SCANNED SEP 0 3 2014

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

Department of the Treasury Internal Revenue Service

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Name are charge Po Box 7 mail is not delivered to street address) Room/butte E Telephone number Room and a continue Roo	В	Check if	f applicable	C Name of organization N	ational Assoc	iation for Gun R	ights, Inc.			D Employ	er identification n	umber	
Initial return Colorate Co		Address	s change								54-2015951		
Institute terum Post Po			-	Number and street (or P	O box if mail is	not delivered to stre	eet address)	Room/surte	1	E Telepho			
Terminated	$\overline{\Box}$		_	PO Box 7002				1			888-874-3006		
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Summary	'		-	LJ 301(c)(3)	501(c) (4) 4 (Insert No.) L	4947(a)(1) or	<u> </u>	1				
Part Summary	<u>K</u>			Corporation Trust	Association	Other N	TLVo	or of formation					
The Briefly describe the organization's mission or most significant activities: see schedule 0 2 Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . 3 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 0 5 Total number of individuals employed in calendar year 2013 (Part VI, line 2a) . 5 55 6 Total number of volunteers (estimate if necessary) . 6 6 0 8 Total number of volunteers (estimate if necessary) . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 8 Contributions and grants (Part VIII, line 1h) . 7,111,051 16,083,533 9 Program service revenue (Part VIII, line 2g) . 0 0 10 Investment moome (Part VIII, line 2g) . 0 10 105 859 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) . 105 859 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,124,924 16,432,656 13 Grants and similar ampertia-paid (Part VIII, column (A), lines 1-3) . 0 640,000 14 Benefits paid to 7 or 10 members of Part IX, column (A), lines 5-10) 635,450 1,277,425 15 Salanes, other or 10 members of Part IX, column (A), lines 1-5 0 635,450 1,277,425 16 Total fundrasing Superiase (Part IX, column (A), lines 1-5 0 635,450 1,277,425 17 Other expenses (Part IX, column (A), line 1e) . 0 95,826 17 Other expenses (Part IX, column (A), line 1e) . 0 95,826 18 Total sepanses Add Lines 13-T1 (must equal Part IX, column (A), line 25) 6,079,157 13,567,918 18 Total expenses Add Lines 13-T1 (must equal Part IX, column (A), line 25) 6,079,157 13,567,918 19 Revenue less expenses. Subtract line 18 from line 12 1,045,767 13,514,816 19 Revenue less expenses. Subtract line 18 from line 20 1,077,203 2,336,171 Part III Signature Block 10 Under penaltes of pagetic, 10 degree that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, c					ASSOCIATION	Outer P	Lie	ar or torriation	2001	m State	or legar domicile	VA	
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Sign Here Paid Preparer Use Only Firm's name Firm's address Type or print name Firm's address Frequency Frequ	P	art II	Signat	ture Block					·				
Sign Here Paid Preparer Use Only Firm's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Preparer's signature	Un	der pena	alties of pend	ry, I declare that I have exa	mined this return	, including accomp	anying schedule	s and stateme	ents, and to the	best of r	ny knowledge and	belief, it is	
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Here Date Brow				1.0	W		-			9.	-15-2	014	
Type or print name and title Paid Preparer Use Only Firm's name Firm's address ▶ Preparer's signature Preparer's name	Sig	gn	3999	ature of officer		~ _			Date				
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For Paperwork Reduction Act Notice, see the separate instructions.

54-2015951

NATIONAL ASSOCIATION FOR GUNRIGHTS (NAGR)

Form 990 (2013) Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III . . . Briefly describe the organization's mission: see schedule O Did the organization undertake any significant program services during the year which were not listed on the pnor Form 990 or 990-EZ? ☐ Yes ☑ No If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code: _____) (Expenses \$ _____11,971,034 including grants of \$ _____640,000) (Revenue \$ Education of United States citizens on their Constitutional rights to keep and bear arms. including grants of \$ _____) (Revenue \$ (Code:) (Expenses \$ including grants of \$

12,020,374

) (Revenue \$

including grants of \$

Other program services (Describe in Schedule O.)

Total program service expenses ▶

(Expenses \$

Form 99	0 (2013)		,	Page 3
Part	<u></u>	_		age C
			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		√
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
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		✓
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	*	1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	25.8
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		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for upperform to year fill 48 (ASC 740)3 If "Yes," complete Schedule D. Part X	11e		✓
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a		1
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	ļ <u></u>	· /
14 a		14a		1
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	146		<u> </u>
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		✓
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	✓
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		✓
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	✓	-
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓	
_	If "Yes," complete Schedule G, Part III	19	<u> </u>	1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	✓
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	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		1
25a		25a		<u>·</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			<u> </u>
	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		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
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		J
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		√
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		· ·
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		▼
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		_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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		V
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,			
38	Part VI	37		✓
	192 Note. All Form 990 filers are required to complete Schedule O	20		,

Part				
	Check if Schedule O contains a response or note to any line in this Part V		<u>,</u>	
_		F	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10		
~u	Statements, filed for the calendar year ending with or within the year covered by this return 2a 55			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	<u> </u>
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		•	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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		✓
b	If "Yes," enter the name of the foreign country:		45	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<u> </u>		<u> </u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-	,	
b	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	6a	-	
D	gifts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).		اللكائد	7.
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1.3		is F
	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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year			í.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		L
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	ļ	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	c 1/3d	25486
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			55. 6
	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	~91	ř
9	Sponsoring organizations maintaining donor advised funds.	* *	p/8	13.E-13.
a	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	william A.A.
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		25 B	
а	Initiation fees and capital contributions included on Part VIII, line 12	* '	-Si.	, (c)
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	_	Ĩ	
11	Section 501(c)(12) organizations. Enter:	,		
a	Gross income from members or shareholders	.	٠ الله	ξ, Σ
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	**	
40-	against amounts due or received from them.)	10-		<u> </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	1/4	<u> </u>
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.	+	1 3.%	
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	
a	Note. See the instructions for additional information the organization must report on Schedule O.	130	N.29 M	h .
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			
С	Enter the amount of reserves on hand	1	· 22	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI	ee instructions.
Section	on A. Governing Body and Management	
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	Yes No
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 0 1d any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 🗸
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 🗸
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b 🗸
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	
a b 9	The governing body? Each committee with authority to act on behalf of the governing body? 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	8a
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	
10a b	Did the organization have local chapters, branches, or affiliates?	Yes No 10a ✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a ✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 🗸
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12b
13 14 15	Did the organization have a written whistleblower policy?	13 /
a b	The organization's CEO, Executive Director, or top management official	15a
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a 🗸
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b
	on C. Disclosure	
17 18	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s only)
19	☐ 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 int financial statements available to the public during the tax year.	erest policy, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► National Association for Gun Rights, Inc. 501 Main St. Windsor, CO 80550 970-482-7647	of the

Daga	•
raue	

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n box, office office or direct	ot ch	Pos eck s pe	c) ition more		one an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated	
(1) Dudley Brown Executive Vice President	<u> </u>			√		ä		94,217	0		 _0
(2) David Warrington President	2			/				0	0		0
(3) Christina Jeffrey Secretary	1			·				0			
(4) Tom Campbell Treasurer	11			/				o	0		0
(5) Michael Rothfeld Director-at-Large				1				0			_0
(6)		}									
(7)											_
(8)											
(9)											
(10)								- "			_
(11)											_
(12)	-										_
(13)	<u> </u>							-			_
(14)											_

Y Part	(A) Name and title	(B) Average hours per week (list any hours for related organizations	(do n box, office	ot ch unles	Pos neck ss pe	C) sition more erson	than on the than the the than the the than the than the than the the than the the than the than the than the the the than the	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-M	le ı from	(F) Estimated amount of other compensation from the organization
		below dotted line)		Institutional trustee		otoyee	Highest compensated employee					and related organizations
(15)												_
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)					_							
(23)						_						
(24)					\vdash			-				.
(25)												
								L				
1b c <u>d</u>	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	· ·	 		▶ ▶	94,217			
2	Total number of individuals (including but reportable compensation from the organi		d to th	iose	list:	ted a	above	e) w	ho received m	ore than \$1	00,00	0 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete s						-	emp	-	est compe		Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or inc	lividu:	
Section	on B. Independent Contractors											
1												
	(A) Name and business add	Iress						<u> </u>	(B) Description of s	ervices		(C) Compensation
					_			-				
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed ab	ove) who		18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Part	VIII	Statement of Reve						
		Check if Schedule C	contains a response or	note to	any line in this (A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats ats	1a	Federated campaigns	s 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .	1b					
s, G	С	Fundraising events .	1c	43,210				
ar.	d	Related organizations	s 1d					
S, E	е	Government grants (con					* *	
r Si	f	All other contributions, g	ifts, grants,					
音音		and similar amounts not inc	cluded above 1f 16.0	140,323	ş.			
E O	g	Noncash contributions include			<i>'</i>			
a C	h	Total. Add lines 1a-1	f	. ▶	16,083,533			
			Business	Code				
JE JE	2a							
æ	Ь		1					
8	c		1					
<u> </u>	ď	•	Į					
Program Service Revenue	e	•••••						
	f	All other program ser	vice revenue .					
P.	g		f	. ▶			4.5.41.60	
	3	Investment income	(including dividends, int	erest.		* ****	0009 VIII 00000000	
		and other similar amo	•		859	859		
	4	Income from investmen	t of tax-exempt bond proces	eds▶				
	5			•				
		Royalties	(i) Real (ii) Pers	onal	. 1, 500		'E 445 E	ATO IN .
	6a	Gross rents			5 (~)			**************************************
	ь	Less: rental expenses			·		· AGENT	E. A.
	c	Rental income or (loss)			,			**,;
	ď	Net rental income or			· · · · · · · · · · · · · · · · · · ·			
	7a	Gross amount from sales of	(i) Securities (ii) Oth	ner	4154m -		· Asset Care Control	W1 1
	′•	assets other than inventory	7,					
	ь	Less: cost or other basis						
		and sales expenses .						
	С	Gain or (loss)				နို့လ _{ို} ကျော်စ		
	d					<u> </u>		
	u	iver gain or (loss) .		. –	988. Let 14. x	* *2 * * * *		
/enne	8a	Gross income from fu events (not including \$	undraising					
Other Re		of contributions reported See Part IV, line 18 .						
¥	b	Less. direct expenses	s b		T. ? '		> +1 %.	
•	С	Net income or (loss) f	rom fundraising events	. ▶				
	9a	Gross income from ga	aming activities.				3). U	
		See Part IV, line 19 .	a		"		-2	
	ь	Less: direct expenses	s b				430	
	С	Net income or (loss) f	rom gaming activities .	. ▶				
	10a	Gross sales of in	ventory, less		1: 44		i Caralle	, , ,
		returns and allowance	es a		774 A		i isaa	2.3
	Ь	Less, cost of goods s	sold b		深 []. (3)			
	c		from sales of inventory .	. ▶	348,264	348,264		**************************************
		Miscellaneous F		Code	040,204	2.0,234	, 25 h's	,
	11a		-					
	ь				,			
	C							
	ď	All other revenue .						
	e		· · · · · <u> </u>	. •				
	12		nstructions	. •	16 432 656	349 123		

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any lir	e in this Part IX .		<u> </u>
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	640,000	640,000		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				<u>\$</u>
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				i di
4 5	Benefits paid to or for members			*** **********************************	
6	trustees, and key employees	94,217	62,183	32,034	
7 8	Other salaries and wages	1,016,088	606,813	409,275	
9	Other employee benefits	73,125	43,379	29,746	
10	Payroll taxes	93,995	56,671	37,324	
11	Fees for services (non-employees):				
а	Management	103,871	29,631	74,240	
b	Legal	175,774		175,774	
C	Accounting	14,015		14,015	
d	Lobbying	1,466,626	1,466,626	9 v	
e	Professional fundraising services. See Part IV, line 17	95,826			95,826
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	136,597	13,660	61,469	61,468
14	Information technology				
15	Royalties				
16	Occupancy	99,315		99,315	
17	Travel	105,146	105,146		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	247,181	247,181		
20	Interest				_
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	26,391	8,797	8,797	
23	Insurance	4,562	2,909	1,653	F. 43 2500 *
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If		7 (27) CE		and the second of
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	i	r G. rije		
а	Mail Communications	5,967,324	5,274,518		692,806
b	Internet Communications	3,214,331	2,841,147		373,184
C	Tour Promotion	334,694	267,755	-	66,939
d	Telemarketing Communications	344,629	304,618		40,011
е	All other expenses	827,462		41,264	
25	Total functional expenses. Add lines 1 through 24e	15,081,169	11,971,034	984,906	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Page **11**

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this F	Part X		🔲
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	978,703	1	1,329,558
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	121,418	3	372,651
	4	Accounts receivable, net		4	<u>-</u>
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			4
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
23		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	75,3 <u>12</u>
Ä	8	Inventories for sale or use	88,586	8	137,622
	9	Prepaid expenses and deferred charges	8,151	9	17,329
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 826,32			4 Y 10 10 10 10 10 10 10 10 10 10 10 10 10
	b	Less: accumulated depreciation 10b 41,55	70,863		784,772
	11	Investments—publicly traded securities		11	_
	12	Investments—other securities. See Part IV, line 11	-	12	
	13	Investments—program-related. See Part IV, line 11		14	
	14	Intangible assets		15	
	15	Other assets. See Part IV, line 11	4 207 704	16	6,200
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	1,267,721	-	2,723,444
	18	Grants payable	152,512	18	327,273
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
w	22	Loans and other payables to current and former officers, directors,			± 10 · 10 · 10
Liabilities	22	trustees, key employees, highest compensated employees, and			
<u> </u>		disqualified persons. Complete Part II of Schedule L		22	3 17 18 17 3 14 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u> </u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	1		
		parties, and other liabilities not included on lines 17-24). Complete Part X	(ļ	
		of Schedule D	38,006	25	
	26	Total liabilities. Add lines 17 through 25	190,518	26	327,273
es		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ ar complete lines 27 through 29, and lines 33 and 34.	nd ***		
Ĕ	27	Unrestricted net assets	1,011,954	27	2,396,171
ä	28	Temporarily restricted net assets	65,249	$\overline{}$	
ē	29	Permanently restricted net assets	_	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	d		
8	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Met	33	Total net assets or fund balances	1,077,203	33	2,396,171
_	34	Total liabilities and net assets/fund balances	1,267,721	34	2,723,444
					Form 990 (2013)

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		16,43	2,656
2	Total expenses (must equal Part IX, column (A), line 25)	2		15,08	1,169
3	Revenue less expenses. Subtract line 2 from line 1	3			1,487
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,07	7,203
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		(32	2,519)
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			-	
	33, column (B))	10		2,39	6,171
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		* *	**	-
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	si 15.	'	96g 17
	Schedule O.				
2a			2a	2 3300	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			ligh * . h
	reviewed on a separate basis, consolidated basis, or both:				, W
	Separate basis Consolidated basis Both consolidated and separate basis			10000	ا الله
b	Were the organization's financial statements audited by an independent accountant?		2b	√	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a		36.	
	separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			<u> </u>	,
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of th			,	
			2c	√	1
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xpiain in			
•		4			*,,
за	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iorth in			,
1_			3a		✓
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	required addit of addits, explain why in Schedule O and describe any steps taken to didergo such a	uuiis.		000	(05:5
			Form	990	(2013)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization National Association for Gun Rights, Inc. 54-2015951 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 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 donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X

National Association for GunRight, Inc 54-2015951 (NAGR) Page 2

Part								
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and ot	her recor	ds, chec	k any of the	e follow	ring that are a	significant use of its
а	☐ Public exhibition		d i	Loan	or exchang	e progr	ams	
b	☐ Scholarly research							
С	☐ Preservation for future generations							
4	Provide a description of the organizati		ınd expla	in how t	hey further	the ora	anızatıon's exe	mpt purpose in Part
	XIII.		-		-,			
5	During the year, did the organization	solicit or receive	donation	s of art.	historical tr	easures	s. or other simil	ar
_	assets to be sold to raise funds rather							
Part			•					
	Complete if the organization 990, Part X, line 21.		' to Forn	n 990, P	art IV, line	9, or r	eported an an	nount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	te the fo	llowing ta	able:			
	, ,	•		J			A	mount
С	Beginning balance					1c	1	
ď	Additions during the year					1d		
e	Distributions during the year					1e	+	
f	Ending balance					1f	_	
2a	Did the organization include an amoun							☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa							
Part								
	Complete if the organization	answered "Yes'	' to Forn	n 990, P	art IV, line	10.		
		(a) Current year	(b) Pro		(c) Two years		(d) Three years bac	k (e) Four years back
1a	Beginning of year balance							
b	Contributions							-
c	Net investment earnings, gains, and							·
	losses							
d	Grants or scholarships			-				
e	Other expenditures for facilities and							
•	programs							
f	Administrative expenses							-
	End of year balance							
g 2	Provide the estimated percentage of the	ae current vear en	d balanc	e (line 1a	column (a)	N held s		
a	Board designated or quasi-endowmen	-	%	c (iiiic 19	, column (a)	,, riela a	13.	
b			'0					
	Temporarily restricted endowment	% %						
C	The percentages in lines 2a, 2b, and 2		∩0 /					
32	Are there endowment funds not in the			zation the	at are held :	and adi	ministered for t	he
Ja	organization by:	, possession or th	c organiz	anon in	at aic ricia t	and adi	Tilliatorea for ti	Yes No
	,							_
	(i) unrelated organizations (ii) related organizations							3a(i)
_	If "Yes" to 3a(II), are the related organizations.			n Sahad	 ulo D2			3a(ii) 3b
ь 4	Describe in Part XIII the intended uses							30
Part			// 3 GIIGO	WITIGHT	J1103.			-
rar	Complete if the organization		to Form	n 000 E	art IV lina	115	See Form 990	Part V line 10
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Book value
	Description of property	(a) Cost or oth			ther)		preciation	(a) Book value
	Land	- ' ' '	-			7		400.000
1a	Land				100,000			100,000
b	Buildings	-			549,291			549,291
C	Leasehold improvements							·
d	Equipment	<u> </u>			4=0.55			
e T-4-1	Other	unot ogual Come Of	00 Part \	/ aal	177,031	(a) \	41,550	135,481
ı otal.	Add lines 1a through 1e. (Column (d) m	iust equal Form 98	ou, rari i	, column	וות וחפון, ומן ine IU	(<i>U).)</i> .	▶ [784,772

54-2015951

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of investment (b) Blook value (c) Blook value (c) Blook value (c) Cost or end-of-year market value (c) Costoph-held equity interests (d) Costoph-held equity interests (e) Costoph-held equity interests (f) Costoph-held equity interests (g) Costopheld interests (g) Part X, line 13. (g) Book value (g) Method of valuation (g) Meth	Part VII	Complete if the organization a		m 990 Part IV lir	ne 11h See i	Form 990	Part)	(line	12
(1) Financial derivatives (2) Closely-held equity interests		(a) Description of security or cate		·	T	(c) Method of	valuation	1	<u>'</u>
	(1) Financial								
(3) Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C									
(B) (G) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		•			1				
(G)	(A)	•••						_	
(i) (ii) (iii) (iii) (iii) (iii) (iv) (iv	(B)								
(i) (ii) (iii) (iii) (iiii) (iv) (iiii) (iv) (iv	(C)	•••••			1				
(if) (if) (if) (if) (if) (if) (if) (if)	(D)								
(ii)	(E)								
Total, Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	(F)								
Total, (Column (i)) must equal Form \$90, Part X, col. (ii) line 12.) ▶ Part VIII Investments — Program Related and Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.									
Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c, See Form 990, Part X, line 13.									
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Cost or end-of-year market value (c) Cost or end-of-year market value (d) Cost or end-of-year market value (e) Cost or end-of-year market value (d) Cost or end-of-year market value (e) Cost or end-of-year market value (e) Cost or end-of-year market value (f) Cost or end-of-year market value (g) Cost or end-of-year market value (g) Cost or end-of-year market value (h) Cost or end-of-year market value (g) C									
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-di-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VIII								
(1) (2) (3) (4) (5) (6) (9) (7) (8) (9) (7) (8) (9) (7) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		· · · · · · · · · · · · · · · · · · ·		m 990, Part IV, lır	1				<u>13.</u>
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of hability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		(a) Description of investment		(b) Book value					
(3) (4) (5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)						•		•	
(6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of hability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					+				
(6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of hability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		-			 				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶					 				
(3) (a) (b) (b) (b) (c)					+				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of hability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶					+				
(9) Total. (Column (b) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (8) line 25.) ▶									
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			=- 						
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) (a) (b) Book value (d) (c) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		b) must equal Form 990, Part X, col. (B) line 13.)	>		20 miles 2	\$ # F	af h	14th 1/12	4: 4;
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶ Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	Part IX				-				
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		Complete if the organization a	nswered "Yes" to For	m 990, Part IV, lir	ne 11d. See	Form 990,			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶			(a) Description				(b) Bo	ok value	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶									
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1.			nswered "Yes" to For	m 990, Part IV, lir	ne 11e or 11 ^e	f. See Forr	n 990	Part	Χ,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶		· · · · · · · · · · · · · · · · · · ·							
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1.	(a) Description of liability	(b) Book value						
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	(1) Federal ır	come taxes		, ,	*	,		8 '	*
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶						^			ń
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶						. *			,
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶						\$ \$\display \display	,		,~\$,
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶					•	-			: Ì, .
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶					,	> ~~	^6		M s .
(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶					,	٠	~2,	≯ ~ '	,
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶								*	
		h) must equal Form 000 Part V and /D) line 25)	—	*				r	ч
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				note to the organizati	on's financial e	tatemente th	at rend	rts the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part			Return.
	Complete if the organization answered "Yes" to Form 990, F		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		1
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		* 5
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	-	5
Part			er Return.
	Complete if the organization answered "Yes" to Form 990, F		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d		2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3.4
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
ь	Other (Describe in Part XIII.)	4b	
	A 1.1 1 A 1 AL		4 -
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		4c 5
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 18.)	5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.)	5 p; Part V, line 4; Part X, line

SCHEDULE G (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization					Employer identifica	ation number
National Association for Gun Right	s, Inc_				54-2	015951
Part I Fundraising Activ Form 990-EZ filers				vered "Yes" to Fo	orm 990, Part IV, II	ne 17.
1 Indicate whether the organ				owing activities. Ch	eck all that apply	
a Mail solicitations				on of non-governn		
b Internet and email solu	ostatione	fΓ		on of government		
	Sitations			fundraising events	grants	
=		g L	J Special i	rundraising events		
d In-person solicitations						
2a Did the organization have						
or key employees listed in		_		-	-	✓ Yes ☐ No
b If "Yes," list the ten highes			draisers) p	ursuant to agreeme	ents under which the	e fundraiser is to be
compensated at least \$5,0	100 by the organization	on.				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	<u> </u>		
1 Strategic Fundraising 2625 Momentum Place, Chicago	o, IL call center		1	84,842	95,826	0
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total		ı	<u> </u>			
3 List all states in which the registration or licensing.	organization is regis	stered or lic	ensed to s	colicit contributions	or has been notifie	d it is exempt from
AL, AK,AZ,AR,CA, CO,CT, DE, FL, I	D. II . IA. IN. KS. KY. M	F. MD. MA. N	AL MN. MS.	MO. MT NE NV NH	I NY NO OH OK OE	PA PISC SD TN
TX, UT, VT, VA, WA, WV, WI, WY						
						•
						•••••
				·		•••••
			·	· ·· ····		
						• • • • • • • • • • • • • • • • • • • •

Pa	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions			
		<u> </u>	(a) Event #1 None (event type)	(b) Event #2 None (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts				None
œ	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
suses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" to Form 99	00, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Re	1	Gross revenue				
uses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
	a Is	nter the state(s) in which the or the organization licensed to o "No," explain:		in each of these states	s?	Yes No
10		ere any of the organization's g	aming licenses revoked	l, suspended or termina	ated during the tax year	? . 🗌 Yes 🗌 No

Schedu	nedule G (Form 990 or 990-EZ) 2013	R	54-	2015	951	Page 3
11 12		of a trust or a memb	per of a p	artnership o	r other entity	☐ Yes ☐ No
13 a	Indicate the percentage of gaming activity operated in	1:				cccc %
ь 14	b An outside facility				13b	%
	Name ►					
	Address ►					•••••
15a	Does the organization have a contract with a third revenue?					☐ Yes ☐ No
	b If "Yes," enter the amount of gaming revenue received amount of gaming revenue retained by the third party	by the organization	▶ \$			
С	,					
	Name ►			••	· · · · · · · · · · · · · · · · · · ·	
	Address ►			·····		
16	6 Gaming manager information:					
	Name ►					·
	Gaming manager compensation ▶ \$					
	Description of services provided ►					
	☐ Director/officer ☐ Employee	☐Independen	t contract	or		
17 a					•	☐ Yes ☐ No
b	b Enter the amount of distributions required under state spent in the organization's own exempt activities during			r exempt org	janizations or	
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 1 additional information (see instructions).					
	ategic Fundraising retains under pure acquistion efforts up to					
ina or	d other expenses are reimbursable by NAGR.					
						· ·· ···
						·
						••••••

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number 54-2015951 **National Association for Gun Rights** Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (e) Amount of non-(b) EIN (c) IRC section (d) Amount of cash 1 (a) Name and address of organization (g) Description of (h) Purpose of grant (book, FMV, appraisal, other) if applicable cash assistance non-cash assistance or assistance grant or government (1) GRAE 705 Lee Ave. Fredericksburg. VA 46-1584629 501(c) (4) 600,000 **Funding Operations** (2) NFGR Funding Operations 101 Washington Fredericksburg, VA 45-3239112 501(c)(3) 40.000 (8) (11) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Part III can be duplicated if addi			<u></u>		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistant
··· -					

AE, financial reports are reviewed weekly b	oy NAGR upper managmer	nt. This review ınclu	des detailed review of ex	xpenses and payments made	
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AE, financial reports are reviewed weekly b	oy NAGR upper managmer equested, information rega	nt. This review includer	des detailed review of ex	kpenses and payments made :	as well as financial statements
AE, financial reports are reviewed weekly b	oy NAGR upper managmer equested, information rega	nt. This review includer	des detailed review of ex	kpenses and payments made :	as well as financial statements
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AE, financial reports are reviewed weekly b	oy NAGR upper managmer equested, information rega	nt. This review includer	des detailed review of ex	kpenses and payments made :	as well as financial statements
AE, financial reports are reviewed weekly b	oy NAGR upper managmer equested, information rega	nt. This review includer	des detailed review of ex	kpenses and payments made :	as well as financial statements
AE, financial reports are reviewed weekly b	oy NAGR upper managmer equested, information rega	nt. This review includer	des detailed review of ex	kpenses and payments made :	as well as financial statements
AE, financial reports are reviewed weekly b	oy NAGR upper managmer equested, information rega	nt. This review includer	des detailed review of ex	kpenses and payments made :	as well as financial statements
Supplemental Information. Proceedings of the Supplemental Information Information. Proceedings of the Supplemental Information	oy NAGR upper managmer equested, information rega	nt. This review includer	des detailed review of ex	kpenses and payments made :	as well as financial statements

SCHEDULE O (Form 990 or 990-EZ

Supplemental Information to Form 990 or 990-EZ

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

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization	Employer identification number
National Association for Gun Rights, Inc.	54-2015951
Form 990 - Organization's Mission or Most Significant Activities	
As an advocacy group, the National Association for Gun Right's (NAGR) purpose is to educate gun ov	mers and gun rights' supporters on
firearms issues both at the local and federal level. NAGR assists the growing movement of state level	grassroots gun rights organizations,
as well as, organizing grassroots advocacy at every level within the United States.	
From 990 Part VI, line 11b - Organization's Process to Review Form 990	
No review was or will be conducted.	
Form 990 Part VI, line 19 - Governing Documents Disclosure Explanation	
No documents available to the public.	
	·