end-of-year	-year allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
	1			•									·		

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
V	_	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

Software ID: 12000057

Software Version: 12.18.605.2

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-s)	(c) A mount Involved	(d) Method of determining amount involved
NRA FOUNDATION INC	С	13,518,518	CASH VALUE
NRA FOUNDATION INC	0	4,719,902	CASH VALUE
NRA FOUNDATION INC	q	4,211,106	CASH VALUE
NRA SPECIAL CONTRIBUTION FUND	а	120,000	CASH VALUE
NRA SPECIAL CONTRIBUTION FUND	q	1,333,361	CASH VALUE
NRA CIVIL RIGHTS DEFENSE FUND	С	52,130	CASH VALUE