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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: NATIONAL RIFLE ASSOCIATION OF AMERICA. Doing Business As. Number and street (or P O box if mail is not delivered to street address): 11250 WAPLES MILL ROAD. Room/suite. City or town, state or country, and ZIP + 4: FAIRFAX, VA 220307400

D Employer identification number: 53-0116130. E Telephone number: (703) 267-1000. G Gross receipts \$ 282,710,082

F Name and address of principal officer: WILSON H PHILLIPS JR, 11250 WAPLES MILL RD, FAIRFAX, VA 22030

H(a) Is this a group return for affiliates? No. H(b) Are all affiliates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(4)

J Website: www.nra.org

K Form of organization: Corporation. L Year of formation: 1905. M State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROTECT AND DEFEND THE U S CONSTITUTION, TO PROMOTE PUBLIC SAFETY, LAW AND ORDER, AND THE NATIONAL DEFENSE TO TRAIN LAW ENFORCEMENT AGENCIES TO TRAIN CIVILIANS IN MARKSMANSHIP TO FOSTER AND PROMOTE THE SHOOTING SPORTS TO PROMOTE HUNTER SAFETY

Activities & Governance

Table with 2 columns: Description and Amount. Rows 2-7a: 2 Check this box if discontinued operations, 3 Number of voting members (76), 4 Number of independent voting members (70), 5 Total number of employees (766), 6 Total number of volunteers (125,000), 7a Total gross unrelated business revenue (20,168,091), 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-19: 8 Contributions and grants (190,620,182), 9 Program service revenue (5,753,381), 10 Investment income (-131,048), 11 Other revenue (41,301,989), 12 Total revenue (237,544,504), 13 Grants and similar amounts paid (312,500), 14 Benefits paid (0), 15 Salaries (51,967,645), 16a Professional fundraising fees (7,116,019), 16b Total fundraising expenses (34,366,260), 17 Other expenses (176,964,817), 18 Total expenses (236,360,981), 19 Revenue less expenses (1,183,523)

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (160,315,364), 21 Total liabilities (122,740,032), 22 Net assets or fund balances (37,575,332)

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here: Signature of officer: JAMES P SWEENEY, Date: 2010-09-16, Type or print name and title: WILSON H PHILLIPS JR TREASURER AND CHIEF FINANCIAL OFFIC

Paid Preparer's Use Only: Preparer's signature: JAMES P SWEENEY, Date: 2010-09-16, Check if self-employed, Preparer's identifying number, Firm's name: RSM MCGLADREY INC, address: 8000 TOWERS CRESCENT DR STE 500 VIENNA, VA 22184, EIN, Phone no: (703) 336-6400

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission

TO PROTECT AND DEFEND THE U S CONSTITUTION

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 34,524,263 including grants of \$ 24,000 ) (Revenue \$ 5,753,381 )

EDUCATIONAL, COMPETITIVE, COMMUNITY SERVICE AND TRAINING PROGRAMS NRA PROVIDES A BROAD SPECTRUM OF HIGH QUALITY SERVICES TO TRAIN, INFORM AND INSTRUCT THE MEMBERSHIP AND GENERAL PUBLIC OF 80 MILLION GUNOWNERS WITH REGARD TO THEIR INALIENABLE SECOND AMENDMENT RIGHTS NRA CONTINUES TO BE THE PREMIER LEADER IN FIREARMS EDUCATION AND SAFETY NRA OUTREACH FOR YOUTH IN THE HUNTING AND SHOOTING SPORTS ALSO INCLUDES YOUTH SCHOLARSHIPS AND SHOOTING CAMPS TO BUILD AND FOSTER THE NEXT GENERATIONS IN AMERICA VISIT NRA.ORG AND NRABLOG.COM FOR MORE INFORMATION, AND PARTICIPATE IN NRA SOCIAL NETWORKING THROUGH FACEBOOK, TWITTER AND YOUTUBE

**4b** (Code ) (Expenses \$ 33,224,950 including grants of \$ ) (Revenue \$ 18,360,371 )

NRA PUBLICATIONS THE PRIMARY MISSION IS TO PROVIDE MEMBERS WITH MONTHLY PRINT AND DIGITAL MAGAZINES CONTAINING THE MOST AUTHORITATIVE ARTICLES ON FIREARMS, HUNTING, LEGISLATIVE AND LEGAL ACTION FROM RECOGNIZED LEADERS ALL NRA MEDIA VEHICLES SERVE TO EDUCATE AND INFORM ON NRAS PURPOSES AND OBJECTIVES FOR ACCESS TO NRAS EXPANDED MEDIA PRESENCE AND OFFICIAL JOURNALS, VISIT NRAPUBLICATIONS.ORG

**4c** (Code ) (Expenses \$ 16,180,414 including grants of \$ 240,000 ) (Revenue \$ )

LEGISLATIVE ACTION AS THE FOREMOST PROTECTOR AND DEFENDER OF THE U S CONSTITUTION, NRA ADVOCATES AGAINST EFFORTS TO ERODE THE SECOND AMENDMENT, FIGHTS FOR INITIATIVES AIMED AT REDUCING VIOLENT CRIME, AND PROMOTES HUNTERS RIGHTS AND CONSERVATION EFFORTS NATIONWIDE NRA LEGISLATIVE ACTION INVOLVES FIREARMS RIGHTS, REGULATIONS AND LAWS, RANGE PROTECTION, INTERNATIONAL GUN CONTROL THREATS, WORKERS PROTECTION, SELF-DEFENSE, FREE SPEECH RIGHTS, AND A HOST OF RELATED MATTERS VISIT NRAILA.ORG FOR THE LATEST UPDATES

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 92,863,575 including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** \$ 176,793,202

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .		No
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		
<b>5</b>	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		No
<b>7</b>	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> . . . . .		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>	Yes	
<b>9</b>	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
<b>11</b>	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> . . . . . <input checked="" type="checkbox"/>	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part VII</i>		
	◆ 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>		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part X</i>		
<b>12</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/>	Yes	
<b>12A</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> . . . . . <input checked="" type="checkbox"/> <b>12A</b> Yes <input type="checkbox"/>		
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>14b</b>	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> . . . . . <input checked="" type="checkbox"/>	Yes	
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II</i> . . . . .		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i> . . . . .		No
<b>17</b>	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? <i>If "Yes," complete Schedule G, Part I</i> <input checked="" type="checkbox"/>	Yes	
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . . <input checked="" type="checkbox"/>	Yes	
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No
<b>20</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> . . . . .		No

**Part IV Checklist of Required Schedules** *(continued)*

<p><b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . . </p>	<p><b>21</b></p>	<p>Yes</p>	
<p><b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . . </p>	<p><b>22</b></p>	<p>Yes</p>	
<p><b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . . </p>	<p><b>23</b></p>	<p>Yes</p>	
<p><b>24a</b> 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 "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .</p>	<p><b>24a</b></p>		<p>No</p>
<p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .</p>	<p><b>24b</b></p>		
<p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .</p>	<p><b>24c</b></p>		
<p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .</p>	<p><b>24d</b></p>		
<p><b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>	<p><b>25a</b></p>		<p>No</p>
<p><b>b</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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>	<p><b>25b</b></p>		<p>No</p>
<p><b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .</p>	<p><b>26</b></p>		<p>No</p>
<p><b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .</p>	<p><b>27</b></p>		<p>No</p>
<p><b>28</b> 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)</p>			
<p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . </p>	<p><b>28a</b></p>	<p>Yes</p>	
<p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28b</b></p>		<p>No</p>
<p><b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28c</b></p>		<p>No</p>
<p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p><b>29</b></p>		<p>No</p>
<p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .</p>	<p><b>30</b></p>		<p>No</p>
<p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .</p>	<p><b>31</b></p>		<p>No</p>
<p><b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .</p>	<p><b>32</b></p>		<p>No</p>
<p><b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .</p>	<p><b>33</b></p>		<p>No</p>
<p><b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . . </p>	<p><b>34</b></p>	<p>Yes</p>	
<p><b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . </p>	<p><b>35</b></p>	<p>Yes</p>	
<p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .</p>	<p><b>36</b></p>		
<p><b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i></p>	<p><b>37</b></p>		<p>No</p>
<p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .</p>	<p><b>38</b></p>	<p>Yes</p>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U S Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 804		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 766		
<b>b</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 this return (see instructions) . . . . .	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	Yes	
<b>4a</b>	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)? . . . . .		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	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? . . . . .	Yes	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	Yes	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (76); 1b Enter the number of voting members that are independent (70); 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? (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? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (Yes); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (Yes); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (No); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (VA, UT, PA, OK, NY, KY, DC, CA, AL); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: Own website, Another's website, Upon request (checked); 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization (NATIONAL RIFLE ASSOCIATION OF AMERI, 11250 WAPLES MILL ROAD, FAIRFAX, VA 220307400, (703) 267-1000).



<b>1b Total</b>	5,244,152	711,438
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **55**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
INFOCISION 325 SPRINGSIDE DR AKRON, OH 44333	MEMBERSHIP PROC SOLICITOR	19,499,166
VALTIM PO BOX 114 FOREST, VA 24551	FULFILLMENT CENTER	9,603,361
PALM COAST DATA 11 COMMERCE BLVD PALM COAST, FL 32164	MEMBERSHIP PROCESSING	9,479,181
PM CONSULTING 12100 WILSHIRE BLVD LOS ANGELES, CA 90025	CONSULTING	9,012,063
POSTMASTER 1735 N LYNN ST ARLINGTON, VA 22209	POSTAGE SHIPPING	7,712,835

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **31**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>	113,969,660				
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>	9,711,363				
	<b>e</b>	Government grants (contributions) <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	66,939,159				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		190,620,182			
<b>Program Service Revenue</b>	<b>2a</b>	PROGRAM FEES		5,753,381	5,753,381		
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		5,753,381			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		763,983		763,983	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . . ▶					
	<b>5</b>	Royalties . . . . . ▶		9,515,064		9,515,064	
	<b>6a</b>	Gross Rents	(i) Real	1,498,567			
			(ii) Personal				
			<b>b</b> Less rental expenses	1,574,584			
			<b>c</b> Rental income or (loss)	-76,017			
	<b>d</b>	<b>Net rental income or (loss)</b> . . . . . ▶		-76,017		-76,017	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	36,166,094			
			(ii) Other				
			<b>b</b> Less cost or other basis and sales expenses	37,061,125			
			<b>c</b> Gain or (loss)	-895,031			
<b>d</b>	<b>Net gain or (loss)</b> . . . . . ▶		-895,031		-895,031		
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>	525,498					
<b>c</b>	<b>Net income or (loss) from fundraising events</b> . . . . . ▶	219,210					
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	<b>Net income or (loss) from gaming activities</b> . . . . . ▶		306,288		306,288		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>		17,505,596				
		<b>b</b> Less cost of goods sold . . . . . <b>b</b>	6,310,659				
		<b>c</b> <b>Net income or (loss) from sales of inventory</b> . . . . . ▶		11,194,937	9,387,217	1,807,720	
Miscellaneous Revenue		Business Code					
<b>11a</b>	ADVERTISING	541,800	18,793,873		18,360,371	433,502	
<b>b</b>	SUBSCRIPTIONS	541,800	1,149,936	1,149,936			
<b>c</b>	NRA CAFE SALES	722,210	417,908			417,908	
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		20,361,717				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		237,544,504	16,290,534	20,168,091	10,465,697	

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	264,000	264,000		
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22	48,500	48,500		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
<b>4</b>	Benefits paid to or for members	0			
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	2,826,231	1,234,747	1,326,823	264,661
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b>	Other salaries and wages	33,643,605	21,889,401	8,842,930	2,911,274
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	7,578,930	4,149,350	2,821,652	607,928
<b>9</b>	Other employee benefits . . . . .	5,402,259	3,209,111	1,759,818	433,330
<b>10</b>	Payroll taxes . . . . .	2,516,620	1,494,951	819,804	201,865
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	0			
<b>b</b>	Legal . . . . .	2,297,503	1,850,944	446,559	
<b>c</b>	Accounting . . . . .	111,500		111,500	
<b>d</b>	Lobbying . . . . .	0			
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .	7,116,019			7,116,019
<b>f</b>	Investment management fees . . . . .	188,340		188,340	
<b>g</b>	Other . . . . .	3,504,981	3,504,981		
<b>12</b>	Advertising and promotion . . . . .	27,334,459	17,796,357		9,538,102
<b>13</b>	Office expenses . . . . .	3,663,557	2,166,344	1,497,213	
<b>14</b>	Information technology . . . . .	6,232,078	3,577,211	2,654,867	
<b>15</b>	Royalties . . . . .	0			
<b>16</b>	Occupancy . . . . .	1,944,931	1,027,550	917,381	
<b>17</b>	Travel . . . . .	6,028,870	4,448,746	1,580,124	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b>	Conferences, conventions, and meetings . . . . .	5,650,758	4,508,212	1,142,546	
<b>20</b>	Interest . . . . .	1,352,279	951,209	401,070	
<b>21</b>	Payments to affiliates . . . . .	0			
<b>22</b>	Depreciation, depletion, and amortization . . . . .	2,138,824	1,404,410	734,414	
<b>23</b>	Insurance . . . . .	929,228	929,228		
<b>24</b>	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b>	MEMBER COMMUNICATIONS	62,019,572	51,074,150		10,945,422
<b>b</b>	PRINTING AND SHIPPING	22,682,371	22,682,371		
<b>c</b>	FASB 158	-4,782,967	-2,712,558	-2,070,409	
<b>d</b>	PROGRAM SERVICES	16,415,109	16,415,109		
<b>e</b>	FULFILLMENT MATERIAL	7,291,757	6,750,626	38,500	502,631
<b>f</b>	All other expenses	11,961,667	8,128,252	1,988,387	1,845,028
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	236,360,981	176,793,202	25,201,519	34,366,260
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	13,190,647	<b>2</b>	18,396,784
	<b>3</b> Pledges and grants receivable, net . . . . .	1,498,468	<b>3</b>	2,528,075
	<b>4</b> Accounts receivable, net . . . . .	41,936,785	<b>4</b>	49,767,997
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	3,165,695	<b>7</b>	3,133,320
	<b>8</b> Inventories for sale or use . . . . .	8,976,851	<b>8</b>	10,888,636
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,610,643	<b>9</b>	2,167,086
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	63,203,402		
	<b>b</b> Less accumulated depreciation . . . . .	27,016,857	<b>10c</b>	36,186,545
	<b>11</b> Investments—publicly traded securities . . . . .	18,647,530	<b>11</b>	29,042,690
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	2,123,097	<b>12</b>	3,341,890
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	4,256,876	<b>15</b>	4,862,341
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	131,342,619	<b>16</b>	160,315,364	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	54,266,718	<b>17</b>	59,109,001
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	18,143,254	<b>19</b>	28,119,095
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	26,166,156	<b>23</b>	29,340,012
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	8,897,781	<b>25</b>	6,171,924
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	107,473,909	<b>26</b>	122,740,032
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	1,788,111	<b>27</b>	11,164,773
	<b>28</b> Temporarily restricted net assets . . . . .	1,158,321	<b>28</b>	3,207,708
	<b>29</b> Permanently restricted net assets . . . . .	20,922,278	<b>29</b>	23,202,851
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	23,868,710	<b>33</b>	37,575,332	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	131,342,619	<b>34</b>	160,315,364	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>2c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 53-0116130  
**Name:** NATIONAL RIFLE ASSOCIATION OF AMERICA

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WAYNE LAPIERRE EXEC VP	57 00			X				823,643	0	125,215
CHRIS W COX EXEC DIR, ILA	57 00			X				587,856	0	76,644
WILSON H PHILLIPS JR TREASURER	52 00			X				510,382	0	126,955
KAYNE B ROBINSON EXEC DIR, GENERAL OPERATIONS	50 00			X				510,835	0	141,335
EDWARD J LAND JR SECRETARY	50 00			X				393,515	0	35,996
RONALD L SCHMEITS PRESIDENT	20 00	X		X				0	0	0
DAVID KEENE 1ST VICE PRESIDENT	20 00	X		X				0	0	0
JAMES W PORTER II 2ND VICE PRESIDENT	20 00	X		X				0	0	0
MARION P HAMMER DIRECTOR	1 00	X						72,000	0	0
SANDRA FROMAN DIRECTOR	1 00	X						45,181	0	0
BEN CASE EXEC DIRECTOR, ADVANCEMENT	40 00					X		568,736	0	38,936
MARY CORRIGAN CHIEF OF STAFF	40 00					X		324,416	0	28,888
JOSEPH GRAHAM DIRECTOR, PUBLICATIONS	40 00					X		583,639	0	49,996
MICHAEL MARCELLIN MANAGING DIRECTOR	40 00					X		350,962	0	53,319
ROBERT MARCARIO DIRECTOR, MEMBERSHIP	40 00					X		280,987	0	34,154
JOE M ALLBAUGH DIRECTOR	1 00	X						0	0	0
WILLIAM H ALLEN DIRECTOR	1 00	X						0	0	0
THOMAS P ARVAS DIRECTOR	1 00	X						0	0	0
SCOTT L BACH DIRECTOR	1 00	X						0	0	0
WILLIAM A BACHENBERG DIRECTOR	1 00	X						0	0	0
FE BACHHUBER JR DIRECTOR	1 00	X						0	0	0
M CAROL BAMBERRY DIRECTOR	1 00	X						0	0	0
BOB BARR DIRECTOR	1 00	X						0	0	0
CLEL BAUDLER DIRECTOR	1 00	X						0	0	0
RONNIE G BARRETT DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID E BENNETT III DIRECTOR	1 00	X						0	0	0
J KENNETH BLACKWELL DIRECTOR	1 00	X						0	0	0
DAN BOREN DIRECTOR	1 00	X						0	0	0
ROBERT K BROWN DIRECTOR	1 00	X						0	0	0
JOHN P BURTT DIRECTOR	1 00	X						0	0	0
DAVID BUTZ DIRECTOR	1 00	X					150,000	0	0	0
J WILLIAM CARTER DIRECTOR	1 00	X						0	0	0
PATRICIA A CLARK DIRECTOR	1 00	X						0	0	0
ALLAN D CORS DIRECTOR	1 00	X						0	0	0
CHARLES L COTTON DIRECTOR	1 00	X						0	0	0
DAVID G COY DIRECTOR	1 00	X						0	0	0
RICHARD CHILDRESS DIRECTOR	1 00	X						0	0	0
LARRY E CRAIG DIRECTOR	1 00	X						0	0	0
JOHN L CUSHMAN DIRECTOR	1 00	X						0	0	0
WILLIAM H DAILEY DIRECTOR	1 00	X						0	0	0
JAMES W DARK DIRECTOR	1 00	X						0	0	0
JOSEPH P DEBERGALIS JR DIRECTOR	1 00	X						0	0	0
DONN C DIBIASIO DIRECTOR	1 00	X						0	0	0
MANUEL FERNANDEZ DIRECTOR	1 00	X						0	0	0
EDIE P FLEEMAN DIRECTOR	1 00	X						0	0	0
JOEL FRIEDMAN DIRECTOR	1 00	X						0	0	0
TOM GAINES DIRECTOR	1 00	X						0	0	0
JAMES S GILMORE III DIRECTOR	1 00	X						0	0	0
LEO A HOLT DIRECTOR	1 00	X						0	0	0
STEVE HORNADY DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN HOWARD DIRECTOR	1 00	X						0	0	0
ROY INNIS DIRECTOR	1 00	X						0	0	0
H JOAQUIN JACKSON DIRECTOR	1 00	X						0	0	0
CURTIS S JENKINS DIRECTOR	1 00	X						0	0	0
D CYNTHIA JULIEN DIRECTOR	1 00	X						0	0	0
TOM KING DIRECTOR	1 00	X						0	0	0
HERBERT A LANFORD JR DIRECTOR	1 00	X						0	0	0
KARL A MALONE DIRECTOR	1 00	X						0	0	0
CAROLYN D MEADOWS DIRECTOR	1 00	X						0	0	0
JOHN F MILIUS DIRECTOR	1 00	X						0	0	0
BILL MILLER DIRECTOR	1 00	X						0	0	0
OWEN P MILLS DIRECTOR	1 00	X						0	0	0
CLETA MITCHELL DIRECTOR	1 00	X						0	0	0
GROVER G NORQUIST DIRECTOR	1 00	X						0	0	0
OLIVER L NORTH DIRECTOR	1 00	X						0	0	0
JOHNNY NUGENT DIRECTOR	1 00	X						0	0	0
TED NUGENT DIRECTOR	1 00	X						0	0	0
LANCE OLSEN DIRECTOR	1 00	X						0	0	0
TIMOTHY W PAWOL DIRECTOR	1 00	X						0	0	0
PETER J PRINTZ DIRECTOR	1 00	X						0	0	0
TODD J RATHNER DIRECTOR	1 00	X						42,000	0	0
WAYNE ANTHONY ROSS DIRECTOR	1 00	X						0	0	0
CARL T ROWAN JR DIRECTOR	1 00	X						0	0	0
DON SABA DIRECTOR	1 00	X						0	0	0
ROBERT E SANDERS DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HAROLD W SCHROEDER DIRECTOR	1 00	X						0	0	0
TOM SELLECK DIRECTOR	1 00	X						0	0	0
DWIGHT D VAN HORN DIRECTOR	1 00	X						0	0	0
ROBERT L VIDEN JR DIRECTOR	1 00	X						0	0	0
HAROLD L VOLKMER DIRECTOR	1 00	X						0	0	0
HOWARD J WALTER DIRECTOR	1 00	X						0	0	0
JD WILLIAMS DIRECTOR	1 00	X						0	0	0
DENNIS L WILLING DIRECTOR	1 00	X						0	0	0
DONALD E YOUNG DIRECTOR	1 00	X						0	0	0
ROBERT J WOS DIRECTOR	1 00	X						0	0	0

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEMBER COMMUNICATIONS	62,019,572	51,074,150		10,945,422
PRINTING AND SHIPPING	22,682,371	22,682,371		
FASB 158	-4,782,967	-2,712,558	-2,070,409	
PROGRAM SERVICES	16,415,109	16,415,109		
FULLFILLMENT MATERIAL	7,291,757	6,750,626	38,500	502,631

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

- (i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

- a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows include 1a-1g: Beginning of year balance, Contributions, Investment earnings or losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment %
b Permanent endowment 100 000 % %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

- (i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	237,544,504
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	236,360,981
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	1,183,523
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	7,254,769
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	5,268,330
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	12,523,099
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	13,706,622

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	257,904,346
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	7,254,769
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	5,268,330
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	12,523,099
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	245,381,247
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	-7,836,743
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-7,836,743
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12)	<b>5</b>	237,544,504

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	244,197,724
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	7,885,243
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	7,885,243
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	236,312,481
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	48,500
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	48,500
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18)	<b>5</b>	236,360,981

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
III	1a	FINANCIAL STATEMENT NOTE 1 THE VALUE OF THE NRAS FIREARMS MUSEUM COLLECTION HAS BEEN EXCLUDED FROM THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION ONLY PURCHASES OF FIREARMS AND OTHER OBJECTS, AND NOT DONATIONS, ARE RECOGNIZED IN THE STATEMENTS OF ACTIVITIES FIREARMS AND OTHER OBJECTS IN THE NRA MUSEUM ARE NOT INTENDED FOR SALE OR EXCHANGE
III	4a	NATIONAL FIREARMS MUSEUM PROMOTES GUN COLLECTING AND PRESERVATION OF HISTORY THROUGH THE HERITAGE OF FIREARMS VISIT NRAMUSEUM.ORG FOR EXCITING INFORMATION
V	4	NRA ENDOWMENT FUNDS BENEFIT NRA INSTITUTE FOR LEGISLATIVE ACTION, NATIONAL CHAMPIONSHIPS, MARKSMANSHIP, AND LAW ENFORCEMENT
X	2	MANAGEMENT EVALUATED THE NRAS TAX POSITIONS AND CONCLUDED THAT THE NRA HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE WITH FEW EXCEPTIONS, THE NRA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2006, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOK-BACK PERIOD
XI	8	INCLUDES AGENCY TRANSACTIONS AND UNREALIZED GAIN ON DERIVATIVE INSTRUMENT
XII	2d	INCLUDES AGENCY TRANSACTIONS AND UNREALIZED GAIN ON DERIVATIVE INSTRUMENT
XII	4b	INCLUDES COST OF GOODS SOLD, RENTAL EXPENSE, AND INTEREST ON ENDOWMENT GRANTS
XIII	2d	INCLUDES COST OF GOODS SOLD AND RENTAL EXPENSE
XIII	4b	INCLUDES INTEREST ON ENDOWMENT GRANTS

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance...
2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region, (d) Activities conducted in region, (e) If activity listed in (d) is a program service, (f) Total expenditures for region. Includes data for Europe and a Totals row.







**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization  
NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number  
53-0116130

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
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
- b**  Internet and e-mail solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**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 activities?  **Yes**  **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
INFOCISION	PAID SOLICITOR		No	11,343,129	6,527,133	4,815,996
STRATEGIC FUNDRAISING	PAID SOLICITOR		No	861,856	588,886	272,970
<b>Total</b>				12,204,985	7,116,019	5,088,966

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

KY,NY,PA,UT,VA

**Part III Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<b>NRA-ILA PHOENIX</b> (event type)	(event type)	(total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	525,498			525,498
	<b>2</b> Less Charitable contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	525,498			525,498
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	219,210			219,210
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				219,210
<b>11</b> Net income summary Combine lines 3, column d, and line 10. . . . . ▶				306,288	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
<b>Direct Expenses</b>	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b>	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
<b>8</b> Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶					

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," Explain _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," Explain _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>	

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in			
<b>a</b> The organization's facility . . . . .	<b>13a</b>		
<b>b</b> An outside facility . . . . .	<b>13b</b>		
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .		<b>15a</b>	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
<b>c</b> If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .		<b>17a</b>	
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

**Schedule I  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**  
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047  
**2009**  
**Open to Public  
Inspection**

Name of the organization  
NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number  
53-0116130

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . .

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAW ENFORCEMENT ALLIANCE7700 LEESBURG PIKE FALLS CHURCH,VA 22043	541798397	501c4	240,000				LAW ENFORCEMENT
NATIONAL FDN FOR WOMEN LEGISLATORS910 16TH ST NW WASHINGTON,DC 20006	521480785	501c3	24,000				SCHOLARSHIPS

2 Enter total number of section 501(c)(3) and government organizations . . . . . 1

3 Enter total number of other organizations . . . . . 1



**Schedule J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

NATIONAL RIFLE ASSOCIATION OF AMERICA

**Employer identification number**

53-0116130

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</p>	Yes									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>		No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p><b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p>		No								
<p><b>b</b> Any related organization? If "Yes," to line 5a or 5b, describe in Part III.</p>		No								
<p><b>6</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p>		No								
<p><b>b</b> Any related organization? If "Yes," to line 6a or 6b, describe in Part III.</p>		No								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>		No								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		No								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WAYNE LAPIERRE	(i) (ii)	691,639	132,004		104,849	42,096	970,588	
CHRIS W COX	(i) (ii)	496,303	91,553		56,941	27,573	672,370	
WILSON H PHILLIPS JR	(i) (ii)	418,226	92,156		114,753	26,525	651,660	
KAYNE B ROBINSON	(i) (ii)	422,261	88,574		124,972	46,755	682,562	
EDWARD J LAND JR	(i) (ii)	348,696	44,819		18,130	30,954	442,599	
BEN CASE	(i) (ii)	257,736	311,000		18,130	30,723	617,589	
MARY CORRIGAN	(i) (ii)	324,416			28,212	9,885	362,513	
JOSEPH GRAHAM	(i) (ii)	246,639		337,000	34,630	25,657	643,926	
MICHAEL MARCELLIN	(i) (ii)	168,223	182,739		34,630	22,648	408,240	
ROBERT MARCARIO	(i) (ii)	280,987			13,998	26,148	321,133	

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
I	4b	457F AMOUNTS INCLUDED IN DEFERRED COMPENSATION WAYNE LAPIERRE 70,219 WILSON H PHILLIPS JR 80,123
I	4b	457F AMOUNTS INCLUDED IN DEFERRED COMPENSATION CHRIS COX 22,311 MARY CORRIGAN 10,082 KAYNE ROBINSON 90,342
I	1a	CHARTER TRAVEL WAS USED ON OCCASIONS INVOLVING MULTIPLE EVENTS WHEN REDUCED AIRLINE SCHEDULES PRECLUDED OTHER OPTIONS
I	1a	CERTAIN COMPENSATION ELEMENTS WERE GROSSED UP IN 2009 ALL TAX GROSS-UPS WERE INCLUDED IN PART II
I	1a	CLUBS, SUCH AS SAFARI CLUB AND LUNCHEON CLUB, ARE USED FOR BUSINESS PURPOSES
II	E	NOTE TOTAL COMPENSATION IN SCHEDULE J PART II COLUMN E SHOULD NOT BE EXPECTED TO TIE TO 990 PART VII COMPENSATION TOTALS PER EMPLOYEE AS SHOWN IN SCHEDULE J-2 DUE TO DIFFERENT DEFINITIONS AND EXCLUSIONS
II	Biii	OTHER REPORTABLE COMPENSATION VESTING AND ONE-TIME DISTRIBUTION OF DEFERRED COMPENSATION DUE TO IRS REGULATION CHANGE

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2009

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues?

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

OMB No 1545-0047

**2009**

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

**Open to Public Inspection**

▶ Attach to Form 990.

**Name of the organization**

NATIONAL RIFLE ASSOCIATION OF AMERICA

**Employer identification number**

53-0116130

Identifier	Return Reference	Explanation
Form 990 I	7a,7b	READER NOTE REGARDING UNRELATED BUSINESS INCOME FORM 990 PAGE 1 SHOWS GROSS UNRELATED BUSINESS REVENUE OF 20,168,091 ON LINE 7A AND NET UNRELATED BUSINESS TAXABLE INCOME OF 0 ON LINE 7B THE EXPLANATION IS AS FOLLOWS GROSS UNRELATED BUSINESS REVENUE FOR THE 2009 YEAR WAS REDUCED BY RELATED EXPENSES, WITH THE BALANCE FURTHER REDUCED TO 0 BY NET OPERATING LOSS CARRY FORWARDS THE TYPES AND AMOUNTS OF NET OPERATING LOSSES AND CARRY FORWARDS WERE PREVIOUSLY NEGOTIATED WITH INTERNAL REVENUE SERVICE
Form 990 VI	6	NRA IS A MEMBERSHIP ASSOCIATION
Form 990 VI	7a	NRA MEMBERS ELECT ALL 76 DIRECTORS OF THE BOARD
Form 990 VI	7b	CERTA IN BOARD DECISIONS ARE SUBJECT TO MEMBERSHIP APPROVAL PER BY LAWS AND NEW YORK LAW
Form 990 VI	11a	990 IS REVIEWED BY EXTERNAL ACCOUNTANTS AND THE BOARD AUDIT COMMITTEE BEFORE IT IS FILED TO THE IRS
Form 990 VI	12c	ANNUAL FILINGS BY ALL BOARD MEMBERS ARE REVIEWED BY THE NRA AUDIT COMMITTEE
Form 990 VI	15a,15b	COMPENSATION IS REVIEWED BY BOARD COMPENSATION COMMITTEE AND INDEPENDENT COMPENSATION AND BENEFITS CONSULTING FIRM INCLUDING BENCHMARKING AND INDUSTRY BEST PRACTICES
Form 990 VII		OFFICERS OF THE NRA ALSO SPEND TIME SERVING ON BOARDS OF THE NRA CHARITABLE AFFILIATES AS DISCLOSED IN THE FOLLOWING LIST NRA PRESIDENT RON SCHMEITS SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FOUNDATION AND NRA SPECIAL CONTRIBUTION FUND NRA 1ST VICE PRESIDENT JIM PORTER SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FOUNDATION AND NRA SPECIAL CONTRIBUTION FUND BOARD WAYNE LA PIERRE SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FOUNDATION CHRIS W COX SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FREEDOM ACTION FOUNDATION WILSON H PHILLIPS JR SPENDS 1 ADDITIONAL HOUR PER WEEK ON EACH OF NRA FOUNDATION, NRA SPECIAL CONTRIBUTION FUND, NRA CIVIL RIGHTS DEFENSE FUND, AND NRA FREEDOM ACTION FOUNDATION KAYNE ROBINSON SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA SPECIAL CONTRIBUTION FUND

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

Schedule G X READER NOTE REGARDING THE BALANCE SHEET DEFERRED COSTS AND DEFERRED REVENUES RELATED TO MEMBERSHIP ACQUISITION AND RENEWAL ARE ACCOUNTING ENTRIES REQUIRED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES DEFERRED REVENUE FOR DUES IS NOT A LIABILITY, AS IT RECOGNIZES REVENUE TO BE COLLECTED IN FUTURE AND MATCHED WITH FUTURE SERVICES PROVIDED TO MEMBERS DUES REVENUE IS RECOGNIZED OVER THE LIFE OF THE MEMBERSHIP Form 990 G 2b READER NOTE 990 PART VII SECTION B TOTAL COMPENSATION TO INDEPENDENT CONTRACTOR INFOCISION SHOULD NOT BE EXPECTED TO TIE TO SCHEDULE G DISCLOSURE OF COMPENSATION TO INFOCISION AS A PAID SOLICITOR, FOR THE FOLLOWING REASON 990 PART VII SECTION B REPORTS TOTAL COMPENSATION FOR ALL WORK INCLUDING MEMBERSHIP PROCESSING, WHEREAS SCHEDULE G DISCLOSES VENDOR COMPENSATION ONLY FOR SOLICITATION OF CONTRIBUTIONS

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

Cat No 51056K

Schedule O (Form 990) 2009

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

NATIONAL RIFLE ASSOCIATION OF AMERICA

**Employer identification number**

53-0116130

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
NRA FOUNDATION INC 11250 WAPLES MILL RD FAIRFAX, VA 22030 52-1710886	CHARITABLE	DC	501c3	LINE 7	N/A
NRA SPECIAL CONTRIBUTION FUND PO BOX 700 RATON, NM 87740 23-7367534	CHARITABLE	NM	501c3	LINE 11-TYPE I	N/A
NRA CIVIL RIGHTS DEFENSE FUND 11250 WAPLES MILL RD FAIRFAX, VA 22030 52-1136665	CHARITABLE	VA	501c3	LINE 7	N/A
NRA FREEDOM ACTION FOUNDATION 11250 WAPLES MILL RD FAIRFAX, VA 22030 26-1277941	CHARITABLE	VA	501c3	LINE 7	N/A

**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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**1** During the tax year, did the organization 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 **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>		No
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
<b>(1)</b>	NRA FOUNDATION INC	c	9,711,363
<b>(2)</b>	NRA FOUNDATION INC	n	3,294,531
<b>(3)</b>	NRA FOUNDATION INC	p	4,220,550
<b>(4)</b>	NRA SPECIAL CONTRIBUTION FUND	a	120,000
<b>(5)</b>	NRA SPECIAL CONTRIBUTION FUND	p	489,822
<b>(6)</b>	NRA CIVIL RIGHTS DEFENSE FUND	p	52,543

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

**Software ID:** 09000123  
**Software Version:** 2009.0.12  
**EIN:** 53-0116130  
**Name:** NATIONAL RIFLE ASSOCIATION OF AMERICA

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	NRA FOUNDATION INC	c	9,711,363
(2)	NRA FOUNDATION INC	n	3,294,531
(3)	NRA FOUNDATION INC	p	4,220,550
(4)	NRA SPECIAL CONTRIBUTION FUND	a	120,000
(5)	NRA SPECIAL CONTRIBUTION FUND	p	489,822
(6)	NRA CIVIL RIGHTS DEFENSE FUND	p	52,543