Information about Form 390 and its instructions is at www.ik.s.dov/io/ma90	efile	e GRA	PHIC	print - DO NOT PROCESS	As Filed Data -			DLN	l: 934	493289016367
Part - Control	(	00	<b>n</b>	Return of Ord	anization Ex	kempt From	Income	Tax	ОМ	B No 1545-0047
Dyname of the Transmote         Is find of the cognitive numbers of this form as it may be made public to produce and its item and the		331	U	Under section 501(c), 52		-				2016
Concerning and a sequence of the answer of the answe	Department of the Treasury Internal Revenue Service			► Do not enter soc Information about					0	
Automain Answer       Support (and a sector can be of mail is not delivered as sect address)       Support (and a sector can be of mail is not delivered as sect address)       Support (and a sector can be of mail is not delivered as sect address)       Support (and a sector can be of mail is not delivered as sect address)       Support (and a sector can be of mail is not delivered as sect address)       Support (and a sector can be of mail is not delivered as sect address)       Support (and a sector can be of mail is not delivered as sect address)       Support (and a sector can be of mail is not delivered as sect address)       Support (and a sector can be of mail is not delivered as sect address)       Support (and a sector can be of mail is not delivered as sect address)       Support (and a sector can be of mail is not delivered as sect address)       Support (and a sector can be of mail is not delivered as sect address)       Support (and a sector can be of mail is not delivered as sector address)       Support (and a sector can be of mail is not delivered as sector address)       Support (and a sector can be of mail is not delivered as sector address)       Support (and a sector can be of mail is not delivered as sector address)       Support (and a sector can be of mail is not delivered as sector address)       Support (and a sector can be of mail is not delivered as sector address)       Support (and a sector can be of mail is not delivered as sector address)       Support (and a sector can be of mail is not delivered as sector address)       Support (and a sector can be of mail is not delivered as sector address)       Support (and a sector can be of mail is not delivered as sector address)       Support (and a sector can be of mail is not delivered as sector address	A Fe	or the l	<b>2016</b> c		ning 01-01-2016	, and ending 12-3	1-2016			
Bits consign         During basiness is         During basiness is           Internal number         Provide Construction of Construction on the providence of the construction on the construction of the construction of the co	_				RIGHTS INC			D Employer in	dentifi	cation number
Image: Section of Communication of Communi			-					54-201595	1	
Discurption         Product on the second of protocols         C is operating of the second of protocols         C is operating of the second of th			rn	Doing business as						
Image: Proceeding of the province country, and ZBP or foreign postal code Figure 2000 11 (2000			nated	Number and street (or P.O. box if n	all is not delivered to str	eet address) Room/su	ite	E Telephone nu	umber	
Opticitied (period)       Circy arow, state or provide, country, and ZPP or foreign pontal ones       G 0 rests incerpts \$ 10, 700, 602         If Tex-external states       Solid(1)       Solid(1) <td>_</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>(877) 405-</td> <td>4570</td> <td></td>	_							(877) 405-	4570	
P Name and address of principal officer       I = 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0		plication	pending		ntry, and ZIP or foreign p	oostal code				
1       Tan-scorege softer       Soft(c) (1)       Soft(c) (2)        (mean ref)       Soft(c) (2)        (mean ref)       Soft(c) (2)        Soft(c) (2)        (mean ref)       Soft(c) (2)        Soft(c) (2)        (mean ref)       Soft(c) (2)        Soft(c) (2) <								G Gross receip	ts \$ 10	,706,602
Image: Status       Socie(2) Socie(2) (Socie(2) (Socie(2				F Name and address of principa	al officer				n for	
Tac-asserpt tabula										
Website:         N/A         H(C)         Group exemption number >           K norm of organization         © Corporation         Trust         Association         Other >         If Series of formation         2001         If Series	I Tax	k-exemp	ot status		(	(-)(1) -=	includ	ed?	(	
K form of organization       Comportion       Trust       Association       Check bit       L Year of formation       M State of legal domicale VA         Part E       Summary         1       Brefly describe the organization's musicip of musicip or musicip of the organization's musicip of the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3       Number of independent voting members of the governing body (Part VI, Ine La)       3       4         4       Number of independent voting members of the governing body (Part VI, Ine La)       5       70         6       7a       0       5       70         7       Total number of individuals employed in calendar year 2016 (Part VI, Ine Lb)       4       2         7       Total number of outines (statmat if necessary)	J W	ebsite:	:► N/A						•	,
Part I       Summary         20000       1. Brefly describe the organization's mission or most significant activities The National Association for Gun Rights, Inc. (NAGR) purpose is to educate gun owners and gun rights supporters on firearms issues both at the locational federal level         2       Check this box >								·		
operation of most spinfcant attivities         The Nettonal Assocation for Gun Rights, Inc. (NAGR) purpose is to educate gun owners and gun rights supporters on firearms issues both at the local and federal level         Colspan="2">Colspan="2">Store the operation of Gun Rights, Inc. (NAGR) purpose is to educate gun owners and gun rights supporters on firearms issues both at the local and federal level         Colspan="2">Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Cols	<b>K</b> Forn	n of orga	anızatıon	☑ Corporation □ Trust □ Asso	ociation 🗌 Other 🕨		L Year of forma	ation 2001 <b>M</b>	State o	f legal domicile VA
Point Program       1 In refly describe the organization or most significant activities the local and federal level         2       Check this box   If the organization discontinued its operators or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a)	Pa	rt T	Sum	mary						
The National Association for Gun Rights, Inc. (NAGR) purpose is to educate gun owners and gun rights supporters on firearms issues both at the local and federal level  The National Association for Gun Rights, Inc. (NAGR) purpose is to educate gun owners and gun rights supporters on firearms issues both at the local and federal level  Check this box b I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of independent voting members of the governing body (Part VI, line 1a)	r e			•	r most significant act	ivities				
2 Check this box b   if the organization discontinued its operations or disposed of more than 25% of its net assets   3 Number of independent voting members of the governing body (Part VI, line 1a)		Th-	e Natio	hal Association for Gun Rights,Inc			rs and gun rig	hts supporters	on fire	arms issues both at
Pa       Total unrelated business revenue from Part VIII, column (C), line 12       Prior Year       7a       0         B       Net unrelated business taxable income from Form 990-T, line 34	JCe	the the	e local a	nd federal level						
Pa       Total unrelated business revenue from Part VIII, column (C), line 12       Prior Year       7a       0         B       Net unrelated business taxable income from Form 990-T, line 34	na	_								
Pa       Total unrelated business revenue from Part VIII, column (C), line 12       Prior Year       7a       0         B       Net unrelated business taxable income from Form 990-T, line 34	lev.									
Ya       Total unrelated business revenue from Part VIII, column (C), line 12       Ya       O         B       Net unrelated business taxable income from Form 990-T, line 34       7b       Current Year         B       Contributions and grants (Part VIII, line 1h)       10.458,798       10.658,383         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       22       132         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       22       132         11       Other revenue (Part VIII, column (A), lines 3, 4, and 7d)       22       132         12       Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       42, 2119       81,350         12       Total revenue—add lines 8 through 11 (must equal Part VII, column (A), lines 1-3)       492,119       81,353         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       492,2119       81,353         14       Benefits paid to or for members (Part IX, column (A), line 25)       12,263,721       2,2,190,125         14       Benefits paid to or for members (Part IX, column (A), line 25)       9,448,285       11,499,305         17       Other expenses (Part IX, column (A), line 12       12,699       53,089         b       Total assets (Part X, line 16)       3,964,615       3,374,423	3 S									А
Yea       Total unrelated business revenue from Part VIII, column (C), line 32       Yea       0         B       Net unrelated business taxable income from Form 990-T, line 34       7b       Current Year         B       Contributions and grants (Part VIII, line 1h)       10.1       10.458,798       10.658,383         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       22       132         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       22       132         11       Other revenue (Part VIII, column (A), lines 3, 4, and 7d)       22       132         12       Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)       42, 22, 132       10,706,602         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       49,2119       81,353         14       Benefits paid to or for members (Part IX, column (A), line 10)       12,263,721       2,21,90,125         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 25)       9,448,285       11,499,305         17       Other expenses (Part IX, column (A), line 12	<b>ಸ</b> ರ್					•				
Ya       Total unrelated business revenue from Part VIII, column (C), line 12       Ya       Ya         B       Net unrelated business taxable income from Form 990-T, line 34       7a       0         B       Contributions and grants (Part VIII, line 1h)       7a       0         B       Contributions and grants (Part VIII, line 1h)       10.458,798       10.658,383         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       22       132         11       Other revenue (Part VIII, column (A), lines 3, 4, and 7d)       22       132         12       Total revenue—add lines 8 through 11 (rust equal Part VIII, column (A), lines 1-3)       42,2119       81,350         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       492,119       81,353         14       Benefits paid to or for members (Part IX, column (A), line 4)       12,263,721       2,21,90,125         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       2,263,721       2,2,90,125         17       Other expenses (Part IX, column (A), line 12)       10,51,956       -792,703         19       Revenue less expenses Subtract line 18 from line 12       10,51,956       -792,703         19       Revenue less expenses Subtract line 21 from line 20       3,501,558       2,706,855	ute.									
Ya       Total unrelated business revenue from Part VIII, column (C), line 12       Ya       Ya         B       Net unrelated business taxable income from Form 990-T, line 34       7a       0         B       Contributions and grants (Part VIII, line 1h)       7a       0         B       Contributions and grants (Part VIII, line 1h)       10.458,798       10.658,383         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       22       132         11       Other revenue (Part VIII, column (A), lines 3, 4, and 7d)       22       132         12       Total revenue—add lines 8 through 11 (rust equal Part VIII, column (A), lines 1-3)       42,2119       81,350         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       492,119       81,353         14       Benefits paid to or for members (Part IX, column (A), line 4)       12,263,721       2,21,90,125         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       2,263,721       2,2,90,125         17       Other expenses (Part IX, column (A), line 12)       10,51,956       -792,703         19       Revenue less expenses Subtract line 18 from line 12       10,51,956       -792,703         19       Revenue less expenses Subtract line 21 from line 20       3,501,558       2,706,855	Str.								6	
Bit Contributions and grants (Part VIII, line 1h)       Prior Year       Current Year         10       Program service revenue (Part VIII, line 1b)       10.458,798       10.459,993       10.55       10.550,82,721       2.190,125       168       10.679,746       9,174,741       18       <	Ă			,					7a	0
B       Contributions and grants (Part VIII, line 1h)		bΝ	et unre	ated business taxable income from	n Form 990-T, line 34	4			7b	
9       Program service revenue (Part VIII, line 2g)       0         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       22         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       41,421         12       Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)       10,500,241         13       Grants and similar amounts paid (Part IX, column (A), line 4)       0         14       Benefits paid to or for members (Part IX, column (A), line 4)       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)       2,263,721       2,190,125         16       Professional fundraising fees (Part IX, column (A), line 12)       12,699       53,089         10       Total fundraising fees (Part IX, column (A), line 12)       12,699       53,089         15       Salaries, other expenses (Part IX, column (A), line 13)       116-240       6,679,746       9,174,741         18       Total fundraising expenses (Part IX, column (A), line 25)       9,448,285       11,499,305       19,499,305         19       Revenue less expenses Subtract line 18 from line 12        3,964,615       3,374,423         20       Total assets (Part X, line 26)         3,501,558       2,706,855							Pri	or Year	ľ	Current Year
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       41,421       48,087         12       Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)       10,500,241       10,706,602         13       Grants and similar amounts paid (Part IX, column (A), line 1 - 3)       492,119       81,350         14       Benefits paid to or for members (Part IX, column (A), line 4)       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       2,263,721       2,190,125         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       12,699       53,089         b       Total expenses (Part IX, column (A), line 11e)       12,699       53,089         17       Other expenses (Part IX, column (A), line 11e)       6,679,746       9,174,741         18       Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       9,448,285       11,499,305         19       Revenue less expenses Subtract line 18 from line 12	Q,	<b>8</b> C	ontribut	ions and grants (Part VIII, line 1	)			10,458,798		10,658,383
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       41,421       48,087         12       Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)       10,500,241       10,706,602         13       Grants and similar amounts paid (Part IX, column (A), line 1 - 3)       492,119       81,350         14       Benefits paid to or for members (Part IX, column (A), line 4)       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       2,263,721       2,190,125         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       12,699       53,089         b       Total expenses (Part IX, column (A), line 11e)       12,699       53,089         17       Other expenses (Part IX, column (A), line 11e)       6,679,746       9,174,741         18       Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       9,448,285       11,499,305         19       Revenue less expenses Subtract line 18 from line 12	nuð	<b>9</b> Pr	rogram	service revenue (Part VIII, line 2g						0
12       Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)       10,500,241       10,706,602         13       Grants and similar amounts paid (Part IX, column (A), lines 1–3).       492,119       81,350         14       Benefits paid to or for members (Part IX, column (A), line 4).       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)       2,263,721       2,190,125         15       Ga Professional fundraising fees (Part IX, column (A), line 11e)       12,2699       53,089         16       Total fundraising expenses (Part IX, column (A), line 11e)       12,2699       53,089         17       Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)       6,679,746       9,174,741         18       Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)       9,448,285       11,499,305         19       Revenue less expenses Subtract line 18 from line 12       .       10,515,956       -792,703         20       Total assets (Part X, line 16)       .       .       3,964,615       3,374,423         21       Total liabilities (Part X, line 26)       .       .       3,501,558       2,708,855         27       Signature Block       MarsHall       Part III       Signature Block       3,501,558       2,708,855	VçA							22		132
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       492,119       81,350         14       Benefits paid to or for members (Part IX, column (A), line 4)       0       0         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       2,263,721       2,190,125         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       12,699       53,089         b       Total fundraising expenses (Part IX, column (A), line 12b) ▶ 2,408,513       0       12,699       53,089         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       6,679,746       9,174,741         18       Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       9,448,285       11,499,305         19       Revenue less expenses Subtract line 16 from line 12										
14       Benefits paid to or for members (Part IX, column (A), line 4)										
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)       2,263,721       2,190,125         16a       Professional fundraising fees (Part IX, column (A), line 11e)       .       .       12,699       53,089         b       Total fundraising expenses (Part IX, column (A), line 12b)       >2,408,513       .       .       12,699       53,089         17       Other expenses (Part IX, column (A), line 11a-11d, 11f-24e)       .       .       6,679,746       9,174,741         18       Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       9,448,285       11,499,305         19       Revenue less expenses Subtract line 18 from line 12       .       .       1,051,956       -792,703         20       Total assets (Part X, line 16)       .       .       .       3,964,615       3,374,423         21       Total labilities (Part X, line 26)       .       .       .       463,057       665,568         22       Net assets of fund balances Subtract line 21 from line 20       .       .       3,501,558       2,708,855         Under penalties of perjury. I declare that I have examined this return, incluknowledge       .       .       .       .       .       .       .       .       .       .       .       .       <								492,119		
16a Professional fundraising fees (Part IX, column (A), line 11e)       12,699       53,089         b Total fundraising expenses (Part IX, column (D), line 25) ▶2,408,513       17       0ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       6,679,746       9,174,741         18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       9,448,285       11,499,305       9,448,285       11,499,305         19 Revenue less expenses Subtract line 18 from line 12       .       .       1,051,956       -792,703         20 Total assets (Part X, line 16)       .       .       .       3,964,615       3,374,423         21 Total liabilities (Part X, line 26)       .       .       463,057       665,568         21 Total liabilities (Part X, line 26)       .       .       3,501,558       2,708,855         22 Net assets or fund balances Subtract line 21 from line 20       .       .       3,501,558       2,708,855         23 right re Block       .<							2 262 721			
If your expenses (Part X, column (A), lines 11a-110, 111-24e)       5,0'5',740       9,174,741         18       Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       9,448,285       11,499,305         19       Revenue less expenses Subtract line 18 from line 12       1,051,956       -792,703         10       Total assets (Part X, line 16)       1,051,956       -792,703         20       Total assets (Part X, line 16)       3,364,615       3,374,423         21       Total labilities (Part X, line 26)       463,057       665,568         21       Total habilities (Part X, line 26)       3,501,558       2,708,855         22       Net assets or fund balances Subtract line 21 from line 20       3,501,558       2,708,855         Part II       Signature Block       3,501,558       2,708,855         Under penalties of perjury, 1 declare that I have examined this return, inclus knowledge and belief, it is true, correct, and complete Declaration of prepa any knowledge       Signature of officer       9reparer's signature RON MARSHALL         Pari II       Signature of officer       Print/Type preparer's name RON MARSHALL       Preparer's signature RON MARSHALL CPAS LLC         Firm's name > MARSHALL CPAS LLC       Firm's name > MARSHALL CPAS LLC       Firm's name > MARSHALL CPAS LLC	ટક્ટ			,						
If your expenses (Part X, column (A), lines 11a-110, 111-24e)       5,0/9,748       9,174,741         18       Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)       9,448,285       11,499,305         19       Revenue less expenses Subtract line 18 from line 12       1,051,956       -792,703         19       Revenue less expenses Subtract line 18 from line 12       1,051,956       -792,703         20       Total assets (Part X, line 16)       3,364,615       3,374,423         21       Total liabilities (Part X, line 26)       463,057       665,568         21       Total liabilities (Part X, line 26)       463,057       665,568         22       Net assets or fund balances Subtract line 21 from line 20       3,501,558       2,708,855         Part II       Signature Block       3,501,558       2,708,855         Under penalties of perjury, 1 declare that I have examined this return, inclus knowledge and belief, it is true, correct, and complete Declaration of prepa any knowledge       Signature of officer         Signature of officer       UDLEY BROWN President       Proparer's signature RON MARSHALL       Proparer's signature RON MARSHALL CPAS LLC         Firm's name       MARSHALL CPAS LLC       Firm's name       MARSHALL CPAS LLC	E.			<b>-</b>				12,099		53,069
18       Total expenses       Add lines 13–17 (must equal Part IX, column (A), line 25)       9,448,285       11,499,305         19       Revenue less expenses       Subtract line 18 from line 12       1,051,956       -792,703         19       Revenue less expenses       Subtract line 18 from line 12       1,051,956       -792,703         20       Total assets (Part X, line 16)       3,364,615       3,374,423         21       Total liabilities (Part X, line 26)       463,057       665,568         22       Net assets or fund balances       Subtract line 21 from line 20       3,501,558       2,708,855         Part II       Signature Block       3,501,558       2,708,855       2,708,855         Vider penalties of perjury, I declare that I have examined this return, incluk knowledge and belief, it is true, correct, and complete       Declaration of prepara any knowledge         Sign       Junct Persident       Type or print name and title       Preparer's signature RON MARSHALL         Preparer       Print/Type preparer's name RON MARSHALL       Preparer's signature RON MARSHALL       PA05E Will the Etrept         Firm's name       MARSHALL CPAS LLC       Firm's name       MARSHALL CPAS LLC	Ä							6 679 746		9 174 741
19       Revenue less expenses Subtract line 18 from line 12       1,051,956       -792,703         8       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       3,964,615       3,374,423         21       Total liabilities (Part X, line 26)       463,057       665,568         22       Net assets or fund balances Subtract line 21 from line 20       463,057       665,568         22       Net assets or fund balances Subtract line 21 from line 20       3,501,558       2,708,855         Part II       Signature Block       3,501,558       2,708,855         Under penalties of perjury, I declare that I have examined this return, incluk knowledge and belief, it is true, correct, and complete Declaration of prepa any knowledge       Signature of officer         Signature of officer       DUDLEY BROWN President       Preparer's signature RON MARSHALL       Preparer's signature RON MARSHALL         Paid       Firm's name       MARSHALL CPAS LLC       RON MARSHALL       Firm's name MARSHALL CPAS LLC										
Sign Were Sign Were     Beginning of Current Year     End of Year       20     Total assets (Part X, line 16)     3,374,423       21     Total liabilities (Part X, line 26)     463,057       22     Net assets or fund balances Subtract line 21 from line 20     463,057       22     Net assets or fund balances Subtract line 21 from line 20     3,501,558       2,708,855     2,708,855       2,709										
Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, inclust knowledge and belief, it is true, correct, and complete Declaration of preparany knowledge         Sign any knowledge         Sign Here         DUDLEY BROWN President Type or print name and title         Preparer's signature RON MARSHALL         Preparer         Print/Type preparer's name RON MARSHALL         Preparer         Firm's name         MARSHALL CPAS LLC         Firm's oddrage	× ŝ						Beginning	of Current Year		
Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, inclust knowledge and belief, it is true, correct, and complete Declaration of preparany knowledge         Sign any knowledge         Sign Here         DUDLEY BROWN President Type or print name and title         Preparer's signature RON MARSHALL         Preparer         Print/Type preparer's name RON MARSHALL         Preparer         Firm's name         MARSHALL CPAS LLC         Firm's oddrage	lanc		- I-4	ate (Dart V line 10)				3 04 4 4 5		
Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, inclust knowledge and belief, it is true, correct, and complete Declaration of preparany knowledge         Sign any knowledge         Sign Here         DUDLEY BROWN President Type or print name and title         Preparer's signature RON MARSHALL         Preparer         Print/Type preparer's name RON MARSHALL         Preparer         Firm's name         MARSHALL CPAS LLC         Firm's oddrage	Ass Bee									
Part II       Signature Block         Under penalties of perjury, I declare that I have examined this return, inclust knowledge and belief, it is true, correct, and complete Declaration of preparany knowledge         Sign any knowledge         Sign Here         DUDLEY BROWN President Type or print name and title         Preparer's signature RON MARSHALL         Preparer         Print/Type preparer's name RON MARSHALL         Preparer         Prime         Preparer	Na Na			,				,		
Under penalties of perjury, I declare that I have examined this return, inclu- knowledge and belief, it is true, correct, and complete Declaration of prepa any knowledge Sign Here DUDLEY BROWN President Type or print name and title Preparer Preparer Firm's name MARSHALL CPAS LLC Firm's oddrees \$ 4075 W11th Street					21 110111 111112 20			3,301,338		2,700,855
any knowledge         Sign         Signature of officer         DUDLEY BROWN President         Type or print name and title         Print/Type preparer's name RON MARSHALL         Preparer         Firm's name         MARSHALL         Preparer         Firm's name         MARSHALL         Firm's name         MARSHALL	Under	· penalt	ties of p	erjury, I declare that I have exam	uned this return, inclu	1				
Sign Here       Signature of officer         DUDLEY BROWN President Type or print name and title         Paid Preparer       Print/Type preparer's name RON MARSHALL         Print/Type or print name > MARSHALL CPAS LLC         Firm's name > MARSHALL CPAS LLC				f, it is true, correct, and complete	Declaration of prepa	3				
Sign Here     DUDLEY BROWN President Type or print name and title       Paid Preparer     Print/Type preparer's name RON MARSHALL     Preparer's signature RON MARSHALL       Preparer     Firm's name ► MARSHALL CPAS LLC       Firm's oddrage ► 40.75 W 11th Street	ану К		<u> </u>							
Sign Here     DUDLEY BROWN President Type or print name and title       Paid Preparer     Print/Type preparer's name RON MARSHALL     Preparer's signature RON MARSHALL       Preparer     Firm's name ► MARSHALL CPAS LLC       Firm's oddrage ► 40.75 W 11th Street			*****	*						
Paid     Print/Type or print name and title       Preparer's name RON MARSHALL     Preparer's signature RON MARSHALL       Preparer     MARSHALL CPAS LLC       Firm's name     MARSHALL CPAS LLC       Firm's oddress     4075 W 11th Street			▼ Signat	are or onicer						
Paid     Print/Type preparer's name RON MARSHALL     Preparer's signature RON MARSHALL       Preparer     Firm's name ► MARSHALL CPAS LLC       Firm's oddrage ► 4075 W 11th Street	Here	•								
Paid     RON MARSHALL     RON MARSHALL       Preparer     Firm's name     MARSHALL CPAS LLC       Firm's oddrage     4035 W11th Street			<u>/ ···</u>	·	Desperator					
Preparer Firm's name MARSHALL CPAS LLC	n-:	J								
			.  -	Irm's name MARSHALL CPAS II C	1					

May the IRS discuss this return with the preparer shown above? (see instruction For Paperwork Reduction Act Notice, see the separate instructions.

Greeley, CO 80634

Form	990 (2016)					Page <b>2</b>
Par	: IIII Statement	of Program Servic	e Accomplis	hments		
	Check If Sche	dule O contains a respo	onse or note to a	any line in this Part III 🔒		🗆
1	Briefly describe the o	organization's mission				
both		al level NAGR assists th			e gun owners and gun rights supp sroots gun rights organizations, a	
2	Did the organization	undertake any significa	int program ser	vices during the year whi	ch were not listed on	
	•	or 990-EZ?				🗌 Yes 🗹 No
3				changes in how it conduc	ts any program	
•	services?					🗌 Yes 🗹 No
		ese changes on Schedul	e 0			
4	Describe the organiza Section 501(c)(3) an	ation's program service	accomplishmer	to report the amount of	rgest program services, as measi grants and allocations to others, t	
4a	(Code	) (Expenses \$	7,618,566	including grants of \$	81,350 ) (Revenue \$	)
	See Additional Data					
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	}
4d	Other program servi	ces (Describe in Schedi	ıle O )			
	(Expenses \$	ıncl	uding grants of	\$	) (Revenue \$	)

Form 990 (2016)

Par	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		No
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	Yes	
	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		No
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 D.	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? <i>If "Yes," complete Schedule D, Part II</i> 😒	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🛸	8		No
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? <i>If "Yes," complete Schedule D, Part IV</i>	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		No
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			
	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	
	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
	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? <i>If "Yes," complete Schedule D, Part VIII</i> 2	11c		No
	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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 😒	11e		No
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		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🛸	12a		No
	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		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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

Form 990 (2016)

Part IV Checklist of Required Schedules (continued)

			Yes	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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? <i>If</i> " <i>Yes," answer lines 24b through 24d and complete Schedule K If</i> " <i>No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\ldots$ .	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L,</i> Part IV			
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	28a		No
	<i>IV</i>	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I $\cdot$	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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\Im$	35b		No
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		No
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 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 991	0 (2016)

Page **4** 

Form	990 (2016)			Page <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 60			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	-	V	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	Зb		No
	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
Ь	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," dıd the organızatıon notıfy the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		Ne
0-		-		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		No
		90		No
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		No
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	17-		Ne
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	13a		No
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments $^{2}$ If "No," provide an explanation in Schedule O .	14b		
				<u> </u>

	(910)			Page
Par	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No" 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	' respo	nse to li	
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	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 independent           1b         2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	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?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а		8a	Yes	
h	Each committee with authority to act on behalf of the governing body?	8b	Yes	
۵	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00	163	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.) Yes	No
0.2	Did the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	100		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No
.3	Did the organization have a written whistleblower policy?	13		No
.4	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	164		
_		16b		
	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
L8	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			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 policy, and financial statements available to the public during the tax year

20

orm 9	90	(201	6)
-------	----	------	----

Jection A.	doverning	Douy	unu	Hunugen

2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .	5	
6	Did the organization have members or stockholders?	6	
7a	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?	7a	

b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
Ь	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	No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	No
13	Did the organization have a written whistleblower policy?	13	No
14	Did the organization have a written document retention and destruction policy?	14	No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
а	The organization's CEO, Executive Director, or top management official	15a	No
b	Other officers or key employees of the organization	15b	No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	
Se	ction C. Disclosure		

State the name, address, and telephone number of the person who possesses the organization's books and records DUDLEY BROWN 501 MAIN STREET WINDSOR, CO 80550 (877) 405-4570

 $\Box$ 

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	<b>(B)</b> Average hours per week (list any hours	(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	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) DUDLEY BROWN President	40 00 0 00	х		х				120,000	0	0
(2) DAVE WARRINGTON Treasurer	2 00	х		x				0	0	0
(3) CHRISTINA JEFFREY Secretary	1 00	x		х				0	0	0
(4) MICHAEL ROTHFELD Director	2 00	х						0	0	0
(5) JACOB LEIS Vice President	40 00			x				82,680	0	0
(6) Zach Lautenschlager Vice President	40 00			х				70,000	0	0
-										
										Form <b>990</b> (2016)

orm	990	(2016)	
-----	-----	--------	--

Form	990 (2016)													Page 8
Par	t VII Section A. Officers, Direct	tors, Trustees	, Key l	Emp	loye	es,	and I	High	nest Cor	npensate	ed Employees	(conti	inued)	
	(A) Name and Title	(B) Average hours per week (list any hours for related	than c ıs b	ıs both an officer and a director/trustee) or					(D)(E)ReportableReportalcompensationcompensationfrom thefrom relaorganization (W-organization2/1099-MISC)2/1099-M			w-	(F) Estima amount o compens from t organizati	ted f other ation the on and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated emptovee	Former					relatı organıza	
c	Sub-Total	art VII, Sectio		· ·			• •			272,680	·			
2	Total number of individuals (including of reportable compensation from the	ı but not lımıted	to thos			bove	e) who	rece	eived mo	re than \$1	00,000			
		_											Yes	No
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> .						oyee, d • •		ghest cor	npensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										1 the			
5	Did any person listed on line 1a receiver services rendered to the organization									tion or indi	vidual for	4		No
	ection B. Independent Contract			euuie	: 5 10	1 34	ch pei	3011	• •	· · ·	· · ·	5		No
1	Complete this table for your five high from the organization Report compet	est compensate										npens	sation	
		(A) and business addre		7						-	(B) ription of services		<b>(C</b> Compen	
												-+		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

orm	990	(2016)	

Part						
	Check if Schedule O contains	a response or note to	o any line in this Part V (A) Total revenue	(III	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a Federated campaigns	1a		Tevenue		512-514
Contributions, Gifts, Grants and Other Similar Amounts	<b>b</b> Membership dues	1b				
- <sup>C</sup>	<b>c</b> Fundraising events	1c				
ifts, ar A	<b>d</b> Related organizations	1d				
s, G	e Government grants (contributions)	1e				
ion	f All other contributions, gifts, grants, and similar amounts not included	<b>1f</b> 10,658,	,383			
tributio Other	above g Noncash contributions included					
intri d O						
a C	h Total.Add lines 1a-1f		10,658,383			
RUE	2a	Bus	iness Code			
i-A-A						
Ce H	b					
Ker vi	c d					
5	е ———					
Program Service Revenue	f All other program service revenue		0			
<u> </u>	<b>9 Total.</b> Add lines 2a-2f					
	3 Investment income (including divid similar amounts)	ends, interest, and c •	other	132 133	2	
	<b>4</b> Income from investment of tax-exe		•	0		
	5 Royalties			0		
	6a Gross rents					
	b Less rental expenses					
	D Less Tental expenses					
	c Rental income or (loss)					
	<b>d</b> Net rental income or (loss)		•	0		
	(I) Securit <b>7a</b> Gross amount from sales of assets other than inventory	ties (ii) Othe	r			
	b Less cost or other basis and sales expenses C Gain or (loss)		_			
	d Net gain or (loss)	•	•	0		
Other Revenue	8a Gross income from fundraising ev (not including \$ contributions reported on line 1c) See Part IV, line 18	of				
Rev	<b>b</b> Less direct expenses	ь				
ler	c Net income or (loss) from fundrais	-	▶	0		
Oth	9a Gross income from gaming activit See Part IV, line 19	a				
	<b>b</b> Less direct expenses <b>c</b> Net income or (loss) from gaming	b		0		
	<b>10a</b> Gross sales of inventory, less		•			
	returns and allowances					
	<b>b</b> Less cost of goods sold	a b				
	c Net income or (loss) from sales of		▶	0		
	Miscellaneous Revenue	Business C				
	11aMISCELLANEOUS INCOME	9	900099 48,	087 48,08	7	
	b					
	c					
	d All other revenue		►			
	12 Total revenue. See Instructions			087		
		- ·	10,706,	602 48,21	9	

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)

Sec	cion 501(c)(3) and 501(c)(4) organizations must complete all co	-		nete column (A)	-
	Check if Schedule O contains a response or note to any		 (B)	(C)	· · · 🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	81,350	81,350		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	272,680	173,152	27,813	71,715
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	1,583,616	799,726	530,511	253,379
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	48,701	25,524	14,648	8,529
9	Other employee benefits	109,308	57,288	32,877	19,143
	Payroll taxes	175,820	92,147	52,882	30,791
11	Fees for services (non-employees)				
ā	Management	0			
	 DLegal	223,916		223,916	
	Accounting	77,277	25,759	25,759	25,759
	Lobbying	889,082	889,082	· ·	· · · ·
	Professional fundraising services See Part IV, line 17	53,089			53,089
	Investment management fees	0			,
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	319,580	319,580		
12	Advertising and promotion	738,833			738,833
13	Office expenses	387,735		291,729	96,006
14	Information technology	41,967	13,989	13,989	13,989
	Royalties	0			
16	Occupancy	181,859	114,664	67,195	
17	Travel	200,311	200,311		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	73,794	24,598	24,598	24,598
23	Insurance	9,918	5,404	4,514	
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 Printing and Publications	4,473,084	3,953,759		519,325
	<b>b</b> WEBSITE & INTERNET EXPENSE	431,988	381,834		50,154
	c BANK & CREDIT CARD FEES	375,615	20,326		355,289
	d DEVELOPMENT	258,435		136,203	122,232
	e All other expenses	491,347	440,073	25,592	25,682
25	Total functional expenses. Add lines 1 through 24e	11,499,305	7,618,566	1,472,226	2,408,513
26	<b>Joint costs.</b> 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 (2016)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			1,351,616	1	707,099
	2	Savings and temporary cash investments .		[		2	0
	3	Pledges and grants receivable, net	• •		1,120,550	3	1,120,550
	4	Accounts receivable, net	•		3,708	4	12,948
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L Loans and other receivables from other disquali	ated er	nployees Complete Part		5	0
S		section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	ations d	of section 501(c)(9)		6	0
Assets	7	Notes and loans receivable, net	_		7	0	
A S:	8	Inventories for sale or use		•		8	0
	9	Prepaid expenses and deferred charges	· · ·	· · ·  -	77,742	9	166,622
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,022,628			
	b	Less accumulated depreciation	as accumulated depreciation <b>10b</b> 252,25				770,373
	11	Investments—publicly traded securities .				11	0
	12	Investments—other securities See Part IV, line			12	0	
	13	Investments—program-related See Part IV, line			13	0	
	14	Intangible assets		1,819	14	74	
	15	Other assets See Part IV, line 11	[	589,456	15	596,757	
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	3,964,615	16	3,374,423
	17	Accounts payable and accrued expenses		463,057	17	665,568	
	18	Grants payable	Γ		18		
	19	Deferred revenue	Γ		19		
	20	Tax-exempt bond liabilities	· ·		20		
s	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ab		persons Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrela	ited th	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	l thırd	parties		24	
	25	Other liabilities (including federal income tax, p. and other liabilities not included on lines 17-24) Complete Part X of Schedule D	s to related third parties,		25		
	26	Total liabilities.Add lines 17 through 25		Γ	463,057	26	665,568
Fund Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets			3,294,858	27	2,501,674
3ali	28	Temporarily restricted net assets		206,700	28	207,181	
ф Ц	29	Permanently restricted net assets				29	
<u> </u>		Organizations that do not follow SFAS 117	(ASC	958),			
٦	30	check here ► □ and complete lines 30 th Capital stock or trust principal, or current funds	rough			30	
ets	31	Paid-in or capital surplus, or land, building or ec		nt fund		31	
Assets	32	Retained earnings, endowment, accumulated in				32	
	33	Total net assets or fund balances			3,501,558	33	2,708,855
Net	34	Total liabilities and net assets/fund balances			3,964,615	34	3,374,423
			•		5,55 1,616		5,011,120

Form	990 (2016)				Page <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	•	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10	,706,602
2	Total expenses (must equal Part IX, column (A), line 25)	2		11	,499,305
3	Revenue less expenses Subtract line 2 from line 1	3			792,703
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		3	,501,558
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			
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	,708,855
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	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 consolidated basis, or both	basıs,			
	□ Separate 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 of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired	Зb		

### **Additional Data**

## Software ID: 16000303 Software Version: 2016v3.0 EIN: 54-2015951

#### Name: NATIONAL ASSOCIATION FOR GUN RIGHTS INC

Form 990 (2016)

#### Form 990, Part III, Line 4a:

EDUCATION OF UNITED STATES CITIZENS ON THEIR CONSTITUTIONAL RIGHTS TO KEEP AND BEAR ARMS

efi	le GRAPHIC prii	nt - DO NOT I	PROCESS As Filed Data -		D	LN: 9	3493289	016367
sc	HEDULE C	Р	olitical Campaign and	Lobbying	Activities		OMB No 1	.545-0047
(Foi EZ) Depai	rm 990 or 990-	For Organız ▶Complete if	ations Exempt From Income Ta the organization is described belo nation about Schedule C (Form 99 <u>www.irs.gov/</u>	ax Under section w. ►Attach to Fo 0 or 990-EZ) and	501(c) and section 5 rm 990 or Form 990-E		20 Open to Inspe	Public
• S • • • • • • • • • • • • • • • • • •	Section 501(c)(3) org Section 501(c) (othe Section 527 organiz e organization ans Section 501(c)(3) or Section 501(c)(3) or e organization ans xy Tax) (see separ	ganizations Cor er than section 5 tations Complet wered "Yes" or ganizations that ganizations that wered "Yes" or tate instruction	n Form 990, Part IV, Line 4, or Form t have filed Form 5768 (election unde t have NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy T	ete Part I-C rts I-A and C below I <b>990-EZ, Part VI, I</b> II r section 501(h)) Co under section 501(h)	Do not complete Part I-I ne 47 (Lobbying Activit omplete Part II-A Do not I)) Complete Part II-B D	B I <b>es), th</b> compl o not c	nen ete Part II-I complete Pa	3 art II-A
Na	me of the organizat	ion	·		Employer id	entific	cation nun	nber
NA	IONAL ASSOCIATION		INC		54-2015951			
Par	t I-A Complet	e if the orga	nization is exempt under sect	ion 501(c) or is	a section 527 orga	nizati	ion.	
1 2 3	Political expenditu Volunteer hours	ires	ization's direct and indirect political c		n Part IV	\$		93,825
			nization is exempt under sect					
1		•	ax incurred by the organization under		•	\$		
2		•	ax incurred by organization managers		•	\$	_	
3	-		tion 4955 tax, did it file Form 4720 fo	r this year?			🗌 Yes	🗆 No
4a	Was a correction	made?					🗌 Yes	🗆 No
b	If "Yes," describe							
	-		nization is exempt under sect			-		
1			ed by the filing organization for section			\$		
2	Enter the amount function activities		anızatıon's funds contributed to other	organizations for se	ection 527 exempt	\$		
3	Total exempt fund	tion expenditure	es Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b 🕨 🕨	\$		
4	Did the filing orga	inization file <b>Fori</b>	m 1120-POL for this year?				🗌 Yes	V No
5	organization made of political contrib	e payments For outions received	employer identification number (EIN) each organization listed, enter the ai that were promptly and directly deliv- ee (PAC) If additional space is needed	mount paid from the ered to a separate p	e filing organization's fun- political organization, suc	ds Als	o enter the	
	<b>(a)</b> Nam	e	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	C	e) Amount ontributions and promp irectly deliv separate p	s received otly and vered to a political

		organization If none, enter -0-
2		
3		
4		
5		
6		

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Scł	nedule C (Form 990 or 990-EZ) 2016				Page <b>2</b>
Р	art II-A Complete if the organization is a section 501(h)).	exempt under section 501(c)(3) and	filed For	m 5768 (electio	on under
A	Check  If the filing organization belongs to an expenses, and share of excess lobbying	affiliated group (and list in Part IV each affiliat g expenditures)	ed group n	nember's name, ad	dress, EIN,
в	Check	A and "limited control" provisions apply			
	Limits on Lobbyi (The term "expenditures" mea			<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinio	on (grass roots lobbying)			
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)			
с	Total lobbying expenditures (add lines 1a and 1b)				
d	Other exempt purpose expenditures				
е	Total exempt purpose expenditures (add lines 1c and	1 1d)			
f	Lobbying nontaxable amount Enter the amount from columns				
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
		·			
g	Grassroots nontaxable amount (enter 25% of line 1f	)			
h	Subtract line 1g from line 1a If zero or less, enter -(	)-			
i	Subtract line 1f from line 1c If zero or less, enter -0	-			
j	If there is an amount other than zero on either line 1 section 4911 tax for this year?	Lh or line 1i, did the organization file Form 472	0 reporting		🗌 Yes 🗌 No

# 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditu	res During 4-	Year Averagiı	ng Period		
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
d	Grassroots nontaxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

#### Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Ear a	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying					
activ		Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
с	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	)(5), o	r sectio	on 5	<b>01(</b> c	)
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Par answered "Yes."				<b>01(</b> c	)(6)
1	Dues, assessments and similar amounts from members	1				

_			
5	Taxable amount of lobbying and political expenditures (see instructions)	5	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3	
с	Total	<b>2</b> c	
b	Carryover from last year	<b>2</b> b	
а	Current year	2a	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
Τ.	Dues, assessments and similar amounts from members	1	

#### Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part I-A, Line 1 - Direct and Indirect Political Campaign Activities	SUPPORTED CANDIDATES THROUGH THE POLITICAL ACTION COMMITTEE

#### Schedule C (Form 990 or 990EZ) 2016

efile GRAPH	IC print - DO NOT PROCESS	As Filed Data -				DLN	: 9349328901636 OMB No 1545-0047	
SCHEDULE (Form 990)	D Supple	Supplemental Financial Statements Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form99						
Department of the Ti	► Complete if Part IV, line 6, 7,							
Internal Revenue Ser Name of the o		D (Form 990) and	its instructions	is at <u>www.ir</u>			Inspection tification number	
	CIATION FOR GUN RIGHTS INC					15951		
Part I Or	ganizations Maintaining Dono	r Advised Funds	or Other Simil	ar Funds o				
	mplete if the organization answer							
1 Total nu	mber at end of year	(a) Donor ac	lvised funds		<b>(b)</b> F	unds and c	ther accounts	
<b>2</b> Aggrega year)	te value of contributions to (during							
<b>3</b> Aggrega	te value of grants from (during year)							
<b>4</b> Aggrega	te value at end of year							
	ganization inform all donors and donor the organization's property, subject to				vised		🗌 Yes 🗌 N	
used only	ganization inform all grantees, donors, for charitable purposes and not for the impermissible private benefit?					pose	🗌 Yes 🗌 N	
	nservation Easements. Comple			íes" on Forn	n 990,	Part IV, l		
	) of conservation easements held by th	5						
_	ervation of land for public use (e g , re	creation or education	· _			, ,	ant land area	
	ection of natural habitat		L Prese	ervation of a c	ertified	historic str	ructure	
	ervation of open space				,			
easement	lines 2a through 2d if the organization on the last day of the tax year per of conservation easements	held a qualified cons	ervation contribu	tion in the for	-		on the End of the Year	
	age restricted by conservation easeme	nts		-	2a 2b			
	conservation easements on a certified		cluded ın (a)	-	2c			
	conservation easements included in ( isted in the National Register	c) acquired after 8/1	7/06, and not on a	a historic	2d			
3 Number o tax year ►	f conservation easements modified, tra	ansferred, released, e	extinguished, or te	erminated by f	the orga	inization d	uring the	
4 Number of	f states where property subject to con	servation easement is	s located ►					
	organization have a written policy rega cement of the conservation easements		onitoring, inspecti	on, handling d	of violat		Yes 🗌 No	
6 Staff and •	volunteer hours devoted to monitoring	ı, ınspecting, handlıng	g of violations, and	d enforcing co	inservat	ion easem	ents during the year	
7 Amount of ► \$	expenses incurred in monitoring, insp	pecting, handling of v	iolations, and enfo	orcing conserv	ation e	asements	during the year	
	conservation easement reported on li n 170(h)(4)(B)(II)?	ne 2(d) above satisfy	the requirements	s of section 17	70(h)(4)	-	Yes 🗌 No	
balance sh	<ol> <li>describe how the organization reported the distribution of the tex zation's accounting for conservation explored</li> </ol>	t of the footnote to t						
	ganizations Maintaining Collect mplete if the organization answer				er Sim	ilar Asse	ets.	
art, histor	anization elected, as permitted under S ical treasures, or other similar assets h n Part XIII, the text of the footnote to i	neld for public exhibit	ion, education, or	research in f	tement urtherar	and baland nce of publ	ce sheet works of IC service,	
historical f	anization elected, as permitted under S reasures, or other similar assets held amounts relating to these items							
(i) Revenue	included on Form 990, Part VIII, line 1	1				►\$		
(ii)Assets ind	luded in Form 990, Part X					▶\$		
following	anization received or held works of art, amounts required to be reported under				ncial gai	ın, provide	the	
a Revenue i	ncluded on Form 990, Part VIII, line 1					►\$		
b Assets inc	luded in Form 990. Part X					▶ \$		

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

Cat No 52283D Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

e Other

. . .

Dar	t III	Organizations Ma	aintaining Col	lections o	f Art H	listori	cal Tr		ures o	r Oth	er Similar A	Seets (co	ntinued)	Tuge <b>-</b>
3	Using	the organization's acquis (check all that apply)												
а		Public exhibition				d		Loar	or excha	ange p	rograms			
b		Scholarly research				e		Othe	er					
С		Preservation for future	generations											
4	Provid Part >	de a description of the c KIII	organization's col	lections and	explain h	now the	ey furth	ner th	e organiz	zation's	s exempt purp	ose in		
5		g the year, dıd the orga s to be sold to raıse fun										🗌 Yes		lo
Pa	rt IV	Escrow and Cust	odial Arrange	ments			_							10
		Complete if the org X, line 21.			" on Forr	m 990	, Part	IV,	ine 9, o	r repo	rted an amo	ount on Fo	orm 990,	Part
1a		e organization an agent, led on Form 990, Part >		an or other i	intermedi	ary for	contril	outior	ns or othe	er asse	ts not	🗌 Yes	<b>–</b>	lo
b	If "∀e	es," explain the arrange	ment in Part VIII	and comple	te the fol	lowing	tabla					Amount		
c		ining balance				lowing	Cabic			1c				
d	-	ions during the year								1d				
е		butions during the year								1e				
f		ig balance								1f				_
2a		ne organization include	an amount on Fo	rm 990 Par	t Vilune 3	1 for	eccrow		ustodial a		liability2			_
b		es," explain the arrange				-					·	Yes		lo
Pa	rt V	Endowment Fund												
				(a)Curren			rior yea		<b>(c)</b> Two y				e)Four yea	irs back
1a	Beginn	ing of year balance .												
b	Contrib	outions												
С	Net inv	vestment earnings, gain	is, and losses											
d	Grants	or scholarships												
e		expenditures for facilitie ograms	25											
f	Admını	strative expenses .												
g	End of	year balance 🛛 .												
2	Provid	de the estimated percer	ntage of the curre	ent year end	balance	(line 1g	g, colui	mn (a	a)) held a	s				
а	Board	d designated or quasi-er	ndowment 🕨											
b	Perm	anent endowment 🕨												
с	Temp	orarily restricted endow	vment 🕨											
	The p	ercentages on lines 2a,	2b, and 2c shou	ld equal 100	)%									
За		here endowment funds	not in the posses	sion of the o	organızatı	on that	are h	eld ar	nd admin	istered	for the			
	-	nization by											Yes	No
	• •	nrelated organizations			• •	• •	•	• •	• •			3a( 3a(		
h		elated organizations . s" on 3a(ii), are the rel					 dule R	· ·	• •			. 31	-	<u> </u>
4		ube in Part XIII the inte	=					•	• •	• •				
	rt VI	Land, Buildings,		-										
		Complete if the ord			on Form	1 990,	Part 1	۲, Iu	ne 11a.	See F	orm 990, Pa	art X, line	10.	
	Descri	ption of property	(a) Cost or oth (investme	ner basıs	<b>(b)</b> Cost o						d depreciation		I)Book valu	e
1a	Land						3	9,886	1					39,886
	Buildin						64	5,823			24,402			621,421
		old improvements						, 54,759			, 12,952			, 51,807
		nent						5,514			2,780			2,734

54,525

770,373

212,121

.

۲

266,646

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

	(Form 990) 2016			Page <b>3</b>
Part VII	<b>Investments—Other Securities.</b> Complete if the organization See Form 990, Part X, line 12.	ation answ	ered 'Yes' on Form 990	), Part IV, line 11b.
	(a) Description of security or category (including name of security)	( <b>b)</b> Book value		d of valuation -year market value
(1)Financial	derivatives			·
	neld equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum Part VIII	n (b) must equal Form 990, Part X, col (B) line 12) <b>Investments—Program Related.</b> Complete if the organi		word 'Vos' on Form 9	20 Part IV lung 11c
	See Form 990, Part X, line 13.			
	(a) Description of investment (b) E	3ook value		od of valuation F-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col (B) line 13 )	rm 990 Pa	rt IV, June 11d, See Form (	290 Part X line 15
	(a) Description	ini 990, ra		(b) Book value
(1) INVEST	1ENT IN AFFILIATE			581,166 15,591
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu Part X	<pre>imn (b) must equal Form 990, Part X, col (B) line 15 ) Other Liabilities. Complete if the organization answered ''</pre>			
1.	See Form 990, Part X, line 25. (a) Description of liability		pok value	
	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(7)				
(8)				
	n (b) must equal Form 990. Part X. col (B) line 25 )			

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

Pa	rt XI Reconciliation of Revenue per Audited Financi				
	Complete if the organization answered 'Ye			<u>ne 12a</u>	I
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 (losses) 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			
е	Add lines 2a through 2d	• •		2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$				
а	Investment expenses not included on Form 990, Part VIII, line 7b 🔒	4a			
b	Other (Describe in Part XIII )	4b		1	
с	Add lines <b>4a</b> and <b>4b</b>	· · ·		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Par	t XII Reconciliation of Expenses per Audited Financia Complete if the organization answered 'Ye				
Par 1		es' on	Form 990, Part IV, lu		
	Complete if the organization answered 'Y	es' on	Form 990, Part IV, lu	<u>ne 12a</u>	
1	Complete if the organization answered 'Y Total expenses and losses per audited financial statements	es' on	Form 990, Part IV, lu	<u>ne 12a</u>	
1 2	Complete if the organization answered 'Y Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25	<u>es' on</u>	Form 990, Part IV, lu	<u>ne 12a</u>	
1 2 a	Complete if the organization answered 'Yo Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	es' on • •	Form 990, Part IV, lu	<u>ne 12a</u>	
1 2 a b	Complete if the organization answered 'Y         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25         Donated services and use of facilities         Prior year adjustments	es' on • • 2a 2b	Form 990, Part IV, lu	<u>ne 12a</u>	
1 2 b c	Complete if the organization answered 'Y         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25         Donated services and use of facilities         Prior year adjustments         Other losses	es' on 2a 2b 2c 2d	Form 990, Part IV, III	<u>ne 12a</u>	
1 2 b c d	Complete if the organization answered 'Ye         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII )	es' on 2a 2b 2c 2d 	Form 990, Part IV, III	ne 12a	
1 2 b c d e	Complete if the organization answered 'Ye         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII )         Add lines 2a through 2d	es' on 2a 2b 2c 2d 	Form 990, Part IV, III	1 1 2e	
1 2 b c d e 3	Complete if the organization answered 'Ye         Total expenses and losses per audited financial statements       .         Amounts included on line 1 but not on Form 990, Part IX, line 25         Donated services and use of facilities       .         Prior year adjustments       .         Other losses       .         Other (Describe in Part XIII )       .         Add lines 2a through 2d       .	es' on 2a 2b 2c 2d 	Form 990, Part IV, III	1 1 2e	
1 2 b c d e 3 4	Complete if the organization answered 'Y         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII )         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	es' on 2a 2b 2c 2d 	Form 990, Part IV, III	1 1 2e	
1 2 b c d 8 3 4 a	Complete if the organization answered 'Ye         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII )         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	es' on 2a 2b 2c 2d  4a 4b	Form 990, Part IV, III	1 1 2e	
1 2 6 6 3 4 8 5	Complete if the organization answered 'Ye         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII )         Add lines 2a through 2d         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII )	es' on 2a 2b 2c 2d  4a 4b	Form 990, Part IV, III	2e 3	

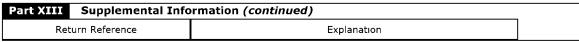
#### Supplemental Information Part XIII

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 Explanation

Return Reference









SCHEDULE 6 Form 990 or 990-EZ         Supplemental Information Regarding Fundraising or Gaming Activities Organization entered frace then 33, 300 ar form 390-EZ, if the 32, ar if the organization entered frace then 33, 300 ar form 390-EZ, if the 32, ar if the organization entered frace then 33, 300 ar form 390-EZ, at www is gov/formations.         Other to Public Total Structure and the organization entered frace then 33, 300 ar form 390-EZ, at www is gov/formations.         Other to Public Total Structure and the organization entered frace then 33, 300 ar form 390-EZ.         Other to Public Total Structure and the organization entered frace then 30, 300 ar form 390-EZ.         Other to Public Total Structure and the organization entered frace the set of the organization answered "Yes" on Form 990, Part IV, line 17.         Other to Public Total Structure and entered to complete this part.           1         Indicate whether the organization answered "Yes" on Form 990, Part IV, line 17.         Form 990-EZ filers are not recurred to complete this part.         Image: set of the organization have a written or oral agreement with any individual (indicate of form-organization set or set organization have and dentes of many 90, part IV, line 17.         Image: set of the organization have a written or oral agreement with any individual (indicate and services) runstees         Image: set organization have a written or anal agreement with any individual (indicate and services) runstees         Image: set organization have and address of many 90, part IV, line 17.         Image: set organization have and address of many 90, part IV, line 17.         Image: set of the organization have and address of many 90, part IV, line 17.         Image: set of the organization have and address of horg organization           <	efi	le GRAPHIC print -	- DO NOT PROCESS	As Fi	ed Data	a -	D	LN: 93493289016367
Approximation interaction over the initial 2000 on from sole 27, 17, 18, 19, 10, 100         Open to Public inspection           Intermet Areas Arriver         Database is non-sole 27, 17, 18, 19, 100         Complete initial and another and the applete initial and the applete and the applete initial and the applete and the applete initial and the applete applete and the applete applete and the applete appl			Fun	drais	ing o	r Gaming Activ	ities	
NATIONAL ASSOCIATION FOR GUN RIGHTS INC       54-2013951         Part11       Fundraising Activities.Complete if the organization answered "Yes" on Form 990, Part IV, Ine 17. Form 990-E2 filers are not required to complete this part. <ul> <li>Indicate whether the organization raised funds through any of the following activities Check all that apply</li> <li>Indicate whether the organization raised funds through any of the following activities Check all that apply</li> <li>Indicate whether the organization raised funds through any of the following activities Check all that apply</li> <li>Internet and email solicitations</li> <li>Internet and email solicitation or for email previous anoticom emportang</li></ul>	-		organiz	ation ente At	red more t ttach to Fo	han \$15,000 on Form 990-EZ rm 990 or Form 990-EZ.	line 6a	Open to Public
Form 990-EZ filers are not required to complete this part.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply         a       Mail solicitations       e       Solicitation of non-government grants         b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events         d       In-person solicitations       g       Special fundraising events         2a       Det he organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in form 990, Part VI) or entity in connection with professional fundraising services?       Ves Mo         b       If "Yes," list the ten highest paid individuals or enthes (fundraiser) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization       (v) Gross recepts (v) for retained by) (or retained by) (or retained by) organization         1       ManumAkers policitations?       No       40,316         SPRINGFIELD, VA 22151       No       40,316       12,773         2       Internet and individual or in organization       Internet and individual organization       Internet and individual organization         1       RaINMAKERS policity Character by Control b			OR GUN RIGHTS INC					
a       Mail solicitations       c       c       Solicitation of non-government grants         b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundrationg events         d       In-person solicitations       g       Special fundrationg events         20       In-person solicitations       g       Special fundrationg events         21       Individual or oral agreement with un connection with professional fundrationg services?       Ives No         b       (ii) Name and address of the organization individual or entities (fundraiser) pursuant to agreements under which the fundraisers is to be comparisated at least 55,000 by the organization       (iii) Activity       (iii) Cross receipts from activity       (v) Amount paid to (or retained by) organization         1       No       Ves       No       40,316       (v) Amount paid to (or retained by) organization         2       RIGHTERS GROUP LLC (STERS)       No       12,773       (v) Amount paid to (or retained by) organization         3       Individual or on the organization       No       12,773       Individual organization         4       Individual organization       No       Individual organization       Individual organization         5       Individual organization       Individual org	Pa				-		Form 990, Part IV, line	e 17.
b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events         d       In-person solicitations       g       Special fundraising events         2a       Do 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?       Ives       No         b       ff ''yes, ''Jist the thighest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least 55,000 by the organization       (iv) Gross receipts (v) Amount paid to (or retained by) fundraiser listed in contributions?       (v) Amount paid to (or retained by) fundraiser listed in coll (i)         1       RAINMAKERS PO BOX 1082       No       40,316         2       Interpretion       No       40,316         3       Interpretion       No       12,773         3       Interpretion       Interpretion       Interpretion         4       Interpretion       Interpretion       Interpretion         5       Interpretion       Interpretion       Interpretion         6       Interpretion       Interpretion       Interpretion       Interpretion         7       Interpretion	1	Indicate whether the	organization raised funds	through	any of the	e following activities Cheo	k all that apply	
c       Phone solicitations         d       ☐ In-person solicitations         2a       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?       □ Yes ☑ No         b       If "Ves." List the the highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization       (iii) Activity       (iii) Did fundraiser have custody or control of control under       (iv) Arrownt paid to (or retained by) fundraiser listed in col (i)       (vi) Amount paid to (or retained by)         1       RAINMAKERS PO BOX 1082       Ves       No       40,316         SPRINGFIELD, VA 22151       No       12,773         2       RIGHTERS GROUP LLC 1807 5 CHURCH ST       No       12,773         3       Inclusion       Inclusion       Inclusion         4       Inclusion       Inclusion       Inclusion         5       Inclusion       Inclusion       Inclusion         6       Inclusion       Inclusion       Inclusion         7       Inclusion       Inclusion       Inclusion         8       Inclusion       Inclusion       Inclusion       Inclusion         9       Inclusion	а	Mail solicitations				e 🗌 Solicitation of no	on-government grants	
d       ☐ In-person solicitations         2a       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?       □ ves Ø No         b       If "Yes," list the ten highest 55,000 by the organization       (iii) Dat organization have a written or oral agreements (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least 55,000 by the organization       (iv) Gross receipts from activity       (v) Amount paid to (or retained by) organization         i       (i) Name and address of or entity (fundraiser)       (iii) Activity       (iii) Dat (undraiser) from activity       (v) Amount paid to (or retained by) organization         1       RAINMAKERS PO BOX 1082       Ves       No       40,316         2       RIGHTERS GROUP LLC 1807 S CHURCH ST       No       40,316         3       Individual       Individual       Individual         3       Individual       Individual       Individual         4       Individual       Individual       Individual         5       Individual       Individual       Individual         6       Individual       Individual       Individual         7       Individual       Individual       Individual         8       Individual <td>b</td> <td>Internet and email</td> <td>Il solicitations</td> <td></td> <td></td> <td>f 🗌 Solicitation of go</td> <td>overnment grants</td> <td></td>	b	Internet and email	Il solicitations			f 🗌 Solicitation of go	overnment grants	
22       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?       Ives Ives Ives Ives Ives Ives Ives Ives	с	Phone solicitations	S			g 🔲 Special fundraisi	ng events	
Yes       No         1       Array Services       Image: Services	d	✓ In-person solicitat	tions					
(i) Name and address of individual or entity (fundraiser)       (ii) Activity       (iii) Cut fundraiser have custody or control of control on control of control on control of control ot control ot contro		or key employees liste If "Yes," list the ten h	ed in Form 990, Part VII) nghest paid individuals or	or entity entities (	in connec	tion with professional fun	draising services?	
1       RAINMAKERS PO BOX 1082       No       40,316         2       SPRINGFIELD, VA 22151       No       12,773         2       RIGHTERS GROUP LLC 1807 S CHURCH ST       No       12,773         3       Mo       Mo       12,773         4       Mo       Mo       12,773         5       Mo       Mo       Mo         6       Mo       Mo       Mo         7       Mo       Mo       Mo         8       Mo       Mo       Mo         9       Mo       Mo       Mo         10       Mo       Mo       Mo         11       Mo       Mo       Mo         12       Mo       Mo       Mo         13       Mo       Mo       Mo         5       Mo       Mo       Mo         6       Mo       Mo       Mo         10       Mo       Mo       Mo         10       Mo       Mo       Mo	(	( <b>i)</b> Name and address o individual		(iii fundrai custo cont	ser have ody or crol of		(or retained by) fundraiser listed in	(or retained by)
RIGHTERS GROUP LLC 1807 S CHURCH ST     No     12,773       SMITHFIELD, VA 23430     Image: Constraint of the state of th		PO BOX 1082	51	Yes			40,31	6
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	_	1807 S CHURCH ST			No		12,77	3
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		SMITHFIELD, VA 23430	)					
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$								
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	4							
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	5							
8     1     1     1     1       9     1     1     1     1	6							
9     10 <t< td=""><td>7</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	7							
	8							
	9							
Total 53,089	10							
	Tota	ıl		1	►		53,08	9

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

	dule G (Form 990 or 990-EZ) 2016				Page
Pa	rt II Fundraising Events. Completion \$15,000 of fundraising e	event contributions and			
	gross receipts greater than \$	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
Revenue		(event type)	(event type)	(total number)	(add col <b>(a)</b> through col <b>(c)</b> )
	1 Gross receipts				
	2 Less Contributions				
	<b>4</b> Cash prizes				
	5 Noncash prizes				-
ses	<b>6</b> Rent/facility costs				
Direct Expenses	7 Food and beverages				
Щ Т	8 Entertainment				
lirec	<b>9</b> Other direct expenses				
Δ	<b>10</b> Direct expense summary Add lines 4	through 9 in column (d)		· ▶	
	<b>11</b> Net income summary Subtract line 10			•	
Par	t III Gaming. Complete if the org			IV, line 19, or reported	<u> </u> 1 more than \$15,000
	on Form 990-EZ, line 6a.	T		· · ·	т. Т.
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Expenses	2 Cash prizes				
ă Ă	3 Noncash prizes				
ect	<b>4</b> Rent/facility costs				
Ō	5 Other direct expenses				
		☐ Yes%	☐ Yes%	☐ Yes%	
	6 Volunteer labor	□ No	🗌 No	□ No	
	<b>7</b> Direct expense summary Add lines 2	through 5 in column (d)			
	8 Net gaming income summary Subtrac	ct line 7 from line 1, colur	ın (d)		
9	Enter the state(s) in which the organizat				
э а b	Is the organization licensed to conduct g If "No," explain	aming activities in each of	f these states?		Yes No
10a b	Were any of the organization's gaming li If "Yes," explain	censes revoked, suspende	ed or terminated during th	e tax year?	
	· · · · · ·				

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (	Form	990	or	990-EZ	) 2016

Page **3** 

	. ,						
11	Does the organization conduct gaming a	activities with nonmemb	ers?		🗌 Yes		
12	Is the organization a grantor, beneficial formed to administer charitable gaming		r a member of a partnership or other entity		🗌 Yes		
13	Indicate the percentage of gaming activ	vity conducted in			<u> </u>		
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the pers	on who prepares the or	ganızatıon's gamıng/special events books and re	cords			
	Name 🕨						
	Address 🕨						
15a	Does the organization have a contract w revenue?	with a third party from w	hom the organization receives gaming		🗌 Yes		
b			and th	e			
	amount of gaming revenue retained by	the third party 🕨 \$					
С	If "Yes," enter name and address of the	third party					
	Name 🕨						
	Address 🕨						
16	Gaming manager information						
	Name 🕨						
	Gaming manager compensation 🕨 \$						
	Description of services provided <b>&gt;</b>						
	Director/officer	Employee	□ Independent contractor				
17	Mandatory distributions						
а	Is the organization required under state	e law to make charitable	distributions from the gaming proceeds to				
	retain the state gaming license?				🗌 Yes	🗆 No	
b			ibuted to other exempt organizations or spent				
	in the organization's own exempt activity	<b>J</b> (	•				
Par		ic, 16, and 17b, as ap	ations required by Part I, line 2b, columns oplicable. Also complete this part to provid				
	Return Reference		Explanation				

efile GRAPHIC print	- DO NOT PROCESS	As Filed Data -					DLN: 93493	3289016367
Schedule I (Form 990)		Governments	Other Assistand and Individuals zation answered "Yes," o ► Attach to Form	s in the Unite	d States		OMB No 15	16
Department of the Treasury Internal Revenue Service	Inspec	ction						
Name of the organization NATIONAL ASSOCIATION F						<b>Emplo</b> 54-20	yer identification numl 15951	)er
<ol> <li>Does the organizatio the selection criteria</li> <li>Describe in Part IV the selection of t</li></ol>	used to award the gran ne organization's proced <b>Ither Assistance to D</b> o	ubstantiate the amount o ts or assistance <sup>7</sup> lures for monitoring the u mestic Organizations	f the grants or assistance, t use of grant funds in the Un and Domestic Governme dditional space is needed	ited States				Yes 🗹 No
(a) Name and address organization or government		(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Descri non-cash as		rpose of grant stance
(1) FRIENDS OF LIBERTY DE TR 11719-B JEFFERSON AVE NEWPORT NEWS, VA 23	103		45,000	0			FUNDIN	G OPERATIONS
(2) VARIOUS STATE GRC 501 MAIN ST WINDSOR, CO 80550	DUPS		36,350	0			FUNDIN	G OPERATIONS
			ns listed in the line 1 table .		· · · · · · · ·		►	0

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

Schedule I (Form 990) 2016

Page **2** 

Schedule I (Form 990) 2016

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assist	stance (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 assistance				
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
Part IV Supplemental	Informatio	on. Provide the in	formation required in	Part I, line 2, Part III,	column (b), and any other a	additional information.				
Return Reference Explanation										

efile GRAPHIC print	- DO NOT PROCESS	As Filed Data -		DLN: 93493289016367
SCHEDULE O	Sunnlement	al Information	n to Form 990 or 990-EZ	OMB No 1545-0047
(Form 990 or 990- EZ) Department of the Treasury	Complete to pro Form 990 o	vide information for or 990-EZ or to provid ▶ Attach to Form	responses to specific questions on le any additional information. 990 or 990-EZ. 90 or 990-EZ) and its instructions is a	t Open to Public Inspection
Internal Revenue Service		-	Employer	identification number
NATIONAL ASSOCIATION FOR	51			

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	FORM 990 IS PROVIDED TO BOARD MEMBERS FOR REVIEW

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	NO DOCUMENTS WERE PROVIDED

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
PART IV, ITEM 2	The National Association for Gun Rights, Inc. respectfully declines to provide specific id
SCHEDULE B	entifying information on its donors on grounds that such disclosure may chill the donors'
LIST OF	First Amendment rights to associate in private with this organization. NAACP v. Alabama, 3
CONTRIBUTORS	57 U.S. 449 (1958), International UAW v. National Right to Work, 590 F 2d 1139, 1152 (D.C.
REQUIREMENT	Cir. 1978)

efile GRAPHIC print - DO	0 NOT PROCESS As Filed Data -										DLN: 93493	289016	5367		
SCHEDULE R	Related	Organiz	vations a	and Un	relate	d Partn	ershin	<u>د</u>			OMB No 3	1545-004	47		
(Form 990)	► Complete if the orga	-					-		27		20	16			
· · ·										~~	Open to Public				
Department of the Treasury nternal Revenue Service	► Attach to Form 990. ► Info	ormation ad	out Schedul	e K (Form	990) and	its instruct	ions is at	<u>www.n</u>	rs.gov/form9	<u>90</u> .		ction	C		
Name of the organization NATIONAL ASSOCIATION FOR GUN F								Emp	oloyer identifi	cation	number				
ATIONAL ASSOCIATION FOR GON P	RIGHTS INC							54-2	015951						
Part I Identification	n of Disregarded Entities Complete if	f the organ	ization answ	ered "Yes	" on Form	n 990, Part	IV, line 3	3.							
(a) Name, address, and EIN (If applicable) of disregarded entity			<b>(b)</b> Primary a		Legal don	<b>c)</b> nicile (state n country)	(d) Total inco	ome	<b>(e)</b> End-of-year as:	sets	(f Dırect co ent	ntrolling			
	of Related Tax-Exempt Organization npt organizations during the tax year.	o <b>ns</b> Comple	te if the org	anızatıon	answered	"Yes" on F	i örm 990,	Part I	V, line 34 bec	ause	ıt had one or	more			
Name, address, an	(a) d EIN of related organization	Prima	<b>(b)</b> ary activity	Legal dom	<b>c)</b> nicile (state n country)	(d) Exempt Coo	e section		<b>(e)</b> harity status on 501(c)(3))	Dır	(f) ect controlling entity	ent	512(b) ntrolled ity?		
												Yes	No		
For Paperwork Peduction Ac	t Notice, see the Instructions for Form	990.			t No 501;	35Y				Sche	edule R (Form	990) 20	016		

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

(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	<b>(g)</b> Share of end-of-year assets			(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	i) ral or aging ner?	<b>(k)</b> Percentage ownership
			5147			Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) (c) Primary activity Legal domicile (state or foreign		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of- year assets	<b>(h)</b> Percentage ownership	Section (13) co	<b>i)</b> 512(b) ntrolled aty?
		country)						Yes	No
(1)FRONT RANGE ENTERPRISES AND COMMUNICATIO 501 MAIN ST WINDSOR, CO 80550 46-3745650	FULFILLMENT	со	NA	C CORP			100 000 %	Yes	

Schedule R (Form 990) 2016

Page	3
------	---

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the 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		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
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)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)	. 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	ו	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1р		No
<b>q</b> Reimbursement paid by related organization(s) for expenses	1q		No
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 related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2016

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

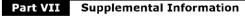
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managıng partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No				
	•		•		•					Schedul	e R (Form	00	0) 2016			

Schedule R (Form 990) 2016







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





