** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

Form 990 (2018)

| AI | or the | 2018 calendar year, or tax year beginning and | ending | | | | | |
|---------------|--------------------------------------|--|--------------------------|---------------------------------|--------------------------------|--|--|--|
| В | Check if applicable | C Name of organization | | D Employer identifi | cation number | | | |
| | Addre | NATIONAL RIFLE ASSOCIATION OF AMERICA | | | | | | |
| | Name chang | Doing business as | | 53-0 | <u>1</u> 16130 | | | |
| | Initial return Final return | Number and street (or P.O. box if mail is not delivered to street address) 11250 WAPLES MILL ROAD | Room/suite | E Telephone number 703-267-1000 | | | | |
| | termin | | | G Gross receipts \$ | 367,702,748. | | | |
| | Ameno | | | H(a) Is this a group re | | | | |
| | Applic | | | for subordinates | | | | |
| | pendir | SAME AS C ABOVE | | H(b) Are all subordinates in | | | | |
| 1.3 | ax-exe | empt status: 501(c)(3) X 501(c) (4) ◀ (insert no.) 4947(a)(1) | or 527 | 1 | list. (see instructions) | | | |
| | | e: ► WWW.NRA.ORG | | H(c) Group exemption | · | | | |
| | | organization: X Corporation Trust Association Other | L Year | | VI State of legal domicile; NY | | | |
| | art I | Summary | | | | | | |
| Ф | | Briefly describe the organization's mission or most significant activities: $\underline{	t FIRE}$ | | | | | | |
| Governance | | TRAINING; AND ADVOCACY ON BEHALF OF SAFE | | | | | | |
| ra | 2 | Check this box 🕨 🔛 if the organization discontinued its operations or dispos | sed of more | than 25% of its net as: | | | | |
| o Ve | | | | 3 | 76 | | | |
| 9 | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 67 | | | |
| 88 | 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | | 5 | 816 | | | |
| ¥ | | Total number of volunteers (estimate if necessary) | | | 150000 | | | |
| Activities & | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 23,943,194. | | | |
| - | b | Net unrelated business taxable income from Form 990-T, line 38 | | 7b | 0. | | | |
| | | | | Prior Year | Current Year | | | |
| 0 | 8 | Contributions and grants (Part VIII, line 1h) | | 98,026,531. | 108,599,726 | | | |
| Revenue | | Program service revenue (Part VIII, line 2g) | | 46,955,303. | | | | |
| š | | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 4,893,990. | | | | |
| _ | I | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 62,111,910. | 48,748,942. | | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 11,987,734. | 352,550,864. | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 93,334. | 75,661. | | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 66,789,561. | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 8,943,038. | 7,798,658. | | | |
| Ř | b | Total fundraising expenses (Part IX, column (D), line 25) 48,091,5 | | E4 00E B10 | 000 506 456 | | | |
| ш | '' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 54,005,718. | 283,536,156. | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 29,831,651. | 355,275,317. | | | |
| | 19 | Revenue less expenses, Subtract line 18 from line 12 | | 17,843,917. | -2,724,453. | | | |
| Net Assets or | | | | ginning of Current Year | End of Year | | | |
| SSel | 20 | Total assets (Part X, line 16) | | 96,125,681. | 197,212,080. | | | |
| et A | 21 | Total liabilities (Part X, line 26) | ······· - * | 71,175,478. | 181,180,554. | | | |
| | 22 art II | Net assets or fund balances, Subtract line 21 from line 20 | | 24,950,203. | 16,031,526. | | | |
| | | ties of perjury, I declare that I have examined this return, including accompanying schedule: | o and atatama | and to the heat of | described as and half of this | | | |
| | | t, and complete. Declaration of preparer (alberthan officer) is based on all information of wi | | | knowledge and belief, it is | | | |
| ue, | COLLEC | t, and complete. Declaration of preparer than officer) is based on air information of wi | mon preparer | | 146/19 | | | |
| Sig | | Signature of officer | | Date | 7.61[| | | |
| Her | | CRAIG B. SPRAY, TREASURER | | | | | | |
| ner | • | Type or print name and title | | | | | | |
| | _ | Print/Type preparer's name Preparer's signature | 1 | Date Check | PTIN | | | |
| Paid | | ZACK FORTSCH, CPA | | 11/14/19 if self-emalo | | | | |
| | arer | Firm's name RSM US LLP | | Firm's EIN | 42-0714325 | | | |
| | Only | Firm's address ONE SOUTH WACKER DR STE 800 | _ | THIN 3 LIN | | | | |
| , , , , | | CHICAGO, IL 60606-3392 | | Phone no. 31 | 2-634-3400 | | | |
| Ma | the IF | S discuss this return with the preparer shown above? (see instructions) | | 1. 1.0.10 1101 | X Yes No | | | |

| Pa | rt III Statement of Program Service Accomplishments |
|----|---|
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | PER NRA BYLAWS, TO PROTECT AND DEFEND THE U.S. CONSTITUTION; TO |
| | PROMOTE PUBLIC SAFETY, LAW AND ORDER, AND NATIONAL DEFENSE; TO TRAIN |
| | LAW ENFORCEMENT AGENCIES AND CIVILIANS IN MARKSMANSHIP; TO PROMOTE |
| _ | SHOOTING SPORTS AND HUNTING. |
| 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 X No |
| 3 | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| 3 | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| • | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 140,238,506. including grants of \$ 75,661.) (Revenue \$ 203,053,219.) |
| | NRA MEMBERSHIP SUPPORT INCLUDES PUBLICATIONS, EDUCATION AND TRAINING, |
| | FIELD SERVICES, COMPETITIVE SHOOTING, LAW ENFORCEMENT, HUNTER SERVICES, |
| | MEMBER COMMUNICATIONS SERVICES, MEMBER PROGRAMS, MEMBER SERVICES, AND |
| | FULFILLMENT OF MEMBER SERVICES. THE CHIEF VALUE OF NRA MEMBERSHIP IS IN |
| | GUN SAFETY AND TRAINING ALONG WITH REGULAR REINFORCEMENT OF THESE |
| | LESSONS AND PRINCIPLES BY KEEPING ENGAGED WITH THE COMMUNITY OF OUTDOOR LOVERS AND SAFE AND RESPONSIBLE SHOOTING ENTHUSIASTS. NRA MEMBERSHIP |
| | SUPPORT AND FULFILLMENT ARE DEDICATED TO PROVIDING NRA MEMBERS WITH |
| | HIGH QUALITY SUPPORT AS WELL AS CONTENT DELIVERED THROUGH MANY |
| | PLATFORMS. SAFE AND RESPONSIBLE GUN OWNERSHIP REMAINS THE CORNERSTONE |
| | OF EVERYTHING THE ASSOCIATION PROVIDES FOR MEMBERS. |
| | |
| 4b | (Code:) (Expenses \$ 32,507,712 • including grants of \$ 0 •) (Revenue \$ 0 •) |
| | THE NRA INSTITUTE FOR LEGISLATIVE ACTION ADVOCATES ON BEHALF OF SAFE |
| | AND RESPONSIBLE GUN OWNERS. AS THE FOREMOST PROTECTOR AND DEFENDER OF |
| | THE SECOND AMENDMENT, THE NRA PROMOTES FIREARMS SAFETY, ADVOCATES |
| | AGAINST EFFORTS TO ERODE GUN RIGHTS AND FREEDOMS, FIGHTS FOR INITIATIVES AIMED AT REDUCING VIOLENT CRIME, AND PROMOTES |
| | HUNTERS'RIGHTS AND CONSERVATION EFFORTS. NRA MEMBERS RECOGNIZE THIS |
| | VITAL IMPORTANCE OF NRAILA'S TRUE GRASSROOTS WORK TO PRESERVE THE |
| | SECOND AMENDMENT FOR FUTURE GENERATIONS OF SHOOTERS AND OUTDOOR |
| | SPORTSMEN AND SPORTSWOMEN. THIS LEGION OF ENGAGED AND MOTIVATED MEMBERS |
| | IS THE REASON FOR THE NRA'S STRENGTH. |
| | |
| | |
| 4c | (Code:) (Expenses \$18,732,003. including grants of \$) (Revenue \$20,582,280.) |
| | NRA SHOWS AND EXHIBITS INCLUDE THE NRA ANNUAL MEETINGS AND MEMBERS |
| | EXHIBIT HALL, HELD IN A DIFFERENT CITY EACH YEAR, AND OTHER SHOWS AROUND THE COUNTRY. THE ANNUAL MEETINGS AND EXHIBITS ARE PRESENTED AS A |
| | CELEBRATION OF AMERICAN FREEDOM FEATURING ACRES OF EXHIBITS, PREMIER |
| | EVENTS, EDUCATIONAL SEMINARS AND WORKSHOPS, AND FUN-FILLED ACTIVITIES |
| | FOR THE ENTIRE FAMILY. DALLAS, TEXAS WAS THE 2018 HOST CITY. OTHER NRA |
| | HOSTED SHOWS INCLUDED THE GREAT AMERICAN OUTDOOR SHOW HELD IN |
| | HARRISBURG, PENNSYLVANIA. |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe in Schedule O.) |
| 46 | (Expenses \$ 59,426,544. including grants of \$ 0.) (Revenue \$ 1,330,515.) Total program service expenses ▶ 250,904,765. |
| TC | TOTAL PROGRAM SOLVICE CAPELISES P ASSISTED AS I TO SOLVE STATE AS |

Form 990 (2018) NATIONAL RIF
Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | X | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | X | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | X | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII | 11b | | X |
| C | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | X | <u> </u> |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | X | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | X | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| þ | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? # "Yes " complete Schedule I. Parts I and II | 21 | X | |

X Form 990 (2018)

NATIONAL RIFLE ASSOCIATION OF AMERICA 53-0116130 Form 990 (2018) Page 4 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes." X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? |f "Yes," complete Schedule L. Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? |f "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes." complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O X Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1176 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Form 990 (2018)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 816 filed for the calendar year ending with or within the year covered by this return _______2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: ▶ _ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts X were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7**g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? X 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
|-----|---|---------|----------|-----|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 76 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 67 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| _ | officer, director, trustee, or key employee? | 2 | х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | _ | | |
| Ū | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | | 6 | Х | - |
| _ | Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | 0 | 22 | |
| / d | | | x | |
| | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | 7a | <u> </u> | _ |
| D | | 71. | х | |
| • | persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 7b | Α | |
| 8 | | 0 | X | |
| _ | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Λ | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | • |
| 500 | organization's mailing address? If "Yes." provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| 40 | D'Illian and all all all and all all all all all all all all all al | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 4.51 | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | v | - |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 11a | X | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | 37 | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | 37 | |
| | in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 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? | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| _ | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed AL, AZ, AR, CA, CO, CT, DC, FL, GA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s | only) a | availat | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | financ | ial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | CRAIG B. SPRAY, TREASURER - 703-267-1000 | | | |
| | 11250 WAPLES MILL RD, FAIRFAX, VA 22030 | | | |

Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| (A) | (B) | | | _ ((| | | | (D) | (E) | (F) |
|---------------------------------|-------------------|--------------|-----------------------|----------|--------------|---------------------------------|--------|----------------------|--------------------------------------|------------------------------|
| Name and Title | Average | | not a | | more | than c | | Reportable | Reportable compensation from related | Estimated |
| | hours per week | | | | | s both r/trust | | compensation from | | amount of other |
| | (list any | tor | | | | | | the | organizations | compensation |
| | hours for | r director | | | | pa | | organization | (W-2/1099-MISC) | from the |
| | related | trustee or | rustee | | g2 | ensa, | | (W-2/1099-MISC) | | organization |
| | organizations | nal tru | onalt | | ploye | com | | | | and related |
| | below line) | Individual t | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) RICHARD CHILDRESS | 10.00 | | | | | | | | | |
| 1ST VICE PRESIDENT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) CAROLYN D. MEADOWS | 10.00 | | | | | | | | | |
| 2ND VICE PRESIDENT | 1.00 | X | | X | _ | | | 0. | 0. | 0. |
| (3) JOE M. ALLBAUGH | 1.00 | | | | | | | | | |
| DIRECTOR | 1 00 | X | _ | | _ | | _ | 0. | 0. | 0. |
| (4) WILLIAM H. ALLEN | 1.00 | v | | | | | | _ | | • |
| DIRECTOR (ENDING 6/1/2018) | 1 00 | X | _ | Н | | | | 0. | 0. | 0. |
| (5) THOMAS P. ARVAS DIRECTOR | 1.00 | Х | | | | | | | 0 | 0 |
| (6) PAUL BABAZ | 1.00 | _ | Н | \vdash | | | _ | 0. | 0. | 0. |
| DIRECTOR (STARTING 6/1/2018) | 1.00 | x | | | | | | 0. | 0. | 0 |
| (7) SCOTT L. BACH | 1.00 | ^ | | | | | | 0. | | 0. |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| (8) WILLIAM A. BACHENBERG | 1.00 | | | Н | _ | | _ | - 0. | 0. | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| (9) BOB BARR | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (10) RONNIE G. BARRETT | 1.00 | | | | | Г | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (11) CLEL BAUDLER | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (12) J. KENNETH BLACKWELL | 1.00 | | | | | | | | | _ |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (13) MATT BLUNT | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (14) DAN BOREN | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (15) ROBERT K. BROWN | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (16) PETE R. BROWNELL | 1.00 | | | | | | | | _ | |
| DIRECTOR | 1.00 | X | | | - | | _ | 2,997. | 0. | 0. |
| (17) DAVID BUTZ | 5.00 | | | | | | | 400 000 | | _ |
| DIRECTOR 832007 12-31-18 | | X | | | | | | 100,000. | 0. | 0. Form 990 (2018) |

| (A) | (B) | J.0, | 003, | | C) | giie. | 31 C | (D) | (E) | | | (F) | |
|---|--|--------------------------------|---------------------------|-------------------------|-----------------------|------------------------------|------------------|--|---|---------|-----------|---|-------------------|
| Name and title | Average hours per week | box | not c , unle cer ar | Pos heck a ss per | itior more rson | than is boti | h an | Reportable compensation from | Reportable compensation from relate | on |) | stimate mount other | of |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizatior (W-2/1099-MI | | org an | npensa rom th ganizat d relat anizati | ne tion ted |
| (18) DEAN CAIN | 1.00 | | | | | | | | | | | | |
| DIRECTOR (STARTING 5/5/2018) | 4 00 | X | | | | | L | 0. | | 0. | | | 0. |
| (19) TED W. CARTER | 1.00 | | | | | | | | | | | | |
| DIRECTOR | 1 00 | X | <u> </u> | _ | _ | - | ┡ | 0. | | 0. | | | 0. |
| (20) PATRICIA A. CLARK | 1.00 | ₩. | | | | | | | | _ | | | ^ |
| (21) ALLAN D, CORS | 1 00 | X | | | - | - | \vdash | 0. | | 0. | | | 0. |
| DIRECTOR | 1.00 | x | | | | | | 0. | | 0. | | | 0 |
| (22) CHARLES L. COTTON | 1.00 | ^ | | | | | - | 0. | | 0. | - | | 0. |
| DIRECTOR | 1.00 | X | | | | | | 0. | | 0. | | | 0. |
| (23) DAVID G. COY | 1.00 | 22 | | | | | \vdash | - 0. | | | | | <u> </u> |
| DIRECTOR | 2.00 | x | | | | | | 0. | | 0. | | | 0. |
| (24) LARRY E. CRAIG | 1.00 | | | Н | | | | | | - | | | |
| DIRECTOR | | X | | | | | | 0. | | 0. | | | 0. |
| (25) JOHN L CUSHMAN | 1.00 | | \Box | | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | | 0. | | | 0. |
| (26) R. LEE ERMEY | 1.00 | | | | | | | | | | | | |
| DIRECTOR (ENDING 4/15/2018) | | X | | | | | | 0. | | 0. | | | 0. |
| 1b Sub-total | | | | | | | | 102,997. | | 0. | | | 0. |
| c Total from continuation sheets to Part V | II, Section A | | | | | | | 12,820,292. | | 0. | | | 13. |
| d Total (add lines 1b and 1c) | | ,, | | | | | \triangleright | 12,923,289. | | 0. | 75 | 6,0 | 13. |
| 2 Total number of individuals (including but | not limited to th | ose | liste | d ab | ove |) wh | o r | eceived more than \$100, | 000 of reportable | е | | | |
| compensation from the organization | | | _ | | | | | | | | | | 122 |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former office | | | | • | | • | | | | | | 37 | |
| line 1a? If "Yes," complete Schedule J for | | | | | | | | | | | 3_ | X | |
| 4 For any individual listed on line 1a, is the s | • | | | | | | | • | • | | | х | |
| and related organizations greater than \$15Did any person listed on line 1a receive or | | | | | | | | | | | 4 | | |
| rendered to the organization? If "Yes." col | | | | | - | | | - | | | 5 | x | |
| Section B. Independent Contractors | noleje Senegui | E.J.) | OF SE | <u> KGII I</u> | oers | OH | | | | | 3 | 21 | |
| Complete this table for your five highest co | mpensated inc | lepe | nde | nt co | ontr | acto | rs t | hat received more than \$ | 100,000 of com | pensat | tion fro | nm | |
| the organization. Report commensation for | | | | | | | | | | porioui | | ,,,, | |
| (A) | | | | | | | | (B) | | | ((| C) | |
| Name and busines | s address | | | | | | | Description of s | ervices | С | ompe | nsatio | 'n |
| ACKERMAN MCQUEEN INC | | | | | | | | PUBLIC RELAT | IONS AND | | | | |
| 1601 NW EXPRESSWAY, OKLA | | Ύ, | 0 | K | 73 | <u>11</u> | 8 | | | 31 | ,99 | 4,1 | 68. |
| INFOCISION MANAGEMENT CO | RP | | | | | | | MEMBERSHIP | | | | | |

| (A) | (B) | (C) |
|--|-------------------------------|--------------|
| Name and business address | Description of services | Compensation |
| ACKERMAN MCQUEEN INC | PUBLIC RELATIONS AND | |
| 1601 NW EXPRESSWAY, OKLAHOMA CITY, OK 73118 | ADVERTISING | 31,994,168. |
| INFOCISION MANAGEMENT CORP | MEMBERSHIP | |
| 325 SPRINGSIDE DR, AKRON, OH 44333 | PROCESSING AND CONTR | 25,727,854. |
| BREWER ATTORNEYS AND COUNSELORS | | |
| 1717 MAIN ST, SUITE 5900, DALLAS, TX 75201 | LEGAL SERVICES | 13,832,060. |
| MEMBERSHIP MARKETING PARTNERS LLC, 11250 | FUNDRAISING PRINTING | |
| WAPLES MILL TD, SUITE 310, FAIRFAX, VA | AND MAILING | 12,561,213. |
| VALTIM INC | | |
| 1095 VENTURE DR, FOREST, VA 24551 | FULFILLMENT CENTER | 8,836,104. |
| 2 Total number of independent contractors (including but not limited to those listed | above) who received more than | |
| \$100,000 of compensation from the organization 123 | | |
| CEP DARM VIT CECUTON A COMMINIAMION CHI | Z TO MC | - 000 |

| Part VII Section A. Officers, Directors, Tr | ustone Kou Er | male | | | - d L | liab | oot i | Compensated Employe | | 6130 |
|---|--|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|---------------------------------|---|---|
| Toodion A. Omoord, Directord, Tr | | nDIC | yee | | | ugni | est | | | (E) |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average | / / | | Posi | | | ьл | Reportable | Reportable | Estimated |
| | hours per week | (C | heck | all | tnat | | iy) | compensation from the | compensation from related organizations | amount of other compensation |
| | (list any hours for related organizations | Individual trustee or director | trustee | | 59. | Highest compensaled employee | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related |
| | below line) | Individual to | Institutional trustee | Officer | Key employee | Highest cor | Former | | | organizations |
| (27) EDIE P. FLEEMAN | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | Ш | | | | 0. | 0. | 0 |
| (28) CAROL FRAMPTON | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0 |
| (29) JOEL FRIEDMAN | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0 |
| (30) SANDRA S. FROMAN | 5.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 13,060. | 0. | 0 |
| (31) JULIE GOLOB | 5.00 | | | | | | | | | |
| DIRECTOR (STARTING 5/5/2018) | | X | | | | | | 28,661. | 0. | 0 |
| (32) MARIA HEIL | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0 |
| (33) GRAHAM HILL | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | L | 0. | 0. | 0 |
| (34) STEVE HORNADY | 1.00 | | | | | | | | | _ |
| DIRECTOR (ENDING 5/5/2018) | | X | | | | | | 0. | 0. | 0 |
| (35) SUSAN HOWARD | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | Ш | | | | 0. | 0. | 0 |
| (36) CURTIS S. JENKINS | 1.00 | | | | | | | | | |
| DIRECTOR | | X | L | | | | | 0. | 0. | 0 |
| (37) DAVID A. KEENE | 1.00 | | | | | | | | | |
| DIRECTOR | | X | L | | | | | 40,000. | | 0 |
| (38) TOM KING | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | Ш | | | | 0. | 0. | 0 |
| (39) TIMOTHY KNIGHT | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0 |
| (40) HERBERT A. LANFORD JR. | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0 |
| (41) WILLES K. LEE | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | Ш | | L | | 0. | 0. | 0 |
| (42) CARRIE LIGHTFOOT | 1.00 | | | | | | | | | |
| DIRECTOR (STARTING 5/5/2018) | | X | | | | | | 2,907. | 0. | 0 |
| (43) DUANE LIPTAK, JR | 1.00 | | | | | | | | | |
| DIRECTOR (STARTING 5/5/2018) | | X | | | | | | 0. | 0.] | 0 |
| (44) KARL A. MALONE | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | $oxed{oxed}$ | | | | | 0. | 0. | 0 |
| (45) SEAN MALONEY | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0 |
| | 1.00 | | | | | | | | | |
| (46) ROBERT E. MANSELL | 1.00 | x | ı | | | | | 0. | | |

| Part VII Section A. Officers, Directors, | Trustees, Key Er | | | s, ar | nd H | | | Compensated Employe | ees (continued) | 0130 |
|--|---|--------------------------------|-----------------------|---------------|--------------|------------------------------|--------|--|--|---|
| (A) Name and title | (B) Average hours | (cl | | Posi all t | ition | | ly) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (47) BILL MILLER DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0 |
| (48) OWEN BUZ MILLS | 1.00 | | | | | | | | | |
| DIRECTOR | | x | | | | | | 5,553. | 0. | 0 |
| (49) CRAIG MORGAN DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0 |
| (50) IL LING NEW | 1.00 | - | | П | \neg | | | | | |
| DIRECTOR (STARTING 5/5/2018) | | x | | | | | | 0. | 0. | 0 |
| (51) GROVER NORQUIST | 1.00 | | | | | | | | | |
| DIRECTOR (ENDING 5/5/2018) | | X | | | | | | 0. | 0. | 0 |
| (52) ROBERT A. NOSLER | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | Ш | Щ | | | 0. | 0. | 0 |
| (53) JOHNNY NUGENT | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0 |
| (54) TED NUGENT DIRECTOR | 1.00 | x | | | | | | 64,234. | 0. | 0 |
| (55) LANCE OLSON | 5.00 | Δ | | | | | _ | 04,234. | 0. | |
| DIRECTOR | 3.00 | X | | | | | | 75,000. | 0. | 0 |
| (56) MELANIE PEPPER | 1.00 | | | \vdash | | | | 75,000. | 0. | |
| DIRECTOR | 2000 | x | | | | | | 0. | 0. | 0 |
| (57) JAMES W. PORTER II | 1.00 | - | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0 |
| (58) JAY PRINTZ | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0 |
| (59) TODD J. RATHNER | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0 |
| (60) KIM RHODE | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0 |
| (61) WAYNE ANTHONY ROSS | 1.00 | | | | | | | | | |
| DIRECTOR | 1 00 | X | <u> </u> | - | | <u> </u> | _ | 0. | 0. | 0 |
| (62) CARL T. ROWAN, JR. | 1.00 | 3, | | | | | | | | • |
| DIRECTOR (63) DON SABA | 1.00 | Х | | | | | _ | 0. | 0. | 0. |
| DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0 |
| (64) WILLIAM H. SATTERFIELD | 1.00 | Δ | - | \vdash | | _ | - | 0. | <u> </u> | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0 |
| (65) RONALD L. SCHMEITS | 1.00 | | | \vdash | | | | - 0. | | <u> </u> |
| DIRECTOR | | x | | | | | | 0. | 0. | 0 |
| (66) ESTHER Q. SCHNEIDER | 1.00 | - | | П | | | | - | | |
| | | x | 1 | ı I | | | 1 | 0. | 0. | 0 . |

| | | | | | | | | F AMERICA | 53-011 | 6130 |
|--|------------------------|--------------------------------|-----------------------|----------------|--------------|------------------------------|----------|---------------------------------|-----------------|--------------------------|
| Part VII Section A. Officers. Directors, | Trustees, Key Er | mple | yee | s, ar | nd H | ligh | est | Compensated Employe | ees (continued) | |
| (A) | (B) | | | (0 | 2) | | | (D) | (E) | (F) |
| Name and title | Average | | | Posi | ition | ı | | Reportable | Reportable | Estimated |
| | hours | (c | neck | all t | hat | app | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week | <u>-</u> | | | | loyee | | the | organizations | compensation |
| | (list any hours for | lirectr | | | | e e | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the |
| | related | 10 a | eg: | | | satec | | (44-2/1099-141130) | | organization and related |
| | organizations | truste | al trus | | yee | ышы | | | | organizations |
| | below | Individual trustee or director | Institutional trustee | <u></u> | Key employee | Highest compensated employee | 듈 | | | |
| | line) | ladi. | Inst | Officer | Key | E E | Former | | | |
| (67) STEVEN C. SCHREINER | 1.00 | | | П | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (68) TOM SELLECK | 1.00 | | | | | | | | | |
| DIRECTOR (ENDING 9/8/2018) | | X | | | | | | 0. | 0. | 0. |
| (69) JOHN C. SIGLER | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (70) LEROY SISCO | 1.00 | | | | | | | | | _ |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (71) BART SKELTON | 5.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 15,000. | 0. | 0. |
| (72) STEPHANIE SPIKA | 1.00 | | | | | | | | | |
| DIRECTOR (4/15/2018-5/5/2018) | | X | | Щ | | | | 0. | 0. | 0. |
| (73) KRISTY TITUS | 1.00 | | | | | | | | | |
| DIRECTOR (STARTING 5/5/2018) | | X | _ | | | | | 0. | 0. | 0. |
| (74) DWIGHT D. VAN HORN | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | Ш | | | | 0. | 0. | 0. |
| (75) BLAINE E. WADE | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | ļ | | 0. | 0. | 0. |
| (76) LINDA L. WALKER | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | Щ | Щ | | | 0. | 0. | 0. |
| (77) HOWARD J. WALTER | 1.00 | | | | | | | | | |
| DIRECTOR | 1 00 | X | | | Щ | _ | _ | 0. | 0. | 0. |
| (78) HEIDI E. WASHINGTON | 1.00 | | | | | | | | _ | _ |
| DIRECTOR | 1 22 | X | | Ш | | _ | _ | 0. | 0. | 0. |
| (79) ALLEN B. WEST | 1.00 | | | | | | | | | _ |
| DIRECTOR | 1 00 | X | | \square | | _ | _ | 0. | 0. | 0. |
| (80) ROBERT J. WOS | 1.00 | | | | | | | | | |
| DIRECTOR (ENDING 5/5/2018) | 1 00 | X | - | | | _ | - | 0. | 0. | 0. |
| (81) DONALD E. YOUNG | 1.00 | | | | | | | | | |
| DIRECTOR | 60.00 | X | | - | _ | _ | | 0. | 0. | 0. |
| (82) WAYNE LAPIERRE | 60.00 | - | | ,, | | | | 2 150 634 | 0 | F2 F22 |
| CEO AND EXECUTIVE VICE PRESIDENT | 1.00 | | | X | | | \vdash | 2,150,634. | 0. | 73,793. |
| (83) CHRIS W. COX EXECUTIVE DIRECTOR, NRAILA | 49.00 | - | | Ţ | | | | 1 205 210 | 0 | 107 250 |
| | 1.00 | | <u> </u> | X | - | | | 1,285,318. | 0. | 107,350. |
| (84) WILSON H. PHILLIPS TREASURER (ENDING 9/13/2018) | 29.00 | 1 | | . | | | | 900 527 | | 40 000 |
| (85) JOSHUA L. POWELL | | | \vdash | X | | | | 900,537. | 0. | 48,232. |
| CHIEF OF STAFF AND EXEC. DIR | 40.00 | 1 | | v | | | | 944 127 | | 75 030 |
| (86) CRAIG B. SPRAY | 39.00 | | | X | - | | | 844,137. | 0. | 75,832. |
| TREASURER (FROM 9/13/2018) | 11.00 | 1 | | x | | | | 596,958. | 0. | E1 257 |
| 7, 10, 2010) | 1 11.00 | Ц. | | Δ | | | 1 | 330,330. | 0. | 51,257. |
| Total to Dort VIII Continue & Bonda | | | | | | | | | | |
| Total to Part VII. Section A. line 1c | | , | | | | | | | | |
| | | | | | | | | | | |

| | RIFLE A | 188 | 300 | IA. | TI | ON | 0 | F AMERICA | 53-011 | 6130 |
|--|-------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|----------|---------------------|-----------------|------------------------------|
| Part VII Section A. Officers. Directors. Tru | ıstees, Key Er | nplo | yee | s, a | nd F | ligh | est (| Compensated Employe | ees (continued) | |
| (A) | (D) | (E) | (F) | | | | | | | |
| Name and title | Reportable | Reportable | Estimated | | | | | | | |
| | compensation | amount of | | | | | | | | |
| | per | | | | | | | from | from related | other |
| | week | - | | | | Dyee | | the | organizations | compensation |
| | (list any | recto | | | | empl | | organization | (W-2/1099-MISC) | from the |
| | hours for related | or d | 9 | | | sated | | (W-2/1099-MISC) | | organization |
| | organizations | Individual trustee or director | Institutional trustee | | 33/ | Highest compensated employee | | | | and related organizations |
| | below | dualt | ritiona | _ | Key employee | st co | - | | | Organizations |
| | line) | Indivi | Instill | Officer | Key e | High | Former | | | |
| (87) JOHN C. FRAZER | 50.00 | | | | | | | - | | |
| SECRETARY AND GENERAL COUNSEL | 1.00 | | | X | | | | 413,076. | 0. | 76,577. |
| (88) JOSEPH P. DEBERGALIS, JR. | 50.00 | | | | | | | | | |
| EXEC DIR, GENERAL OPS (STARTING 12/3 | | | | X | | | | 403,226. | 0. | 57,802. |
| (89) TYLER SCHROPP | 50.00 | | | | | | | | | |
| MANAGING DIRECTOR, ADVANCEMENT | 1.00 | | _ | | _ | X | | 733,145. | 0. | 73,623. |
| (90) TODD GRABLE | 50.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR, MEMBERSHIP | | | | _ | | X | | 667,386. | 0. | 66,154. |
| (91) DOUGLAS HAMLIN | 50.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR, PUBLICATIONS | | | 1 | | | X | | 581,321. | 0. | 74,409. |
| (92) DAVID LEHMAN | 50.00 | | | 1 | | ,, | | FE4 F20 | | 24 424 |
| DEPUTY EXECUTIVE DIRECTOR, NRAILA | 1.00 | _ | | | - | X | | 571,732. | 0. | 31,121. |
| (93) ERIC FROHARDT | 40.00 | | | | | v | | E 2 E 7 4 E | _ | 10 062 |
| DIRECTOR, EDUCATION AND TRAINING (94) ROBERT K. WEAVER | 0.00 | _ | \vdash | - | | X | | 525,745. | 0. | 19,863. |
| FMR EXE. DIR. GENERAL OPERATIONS | 0.00 | 1 | | | | | x | 720 000 | | |
| (95) MICHEL MARCELLIN | 0.00 | - | - | \vdash | | \vdash | ^ | 720,000. | 0. | 0. |
| FMR MANAGING DIR, AFFINITY AND LICEN | 0.00 | | | | | | x | 535,045. | 0. | 0. |
| (96) OLIVER L. NORTH | 20.00 | \vdash | \vdash | - | - | | Λ | 333,043. | 0. | 0. |
| PRESIDENT | 1.00 | x | | X | | | | 1,377,617. | 0. | 0. |
| (97) MARION P. HAMMER | 5.00 | | | | | | | 1,577,017. | 0. | 0. |
| DIRECTOR | 3.00 | X | | | | | | 270,000. | 0. | 0. |
| | | | | | | | | 270,000. | - 0. | 0. |
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| | | | | | | | _ | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 12,820,292. | | 756,013. |
| | | | | | | | | | | / |

| | | Check if Schedule O cont | ains a response | or note to any line | in this Part VIII | | | X |
|--|------|--|-----------------|---------------------|----------------------|--|--------------------------------|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| 9 9 | 1 : | Federated campaigns | 1a | | | | | |
| an | | Membership dues | | | | | | |
| 9 5 | | Fundraising events | | | | - 1 | | |
| fts. | | d Related organizations | | 13,959,442. | | | | 170 2741 |
| 2 5 | | Government grants (contribution | | | | | | |
| Siris | | All other contributions, gifts, gran | | | 1.200 | | | |
| 曹 | | similar amounts not included abor | | 94,640,284. | 1 | | | |
| E S | | | | 407,352. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | Noncash contributions included in lines | | | 108,599,726. | | | 9 |
| 0 " | | n Total. Add lines 1a-1f | | Business Code | 100,000,7201 | | | |
| | | MEMBER DUES | | 813410 | 170,391,374. | 170,391,374. | | |
| ice | 2 8 | 2200224 | | 813410 | | | | |
| e Z | , | PROGRAM FEES | | 813410 | 22,618,781. | 22,618,781. | | |
| n S | • | · | | - | | | | |
| Reg | • | | | | | | | |
| Program Service | • | • | | - | | | | |
| Δ. | 1 | All other program service reve | | | 400 000 400 | | | |
| | | Total. Add lines 2a-2f | | | 193,010,155. | | | |
| | 3 | Investment income (including | | | 4 400 505 | | | |
| | | other similar amounts) | | | 1,193,705. | | | 1,193,705. |
| | 4 | Income from investment of tax | | | | | | |
| | 5 | Royalties | | | 16,532,433. | | | 16,532,433. |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 8 | a Gross rents | 1,357,108. | | | | | |
| | ı | Less: rental expenses | | | | | | |
| | (| Rental income or (loss) | -846,393. | | | | | |
| | (| d Net rental income or (loss) | | | -846,393, | | | -846,393. |
| | 7 8 | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | 9,261,323. | | | | | |
| | 1 | Less: cost or other basis | | | | | | |
| | | and sales expenses | 8,262,987. | | | | | |
| | | Gain or (loss) | | | | | | |
| | | d Net gain or (loss) | | | 998,336. | | | 998,336. |
| une | | Gross income from fundraising including \$ | | | | | | 7 |
| eVe | | contributions reported on line | 1c). See | | | | | |
| Œ | | Part IV, line 18 | а | 1,403,289. | | | 11000 | |
| Other Revenu | 1 | Less: direct expenses | b | 296,246. | | | | |
| 0 | | Net income or (loss) from fund | draising events | | 1,107,043. | | | 1,107,043. |
| | | a Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | | | | | | |
| | 1 | Less: direct expenses | | | | | | |
| | | Net income or (loss) from gam | | | | | | |
| | | a Gross sales of inventory, less | = | | Teller Teller | - 1 | | |
| | | and allowances | | 10,853,015. | | | | |
| | | Less: cost of goods sold | | 4,389,150. | | 4.0 | | |
| | | Net income or (loss) from sale | | | 6,463,865. | 7,513,384. | -1,049,519. | |
| | | Miscellaneous Revenu | | Business Code | | | | |
| | 11 - | a ADVERTISING | | 541800 | 23,881,546. | | 23,881,546. | |
| | | OTHER UNRELATED BUSINES | SS ACTIVITY | 900004 | 1,111,167. | | 1,111,167. | |
| | | CAFE SALES | | 722320 | 361,429. | _ | | 361,429. |
| | ' | | | 900009 | 137,852. | 137,852. | | 331,423. |
| | | d All other revenue | | | 25,491,994. | 257,032, | | |
| | | | | | 352,550,864. | 200,661,391. | 23,943,194. | 19,346,553. |
| | 12 | Total revenue. See instructions | | | 222,000,004, | 200,001,001. | 40,040,104. | 17,540,553. |

Form 990 (2018) NATIONAL RIFL Part IX Statement of Functional Expenses

| | Check if Schedule O contains a respon | | | | X |
|----|--|--------------------|------------------------------|---|--|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 13,328. | 13,328. | | |
| 2 | Grants and other assistance to domestic | 60 000 | 60 222 | | |
| | individuals. See Part IV, line 22 | 62,333. | 62,333. | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| _ | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 7,673,480. | 2,458,981. | 4,792,957. | 421 542 |
| _ | trustees, and key employees | 7,073,400. | 2,430,301. | 4,194,951. | 421,542 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 720,000. | | 720,000. | |
| 7 | Other salaries and wages | 40,314,676. | 25,980,846. | 11,606,692. | 2,727,138 |
| 8 | Pension plan accruals and contributions (include | 10,311,0701 | 23,300,010. | 11,000,002. | 2,727,130 |
| 0 | section 401(k) and 403(b) employer contributions) | 7,988,421. | 4,512,549. | 2,921,394. | 554,478 |
| 9 | Other employee benefits | 4,538,230. | 2,878,218. | 1,345,012. | 315,000 |
| 10 | Payroll taxes | 2,630,035. | 1,668,010. | 779,474. | 182,551 |
| 1 | Fees for services (non-employees): | | | 7.572720 | 101,501 |
| a | Management | | | | |
| b | Legal | 25,064,761. | 8,633,178. | 16,431,583. | |
| c | Accounting | 164,730. | | 164,730. | |
| d | | 618,525. | 618,525. | | |
| e | | 7,798,658. | | | 7,798,658 |
| f | Investment management fees | 197,342. | | 197,342. | |
| g | | | | | |
| Ū | column (A) amount, list line 11g expenses on Sch O.) | 17,858,262. | 17,858,262. | | |
| 12 | Advertising and promotion | 50,197,599. | 38,815,749. | | 11,381,850 |
| 3 | Office expenses | 6,668,186. | 3,553,053. | 3,115,133. | |
| 4 | Information technology | 11,707,133. | 6,794,820. | 4,912,313. | |
| 5 | Royalties | | | | |
| 6 | Occupancy | 1,936,953. | 1,067,454. | 869,499. | |
| 7 | Travel | 8,472,207. | 6,123,416. | 2,348,791. | |
| 8 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | 8,076,852. | 5,848,020. | 2,228,832. | |
| :0 | Interest | 1,645,869. | 876,110. | 769,759. | |
| 1 | Payments to affiliates | 4 647 555 | | | |
| 2 | Depreciation, depletion, and amortization | 4,065,900. | 2,900,998. | 1,164,902. | |
| :3 | Insurance | 1,772,834. | 1,772,834. | | |
| 4 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | ADD'L MEMBER COMMUNICAT | 62,702,161. | 41,126,865. | | 21,575,296 |
| b | ADD'L TRAINING AND COMM | 34,628,656. | 34,628,656. | | , , , , , , |
| c | ADD'L PRINTING AND PUBL | 25,296,137. | 25,296,137. | | |
| d | ADD'L ILA LEGISLATIVE P | 10,600,121. | 10,600,121. | | |
| е | All other expenses | 11,861,928. | 6,816,302. | 1,910,554. | 3,135,072 |
| :5 | | | 250,904,765. | 56,278,967. | 48,091,585 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here kere if following SOP 98-2 (ASC 958-720) | | | | |

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash - non-interest-bearing 1 17,764,563. 23,937,821. 2 Savings and temporary cash investments 1,184,593. 66,861,150. 841,562. Pledges and grants receivable, net 3 70,154,574. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 3,000,000. 3,000,000. Notes and loans receivable, net 7 13,639,054. 10,632,177. Inventories for sale or use 3,179,694. 3,277,662. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 79,426,001. 10a b Less: accumulated depreciation 10b 46,716,970. 34,475,160. 32,709,031. 10c 47,415,094. 44,066,394. Investments - publicly traded securities 11 11 646,822. 871,077. Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 7,861,583. 7,819,750. Other assets. See Part IV, line 11 15 15 196,125,681. 197,212,080. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 90,339,532. 84,837,717. Accounts payable and accrued expenses 17 17 18 Grants payable 18 31,402,766. 46,580,520. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 47,121,100. 43,138,412. Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 2,312,080. 6,623,905 25 171,175,478. 181,180,554. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -31,779,579. -36,276,779. Unrestricted net assets 27 11,398,818. Temporarily restricted net assets 28 5,268,615. 28 Permanently restricted net assets 45,330,964. 47,039,690. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 24,950,203. 16,031,526. Total net assets or fund balances 33 196,125,681. 197,212,080. Total liabilities and net assets/fund balances

| Pa | rt XI Reconciliation of Net Assets | | | | | |
|----|---|---------|-----|-----|-----|-----------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | X |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 352 | ,55 | 0,8 | 64. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 355 | ,27 | 5,3 | 17 . |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -2 | ,72 | 4,4 | 53. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 24 | ,95 | 0,2 | 03. |
| 5 | Net unrealized gains (losses) on investments | 5 | -5 | ,02 | 9,2 | 67. |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -1 | ,16 | 4,9 | 57. |
| 10 | Net assets or fund balances at end of year, Combine lines 3 through 9 (must equal Part X, line 33, | | | | | |
| | column (B)) | 10 | 16 | ,03 | 1,5 | 26. |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | O. | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | |
| | consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis X Both consolidated and separate basis | | | | | |
| ¢ | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O. | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Aud | it | | | |
| | Act and OMB Circular A-133? | | | За | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audi | t | | | |
| | or guidite, explain why in Schedule O and describe any steps taken to undergo such audite | | | 26 | | |

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below.
Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| | L RIFLE ASSOCIATION | | | 53-0116130 |
|--|--|---|---|--|
| Part I-A Complete if the org | janization is exempt under | section 501(c) or | is a section 527 org | ganization. |
| Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai | ures | ••••• | | 4,319,458. |
| Part I-B Complete if the org | anization is exempt under | section 501(c)(3). | | |
| 1 Enter the amount of any excise tax | incurred by the organization under | section 4955 | ▶\$ | |
| 2 Enter the amount of any excise tax | | | | |
| 3 If the organization incurred a sectio | | | | |
| 4a Was a correction made? | ************** | | *************** | Yes No |
| h If "Yes." describe in Part IV. | | | | |
| Part I-C Complete if the org | anization is exempt under | section 501(c), e | xcept section 501(c) | |
| 1 Enter the amount directly expended | by the filing organization for section | on 527 exempt function | n activities > \$ | 785,548. |
| 2 Enter the amount of the filing organ | ization's funds contributed to other | organizations for sect | | |
| exempt function activities | | | ▶\$ | 0. |
| 3 Total exempt function expenditures | . Add lines 1 and 2. Enter here and | on Form 1120-POL, | | |
| line 17b | | | | |
| 4 Did the filing organization file Form | | | | |
| 5 Enter the names, addresses and en made payments. For each organiza contributions received that were pro- political action committee (PAC). If | tion listed, enter the amount paid fromptly and directly delivered to a se | om the filing organizat eparate political organi | ion's funds. Also enter the zation, such as a separate | amount of political |
| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
| REPUBLICAN ATTORNEYS | | | | |
| GENERAL ASSOCI | 20006 | 46-4501717 | 85,000. | 0. |
| REPUBLICAN GOVERNORS | | | | |
| ASSOCIATION | 20006 | 11-3655877 | 135,000. | 0. |
| | GREENWOOD | | | |
| COMMITTEE | VILLAGE, CO 80111 | 84-0690399 | 120. | 0. |
| NRA POLITICAL | | E0 400000 | | |
| VICTORY FUND (SEE PA | FAIRFAX, VA 22030 | 52-1083020 | 0. | 3,078. |
| | | | | |
| | | | | |
| | | | | |

LHA

| Schedule C (Form 990 or 990-EZ) 2018 NAT Part II-A Complete if the organiz | | | | | 0116130 Page 2 ection under |
|--|--|---|---|--|--------------------------------|
| section 501(h)). | | | | | |
| A Check ► ☐ if the filing organization b | • | * | Part IV each affiliated g | roup member's nan | ne, address, EIN, |
| expenses, and share of e | | | | | |
| B Check Image if the filing organization c | hecked box A ar | nd "limited control" pro | visions apply. | | |
| Limits on (The term "expenditure | Lobbying Expension s" means amou | | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influence | public opinion (| grass roots lobbying) | | | |
| b Total lobbying expenditures to influence | a legislative boo | ly (direct lobbying) | | | |
| c Total lobbying expenditures (add lines 1 | a and 1b) | | | | |
| | | | | | |
| e Total exempt purpose expenditures (add | | | | | |
| f Lobbying nontaxable amount, Enter the | | | | | |
| If the amount on line 1e. column (a) or (b) is | | bying nontaxable am | | | |
| Not over \$500,000 | | the amount on line 1e. | ount is. | | |
| | | | *** *** | | |
| Over \$500,000 but not over \$1,000,000 | | 00 plus 15% of the exc | | | |
| Over \$1,000,000 but not over \$1,500,00 | | 00 plus 10% of the exc | | | |
| Over \$1,500,000 but not over \$17,000,0 | | \$225,000 plus 5% of the excess over \$1,500,000. | | | |
| Over \$17.000.000 | \$1,000, | 000. | | | |
| h Subtract line 1g from line 1a. If zero or le i Subtract line 1f from line 1c. If zero or le j If there is an amount other than zero on reporting section 4911 tax for this year? (Some organizations that m | ss, enter -0- either line 1h or 4-Year Avade a section 5 | eraging Period Under 01(h) election do not | ation file Form 4720 Section 501(h) have to complete all of | | Yes No |
| | | ate instructions for li | | | |
| | Lobbying Expe | nditures During 4-Yea | r Averaging Period | | |
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Conservate neutro-bla | | | | | |
| d Grassroots nontaxable amount | | | | | - |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2018

(election under section 501(h)).

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description | |) | (b) | | |
|---|---|---------------|----------|-------|--|
| of the lobbying activity. | Yes | No | Amo | ount | |
| During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? | | 1: 7 | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? | | | 75 | | |
| d Mailings to members, legislators, or the public? | | | | | |
| e Publications, or published or broadcast statements? | T | | | | |
| f Grants to other organizations for lobbying purposes? | | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i Other activities? | | | | | |
| j Total. Add lines 1c through 1i | | | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d If the filing organization incurred a section 4912 tax. did it file Form 4720 for this year? | | | | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6). | tion 501(c)(5 | i), or sect | tion | | |
| | | | Yes | No | |
| Were substantially all (90% or more) dues received nondeductible by members? | | 1 | х | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | | X | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from | | | | X | |
| Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes." | | | | 3, is | |
| Dues, assessments and similar amounts from members | | 1 | | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of po | litical | | | | |
| expenses for which the section 527(f) tax was paid). | | | | | |
| a Current year | | 2a | | | |
| b Carryover from last year | *************************************** | 2b | | | |
| c Total | | 2c | | | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | **************** | 3 | | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e | | | | | |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and | d political | | | | |
| expenditure next year? | | 4 | | | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | *************************************** | 5 | | | |
| Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gronstructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1: | oup list); Part II-A | A, lines 1 an | d 2 (see | | |
| SUPPORT FOR FUNDRAISING AND ADMINISTRATIVE EXPENSES | OF A SEP | ARATE | _ | | |
| SEGREGATED FUND IS INDUSTRY STANDARD FOR NONPROFIT OF | RGANIZAT | I SMOI | IKE | | |
| THE NRA, AS ALLOWED BY LAW. IN 2018, THE NRA PAID \$4 | ,319,459 | | | | |
| FUNDRAISING AND ADMINISTRATIVE EXPENSES FOR THE SEPA | RATE SEG | REGATE | D | | |
| FUND, NRA POLITICAL VICTORY FUND, AS ALLOWED BY LAW. | | ENGAG | | | |

1747 PENNSYLVANIA AVE NW STE 250 WASHINGTON, DC 20006

Part IV | Supplemental Information (continued)

COLORADO REPUBLICAN COMMITTEE

59505 S WILLOW DR GREENWOOD VILLAGE, CO 80111

NRA POLITICAL VICTORY FUND (SEE PARTS I-A AND IV)

11250 WAPLES MILL RD FAIRFAX, VA 22030

PART I-C LINE 4

THIS INFORMATION NOTE REGARDS THE NRA'S TAXES. THE NRA SEPARATELY FILES FORM 1120-POL, WHICH IS NOT SUBJECT TO PUBLIC DISCLOSURE. THE FOLLOWING INFORMATION ABOUT TAXES PAID WITH THE NRA'S FORMS 1120-POL IS SHARED HERE ON A VOLUNTARY BASIS AS A SERVICE TO READERS AND TO DEMONSTRATE IN GOOD FAITH THAT THE ORGANIZATION IS A TAXPAYER IN GOOD STANDING. 527(F) PROXY TAX IS PAID ON THE LESSER OF NET INVESTMENT INCOME OR CERTAIN POLITICAL EXPENDITURES AS DEFINED BY THE FEDERAL TAX CODE, SUCH AS WHEN CERTAIN POLITICAL COMMUNICATIONS EXPRESSLY ADVOCATE THE ELECTION OR DEFEAT OF A CANDIDATE AND ARE MADE BY THE NRA ITSELF RATHER THAN BY THE NRA'S SEPARATE SEGREGATED FUND. THE AMOUNT OF 527 (F) PROXY TAX PAID WITH THE NRA'S 2018 FORM 1120-POL WAS \$164,944. HISTORICALLY, NO 527(F) PROXY TAX WAS REQUIRED TO BE PAID FOR 2017; THE AMOUNT OF 527(F) PROXY TAX PAID WITH THE NRA'S 2016 FORM 1120-POL WAS \$20,835; THE AMOUNT PAID WITH THE NRA'S 2015 FORM 1120-POL WAS \$21,817. AS ANOTHER POLITE REMINDER TO REPORTERS AND OTHER READERS, FORM 990 INFORMATION IS NOT NECESSARILY EXPECTED TO TIE TO FEDERAL ELECTION COMMISSION (FEC) REPORTING DUE TO DIFFERENT DEFINITIONS AND EXCLUSIONS IN THE DIFFERENT REGULATORY REGIMES.

PART I-C LINE 5

THE NRA POLITICAL VICTORY FUND, AND AN INDEPENDENT POLITICAL ACTION

COMMITTEE (PAC) OF THE NRA, DIRECTLY RECEIVED CONTRIBUTIONS DURING 2018 OF

| Schedule | C (Form 990 or 990 Supplementa | EZ) 2018 NA | TIONAL | RIFLE | ASSOCIATIO | ON OF | AMERICA | 53-0116130 | Page 4 |
|----------|-----------------------------------|----------------|--------------|-------|------------|-------|-------------|------------|--------|
| Part IV | Supplement | al Information | on (continue | ed) | | | | | |
| \$12,9 | 38,624. | | | | | | | | |
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2018 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

Schedule D (Form 990) 2018

| | NATIONAL RIFLE ASSOCIATION OF AMERICA | | 53-0116130 |
|--------|--|--------------|-----------------------------------|
| Pai | rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds of | r Accou | Ints. Complete if the |
| | organization answered "Yes" on Form 990, Part IV, line 6. | | |
| | (a) Donor advised funds | (b) Fu | unds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advise | d funds | |
| | are the organization's property, subject to the organization's exclusive legal control? | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be u | sed only | |
| | for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose co | onferring | |
| | impermissible private benefit? | | |
| Pai | rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Page 1 | art IV, line | 7. |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | | |
| | Preservation of land for public use (e.g., recreation or education) | rically imp | ortant land area |
| | Protection of natural habitat Preservation of a certif | ied historic | c structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of | f a conser | ation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| C | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure | е | |
| | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the | organizatio | n during the tax |
| | 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, handling of violations, and enforcing conse | rvation eas | sements during the year |
| | — | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations | on easeme | ents during the year |
| | * | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h) | | |
| _ | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense s | | · |
| | include, if applicable, the text of the footnote to the organization's financial statements that describes the | ie organiza | ttion's accounting for |
| Pai | conservation easements. rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth | er Simil | ar Assets |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | | a. 71000101 |
| 12 | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement | nt and hal | ance chest works of ort |
| 14 | historical treasures, or other similar assets held for public exhibition, education, or research in furtherand | | |
| | the text of the footnote to its financial statements that describes these items. | se or pabin | c service, provide, in Fart Alli, |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement a | nd balanc | a shoot works of art, historical |
| | treasures, or other similar assets held for public exhibition, education, or research in furtherance of public | | |
| | relating to these items: | io dui vide, | provide the following amounts |
| | (i) Revenue included on 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 | | |
| - | the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | 3-11.9 PIOVI | w v |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| и Ь | Assets included in Form 990 Part Y | | ¢ |

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

| | FLE ASSOCIAT | ION OF AMERICA | 53-0116130 Page 3 |
|--|---------------------------|-------------------------------------|---------------------------------|
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, lin | e 11b. See Form 990, Part X, line 1 | 2. |
| (a) Description of security or category (including name of security) | (b) Book value | | st or end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990. Part X. col. (B) fine 12.) | | | |
| Part VIII Investments - Program Related. | L | | |
| | an Farm 000 Dark IV I'm | - 44- C Farm 000 Bart V E 4 | • |
| Complete if the organization answered "Yes" (a) Description of investment | (b) Book value | (c) Method of valuation: Cos | st or end-of-year market value |
| | (b) Book value | (c) Method of Valuation, Cos | St of elid-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| | | - | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990. Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | - | e 11d. See Form 990, Part X, line 1 | |
| · (a) | Description | | (b) Book value |
| | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990. Part X, col. (B) line Part X Other Liabilities. | <u> 15.J</u> | | ▶ |
| Complete if the organization answered "Yes" | on Form 990. Part IV. lin | e 11e or 11f, See Form 990. Part X | . line 25. |
| 1. (a) Description of liability | | (b) Book value | , |
| (1) Federal income taxes | | | |
| (2) NOTE PAYABLE - NRA FOUNDA' | PTON | 5,000,000. | |
| (3) CAPITAL LEASE ARRANGEMENT | | 1,037,889. | |
| (4) DERIVATIVE INSTRUMENT MARI | KET | 1,037,0031 | |
| (5) VALUATION | tested dis | 429,922. | |
| (6) ACCRUED SALES AND USE TAX | ES | 149,220. | |
| | -~ | 117/1101 | |

6,874. COUPON LIABILITY (7) (8) (9) 6,623,905. Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

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

| Sche | edule D (Form 990) 2018 NATIONAL RIFLE A | | | | | 0116 | 130 | Page |
|------|---|----------------------------------|------|---|-------|------|------|-------|
| Pai | rt XI Reconciliation of Revenue per Audited Fi | nancial Statements | Witl | h Revenue per Re | turn. | | | |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 12a. | | | | | | |
| 1 | Total revenue, gains, and other support per audited financial s | statements | | | 1 | 352, | 886 | , 958 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line | e 12: | | | | | | |
| а | Net unrealized gains (losses) on investments | | 2a | -5,029,267. | | | | |
| b | Donated services and use of facilities | | 2b | | | | | |
| C | Recoveries of prior year grants | | 2c | | | 1 | | |
| d | Other (Describe in Part XIII.) | | 2d | -1,164,957. | | | | |
| е | Add lines 2a through 2d | | | *************************************** | 2e | -6, | 194 | 224 |
| 3 | Subtract line 2e from line 1 | ******************************** | | | 3 | 359, | 081 | 182 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on li | | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line | 7b | 4a | | | | | |
| b | Other (Describe in Part XIII.) | | 4b | -6,530,318. | | | | |
| C | Add lines 4a and 4b | | | ************************* | 4c | 6, | 530, | 318 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990 | Part I. line 12.1 | | | 5 | 352, | 550 | 864 |
| Pa | rt XII Reconciliation of Expenses per Audited F | inancial Statement | s Wi | th Expenses per l | Retur | n. | | |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 12a. | | | | | | |
| 1 | Total expenses and losses per audited financial statements | | | *************************************** | 1 | 361, | 805 | 635 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line | 25: | | | | | | |
| а | Donated services and use of facilities | | 2a | | | | | |
| b | Prior year adjustments | | 2b | | | | | |
| C | Other losses | | 2c | | | | | |
| d | Other (Describe in Part XIII.) | | 2d | 6,592,651. | | | | |
| е | Add lines 2a through 2d | | | | 2e | 6, | 592 | 651 |
| 3 | Subtract line 2e from line 1 | ••••• | | | 3 | 355, | 212 | 984 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on lin | | | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line | 7b | 4a | | | | | |
| h | Other (Describe in Part XIII.) | | 4h | 62.333. | | | | |

Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

PART III, LINE 4:

c Add lines 4a and 4b

THIS RESPONSE DESCRIBES THE MUSEUM COLLECTIONS WHICH ARE HELD BY THE NRA'S RELATED ORGANIZATIONS AND CURATED BY NRA EMPLOYEES. THE NRA MUSEUMS PROMOTE GUN COLLECTING AND PRESERVATION OF HISTORY THOUGH FIREARMS. THE NRA MUSEUMS INCLUDE THE NATIONAL FIREARMS MUSEUM IN FAIRFAX, VIRGINIA: THE FRANK BROWNELL MUSEUM OF THE SOUTHWEST IN RATON, NEW MEXICO; AND THE NRA NATIONAL SPORTING ARMS MUSEUM AT BASS PRO SHOPS IN SPRINGFIELD, MISSOURI. TO MAKE THE NRA MUSEUMS THE FINEST POSSIBLE RESOURCE FOR THE PUBLIC, THE NRA AND ITS AFFILIATED CHARITIES RELY ON GENEROUS SUPPORTERS TO BUILD THE EXHIBITION AND RESEARCH COLLECTIONS THROUGH COLLECTIONS OF HISTORICALLY SIGNIFICANT FOREARMS. PLEASE VISIT NRAMUSEUMS.ORG FOR CURRENT INFORMATION

62,333.

355,275,317.

5

ON THE MUSEUM GALLERIES.

LINE 5 THIS RESPONSE EXPLAINS WHY THE NRA MAY SOLICIT OR RECEIVE ASSETS

THAT SOME DONORS INTEND TO BE SOLD RATHER THAN MAINTAINED PERMANENTLY.

WHEN DONORS INTEND THEIR GIFTS OF FIREARMS TO BE SOLD RATHER THEN HELD FOR

EXHIBITION OR RESEARCH IN THE COLLECTIONS OF THE NRA MUSEUM, THE NRA

PARTNERS WITH AUCTION HOUSES. DONORS MAY CHOOSE TO HAVE GUNS SOLD FOR

VARIOUS REASONS, SUCH AS TO SUPPORT CURRENT PROGRAM SERVICES OR TO FUND A

CHARITABLE GIFT ANNUITY OR CHARITABLE TRUST WITH ONE OF THE NRA'S

AFFILIATED CHARITIES. THE PHILANTHROPIC INTENT OF EACH DONOR DETERMINES

HOW A GIFT IS HANDLED.

PART V, LINE 4:

THIS RESPONSE DESCRIBES THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT

FUNDS. THE ENDOWMENT FUNDS BENEFIT A DIVERSE RANGE OF PHILANTHROPIC

INTERESTS, INCLUDING TRAINING IN MARKSMANSHIP, NATIONAL SHOOTING

CHAMPIONSHIPS, WOMEN'S LEADERSHIP, HUNTERS'LEADERSHIP, RECREATIONAL

SHOOTING, LAW ENFORCEMENT, NRA MUSEUMS, AND THE NATIONAL ENDOWMENT FOR THE

PROTECTION OF THE SECOND AMENDMENT.

PART X, LINE 2:

THIS RESPONSE PROVIDES THE TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S

FINANCIAL STATEMENTS IN ACCORDANCE WITH FASB ASC 740. MANAGEMENT

EVALUATED THE NRA'S TAX POSITIONS AND CONCLUDED THAT THE NRA HAD TAKEN NO

UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL

STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. GENERALLY, THE

NRA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL,

STATE, OR LOCAL AUTHORITIES FOR YEARS BEFORE 2015, WHICH IS THE STANDARD

STATUTE OF LIMITATIONS LOOKBACK PERIOD.

| Schedule D (Form 990) 2018 NATIONAL RIFLE ASSOCIATION OF AMERICA Part XIII Supplemental Information (continued) | 53-0116130 Page 5 |
|--|-------------------|
| | |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | |
| AGENCY TRANSACTIONS BETWEEN THE NRA AND NRA FOUNDATION | -1,910,739. |
| UNREALIZED GAIN ON DERIVATIVE INSTRUMENT | 745,782. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | -1,164,957. |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | |
| COST OF GOODS SOLD | -4,389,150. |
| RENTAL EXPENSE | -2,203,501. |
| INTEREST ON ENDOWMENT GRANTS | 62,333. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | -6,530,318. |
| | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| COST OF GOODS SOLD | 4,389,150. |
| RENTAL EXPENSE | 2,203,501. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 6,592,651. |
| | |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | |
| INTEREST ON ENDOWMENT GRANTS | 62,333. |
| | |
| PART X | |
| LINE 1(4) THIS INFORMATIONAL NOTE PROVIDES CONTEXT FOR THE DI | ERIVATIVE |
| FINANCIALS INSTRUMENT DISCLOSED AS A LIABILITY. INTEREST RATE | E SWAPS ARE |
| ENTERED INTO TO MANAGE INTEREST RATE RISKS ASSOCIATED WITH THE | HE NRA'S |
| BORROWING, AND INTEREST RATE SWAPS ARE ACCOUNTED FOR IN ACCOU | RDANCE WITH |
| FASB ASC 815. THE NRA'S INTEREST RATE SWAP IS RECORDED IN THE | BALANCE |
| SHEET AT FAIR VALUE, WITH FAIR VALUE CHANGES RECORDED AS UNRE | EALIZED GAIN |
| OR LOSS ON DERIVATIVE INSTRUMENT. AS OF MARCH 2019, THE NRA 1 | NO LONGER HAS |

Schedule D (Form 990) 2018

| Schedule D (Form 990) 2018 NATIONAL RIFLE ASSOCIATION OF AMERICA 53-0116130 Page 5 Part XIII Supplemental Information (continued) |
|---|
| AN INTEREST RATE SWAP ARRANGEMENT. |
| |
| LINE 1(6) THIS INFORMATIONAL NOTE REGARDS THE NRA'S TAXES. THE NRA IS A |
| SUBSTANTIAL TAXPAYER AND REMAINS IN GOOD STANDING WITH THE TAX |
| AUTHORITIES. STATE AND LOCAL TAXES PAID BY THE NRA INCLUDE SALES AND USE |
| TAXES, REAL ESTATE AND PERSONAL PROPERTY TAXES, AMUSEMENT TAXES, AND STATE |
| UNEMPLOYMENT TAXES. THE LIABILITY SHOWN ON SCHEDULE D, PART X FOR ACCRUED |
| SALES AND USE TAXES RELATES TO TIMING AND IS A SMALL FRACTION OF TAXES |
| PAID DURING THE YEAR. ADDITIONAL NOTES REGARDING THE NRA'S TAXES ARE |
| SHARED ON SCHEDULE C REGARDING 527(F) PROXY TAXES AND ON SCHEDULE O |
| REGRADING UNRELATED BUSINESS INCOME TAXES. THE NRA CHOOSES TO SHARE THIS |
| ADDITIONAL INFORMATION ABOUT THE NRA'S TOTAL TAXES TO DEMONSTRATE IN GOOD |
| FAITH THAT THE ORGANIZATION IS A TAXPAYER IN GOOD STANDING. |
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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

| NATIONAL RIFLE | | | | 53-011613 | 30 |
|----------------------------------|---------------------------------------|-----------------------------|---|--|---------------------------|
| Part I General Infor | mation on A | ctivities Out | side the United States. Comple | ete if the organization answered " | Yes" on |
| Form 990, Part IV | · · · · · · · · · · · · · · · · · · · | | | | |
| - | - | | ds to substantiate the amount of its gra | | |
| the grantees' eligibility fo | or the grants or a | ssistance, and t | the selection criteria used to award the | grants or assistance? | Yes No |
| | | | | | |
| | ribe in Part V the | organization's p | procedures for monitoring the use of its | grants and other assistance outs | side the |
| United States. | | | | | |
| | | | an be duplicated if additional space is n | | |
| (a) Region | (b) Number of | (c) Number of employees, | (d) Activities conducted in the region | (e) If activity listed in (d) | (f) Total expenditures |
| | offices in the region | agents, and | (by type) (such as, fundraising, program services, investments, grants to | is a program service, describe specific type | for and |
| | in the region | independent contractors | recipients located in the region) | of service(s) in the region | investments |
| | | in the region | Toolpionto locatoa in tilo region, | or service(s) in the region | in the region |
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| | | | | | |
| CENTRAL AMERICA AND | | | | | |
| THE CARIBBEAN | 0 | 0 | INVESTMENTS | | 3,021,000. |
| | | | | | |
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| CENTRAL AMERICA AND | | | L | | |
| THE CARIBBEAN | 0 | 0 | PROGRAM SERVICES | PUBLICATIONS | 4,000. |
| | | | | | |
| | | | | | |
| EAST ASIA AND THE | | | | | |
| PACIFIC | 0 | 0 | PROGRAM SERVICES | PUBLICATIONS | 5,000. |
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| | | | | | |
| EUROPE (INCLUDING | | | | | |
| [CELAND & GREENLAND) | 0 | 0 | FUNDRAISING | | 9,000. |
| | | | | | |
| TITLE OF A THE TITLE | | // | | | |
| EUROPE (INCLUDING | | | SDOODAN ORDWIGHO | NAME TO STATE OF THE STATE OF T | |
| [CELAND & GREENLAND) | 0 | 0 | PROGRAM SERVICES | PUBLICATIONS | 21,000. |
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| (TDDIE D3 00 34D | | | | | |
| MIDDLE EAST AND | | | - Inventor active | | |
| NORTH AFRICA | 0 | 0 | FUNDRAISING | | 5,000. |
| | | | | | |
| | | | | | |
| ANDREA ANDREAS | | ^ | - TOTAL | | |
| NORTH AMERICA | 0 | 0 | FUNDRAISING | | 6,000. |
| | | | | | |
| | | | | | |
| NORTH AMERICA | 0 | 0 | PROCESM SERVICES | DIELTCARTONG | 10.000 |
| O - Cubtotal | 0 | 0 | PROGRAM SERVICES | PUBLICATIONS | 10,000. |
| 3 a Subtotal | 0 | 0 | | | 3,081,000. |
| b Total from continuation | 0 | | | 11 - 1 - 1 - 1 | EC 000 |
| sheets to Part I | 0 | 0 | | | 56,000. |
| c Totals (add lines 3a | 0 | 0 | | | 2 127 000 |
| and 3b) | U | U | | | 3,137,000. |

| | 1 | | (Schedule F (Form 990), Part I, line | | | |
|--------------------|--|--------|--|--|---|--|
| (a) Region | (b) Number of offices employees or in the region agents in | | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to | (e) If activity listed in (d) is a program service, describe specific type | (f) Total expenditures for region | |
| | | region | recipients located in the region) | of service(s) in region | | |
| NORTH AMERICA | | | PROGRAM SERVICES | WRA OUTDOORS | 37,000 | |
| | | | | | | |
| SOUTH AMERICA | D | 0 | FUNDRAISING | | 4,000 | |
| SOUTH AMERICA | o | 0 | PROGRAM SERVICES | PUBLICATIONS | 8,000 | |
| | | | | | | |
| SUB-SAHARAN AFRICA | | | PROGRAM SERVICES | NRA OUTDOORS | 7,000 | |
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| | | | | | | |
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56,000.

<u>Totals</u>

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV appraisal, other) |
|----------------------------|---|------------|----------------------|--------------------------|---------------------------------|--|---------------------------------------|--|
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Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

53-0116130

Schedule F (Form 990) 2018

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
|---|---|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) | Yes | X No |

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

| D | AR | Tr. | T | LINE | . ૧ |
|---|----|-----|---|------|-----|
| | | | | | |

THE NRA'S OFFSHORE INVESTMENTS FOLLOW INDUSTRY STANDARD BEST PRACTICES IN RISK MANAGEMENT FOR NATIONAL NONPROFIT INSTITUTIONAL INVESTORS. ALTERNATIVE INVESTMENTS REDUCE OVERALL PORTFOLIO RISK BY REDUCING VOLATILITY AND IMPROVING DIVERSIFICATION. THE NRA MAINTAINS SEVERAL INVESTMENT ACCOUNTS THAT ARE MULTI-STRATEGY FUNDS OF FUNDS. INCOME FROM PASSIVE INVESTMENTS, WHEN APPROPRIATELY STRUCTURED, IS EXCLUDED FROM UNRELATED BUSINESS INCOME BY LAW. THIS TYPE OF INVESTMENT POSTURE IS COMMONLY ACCEPTED IN THE U.S. EXEMPT ORGANIZATION INDUSTRY. 100% OF THE AMOUNT IS THE TOTAL BOOK VALUE OF INVESTMENTS FOR THAT REGION.

SCHEDULE F, PART I, LINE 3

THIS DISCLOSURE REFERS TO FOREIGN FUNDRAISING. 100% OF THE AMOUNT IS THE CASH VALUE OF EXPENDITURES MADE BY THE NRA FOR NECESSARY TRAVEL. ACCOMMODATIONS, AND RELATED EXPENSES.

THIS DISCLOSURE OF PROGRAM SERVICES REFERS TO NRA PUBLICATIONS DIVISION'S FOREIGN TRAVEL EXPENSES RELATING TO GATHERING MATERIALS FOR NRA MAGAZINES. 100% OF THE AMOUNT IS THE CASH VALUE OF EXPENDITURES MADE BY THE NRA FOR NECESSARY TRAVEL, ACCOMMODATIONS, AND RELATED EXPENSES.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number NATIONAL RIFLE ASSOCIATION OF AMERICA 53-0116130 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

| required to complete this pa | rt. | | | · · · | | | | | |
|---|--|--------------|--|-----------------------------------|--|---|--|--|--|
| 1 Indicate whether the organization ra | ised funds through any of the follow | ving activ | rities. | Check all that apply. | | | | | |
| a X Mail solicitations | | - | | | | | | | |
| a X Mail solicitations e Solicitation of non-government grants b X Internet and email solicitations f Solicitation of government grants | | | | | | | | | |
| Y | = | | - | _ | | | | | |
| | | | | | | | | | |
| d In-person solicitations | and the second s | .1.6 1 | | | . • | | | | |
| 2 a Did the organization have a written | • | • | - | • | · · | | | | |
| | Part VII) or entity in connection with | | | - | X Yes | | | | |
| b If "Yes," list the 10 highest paid ind | | suant to | agree | ments under which th | ne fundraiser is to be |) | | | |
| compensated at least \$5,000 by the | a organization. | | | | | | | | |
| (i) Name and address of individual or entity (fundraiser) (ii) Activity | | | Did raiser ustody itrol of utions? | (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 | | | |
| ALLEGIANCE DBA MEMBERSHIP | | Yes | No | | | | | | |
| ADVISORS - 11250 WAPLES MILL | FUNDRAISING CONSULTANT | | х | 42,370,456, | 1,070,000. | 41,300,456. | | | |
| INFOCISION MANAGEMENT CORP - | | | | | 2,010,000, | 11,500,150. | | | |
| 325 SPRINGSIDE DR, AKRON, OH | PAID SOLICITOR | | x | 9,521,431. | 4,840,658. | 4,680,773. | | | |
| 501C SOLUTIONS - 2530 | | | | 7,000,000, | 2,010,000. | 1,000,173. | | | |
| MERIDIAN PKWY STE 300, | FUNDRAISING CONSULTANT | | x | 0. | 616,000. | 0 | | | |
| SHARPE GROUP - 855 RIDGE LAKE | ONDINI CONDUCTION | | - | 0, | 010,000. | 0. | | | |
| BLVD STE 300, MEMPHIS, TN | FUNDRAISING CONSULTANT | | x | 0. | 490 000 | | | | |
| HWS CONSULTING - 221 HOMEPORT | FUNDRAISING CONSULTANT | + | - | - 0, | 480,000. | 0. | | | |
| | FUNDRAISING CONSULTANT | | x | 0. | 360 000 | | | | |
| DR, GRASONVILLE, MD 21638 | FUNDRAISING CONSULTANT | - | ^ | 0. | 360,000. | 0. | | | |
| MCKENNA & ASSOCIATES - 2000 | LINES CANADA CANADA DA MA | | | | *** | | | | |
| CALRENDON BLVD STE 200, | FUNDRAISING CONSULTANT | | Х | 0. | 300,000. | 0. | | | |
| KEY & ASSOCIATES - 12176 | | | l | | | | | | |
| CHANCERY STATION CIR, RESTON, | FUNDRAISING CONSULTANT | _ | Х | 0. | 72,000. | 0. | | | |
| COMMONWEALTH GROUP PARTNERS - | | | l | | | | | | |
| 1579 MONROE SR STE F-341, | FUNDRAISING CONSULTANT | +- | Х | 0. | 60,000. | 0. | | | |
| | | - | | | | | | | |
| | | | | | | | | | |
| Total | | | | 51,891,887. | 7,798,658. | 45,981,229. | | | |
| List all states in which the organizati or licensing. | on is registered or licensed to solici | it contrib | utions | or has been notified | it is exempt from re | | | | |
| AL, AK, AZ, AR, CA, CO, CT, | FL.DC.GA.HI.TL.KS | .KY.I | .A. N | A MD ME MT | MN MO MS | NC ND NH | | | |
| NJ, NM, NY, OK, OH, OR, PA, | | | | | /121/110/110/ | HC/HD/HII | | | |
| 210 /212/212 / 021 / 021 / 021 / 222 / | 112/00/111/02/111/111 | , <u>, ,</u> | | | | | | | |
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Schedule G (Form 990 or 990-EZ) 2018 NATIONAL RIFLE ASSOCIATION OF AMERICA 53-0116130 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through NRAILA col. (c)) (event type) (event type) (total number) Gross receipts 1,403,289. 1,403,289. 2 Less: Contributions 1,403,289. 1,403,289. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 54,440. 54,440. Rent/facility costs 154,712. 154,712. Food and beverages 38,776. 38,776. 8 Entertainment 48,318. 48,318. Other direct expenses 296,246. 10 Direct expense summary. Add lines 4 through 9 in column (d) 1,107,043. 11 Net income summary, Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

| Schedule G (Form 990 or 990-EZ) 2018 NATIONAL RIFLE ASSOCIATION OF AMERICA 53-011 | 5130 | Page 3 |
|---|------------|--------|
| 11 Does the organization conduct gaming activities with nonmembers? | Yes | No |
| 12 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? | Yes | No |
| 13 Indicate the percentage of gaming activity conducted in: | | |
| a The organization's facility | | % |
| b An outside facility13t | <u>.l</u> | % |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| Name | | |
| Address | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes [| No |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount | | |
| of gaming revenue retained by the third party > \$ | | |
| c If "Yes," enter name and address of the third party: | | |
| Name | | |
| Address > | | _ |
| 16 Gaming manager information: | | |
| Name ▶ | | |
| | | |
| Gaming manager compensation > \$ | | |
| | | |
| Description of services provided | | |
| | | |
| | | |
| Director/officer Employee Independent contractor | | |
| Shotshall Employee | | |
| 17 Mandatory distributions: | | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| retain the state gaming license? | Yes [| No |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| organization's own exempt activities during the tax year > \$ | | |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 2b, columns (iii) and (v); and | nes 9, 9b, | , 10b, |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
| CONTROLL OF DARK I LINE OF LICE OF MEN HIGHER DATA PURPLATORS | | |
| SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: | | |
| | | |
| | | |
| (I) NAME OF FUNDRAISER: ALLEGIANCE DBA MEMBERSHIP ADVISORS | | |
| /T\ ADDDECC OF FINIDATCED. 11250 WADIFC MILL DD FAIDEAU 17A 22020 | | |
| (I) ADDRESS OF FUNDRAISER: 11250 WAPLES MILL RD, FAIRFAX, VA 22030 | | |
| | | |
| | | |
| (I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORP | | |
| (T) ADDDECC OF FINIDDATCED. 225 CODINGCIDE DD AFDON OF 44222 | | |
| (I) ADDRESS OF FUNDRAISER: 325 SPRINGSIDE DR, AKRON, OH 44333 | | |
| | | |
| (I) NAME OF FUNDRAISER: 501C SOLUTIONS | | |

| Schedule G (Form 990 or 990-EZ) NATIONAL RIFLE ASSOCIATION OF AMERICA 53-0116130 Page 4 Part IV Supplemental Information (continued) |
|---|
| (I) ADDRESS OF FUNDRAISER: |
| 2530 MERIDIAN PKWY STE 300, RESEARCH TRIANGLE PARK , NC 27713 |
| (I) NAME OF FUNDRAISER: SHARPE GROUP |
| (I) ADDRESS OF FUNDRAISER: 855 RIDGE LAKE BLVD STE 300, MEMPHIS, TN 38120 |
| (I) NAME OF FUNDRAISER: MCKENNA & ASSOCIATES |
| (I) ADDRESS OF FUNDRAISER: |
| 2000 CALRENDON BLVD STE 200, ARLINGTON, VA 22201 |
| (I) NAME OF FUNDRAISER: KEY & ASSOCIATES |
| (I) ADDRESS OF FUNDRAISER: 12176 CHANCERY STATION CIR, RESTON, VA 20190 |
| (I) NAME OF FUNDRAISER: COMMONWEALTH GROUP PARTNERS |
| (I) ADDRESS OF FUNDRAISER: 1579 MONROE SR STE F-341, ATLANTA, GA 30324 |
| PART I LINE 2B(2) |
| THIS SUPPLEMENTAL INFORMATION NOTES THE DISTINCTION BETWEEN 990 CORE |
| FORM PART VIII SECTION B LINE 1 AND SCHEDULE G PART I LINE 2B(2) FOR |
| THE FILING ORGANIZATION'S VENDOR INFOCISION MANAGEMENT CORP. THE VENDOR |
| INFOCISION PROVIDED SERVICES TO THE FILING ORGANIZATION FOR BOTH |
| MEMBERSHIPS AND CONTRIBUTIONS SOLICITATIONS, AS SHOWN ON 990 CORE FORM |
| PART VIII SECTION B LINE 1. SCHEDULE G IS SPECIFIC TO THE VENDOR'S WORK |
| AS A PAID SOLICITOR PROVIDING PROFESSIONAL FUNDRAISING SERVICES. |
| THEREFORE, THE SCHEDULE G DISCLOSURE EXCLUDES THE MEMBERSHIP PROCESSING |
| SERVICES. |
| |

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2018)

| NATIONAL | NATIONAL RIFLE ASSOCIATION OF AMERICA | | | | | | | | | | | |
|--|---------------------------------------|------------------------------------|--------------------------|---|--|---|------------------------------------|--|--|--|--|--|
| Part I General Information on Grants | and Assistance | | | | | | | | | | | |
| 1 Does the organization maintain records | to substantiate th | e amount of the grants | or assistance, the | grantees' eligibility | for the grants or assi | stance, and the selection | on | | | | | |
| criteria used to award the grants or assi | istance? | | | *************************************** | | *************************************** | X Yes No | | | | | |
| 2 Describe in Part IV the organization's pr | ocedures for moni | toring the use of grant | funds in the United | States. | | | | | | | | |
| Part II Grants and Other Assistance to | Domestic Organi | izations and Domesti | c Governments. | Complete if the orga | anization answered "Y | es" on Form 990, Part | IV, line 21, for any | | | | | |
| recipient that received more than | \$5,000. Part II car | be duplicated if addit | ional space is need | ed. | | | | | | | | |
| Name and address of organization or government | (b) EIN | (c) IRC 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 noncash assistance | (h) Purpose of grant or assistance | | | | | |
| NATIONAL FOUNDATION FOR WOMEN | | | | | | | | | | | | |
| LEGISLATORS - 910 16TH ST NW - | | | | | | | UNDERGRADUATE COLLEGE | | | | | |
| WASHINGTON, DC 20006 | 52-1480785 | 501(C)(3) | 13,328. | 0. | | | SCHOLARSHIPS | | | | | |
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| | | mania antina a fina a di di | F 4111 | | <u> </u> | | 4 | | | | | |
| 2 Enter total number of section 501(c)(3) a3 Enter total number of other organization | - | • | | | | ••••• | 1. | | | | | |
| S Litter total number of other organization | 3 113 CCU 111 U TO 11116 | I Laule | | | | | - U. | | | | | |

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|---------------------------------------|--|---------------------------------------|
| NRA JEANNE E BRAY MEMORIAL SCHOLARSHIP AWARDS | 20 | 62,333. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the information re | eguired in Part I, line | e 2; Part III, column | (b); and any other ac | Iditional information. | |
| PART I, LINE 2: | | OMENT 1 DOTO | TAMODE DAD | mana a sa | |
| PART I LINE 2 THE NATIONAL FOUNDATE THE NATIONAL RIFLE ASSOCIATION FOR | | | | | |
| SCHOLARSHIP CONTEST FOR FEMALE HIC | | | | | |
| ACTIVELY ASSISTS NATIONAL FOUNDATE | | | | | |
| AND ADMINISTRATION OF NEWL SCHOLAR | | | | | |
| APPLICATIONS ARE ASSESSED ON THE E | | | | | |
| AND PERSPECTIVE, DEMONSTRATED UNDE | RSTANDING | OF THE AM | ERICAN CON | STITUTION, | |
| INSPIRATIONAL QUALITY, AND MEANING | FIII. PERSO | NAL CONNEC | TON CCHO | I ADCUTD | |

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information,

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Part I

NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

| | | | Yes | No |
|----|---|----------|-----|----|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | X First-class or charter travel X Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | X Tax indemnification and gross-up payments | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | х | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | Х | |
| | | _ | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | - | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee X Written employment contract | | | |
| | Independent compensation consultant IX Compensation survey or study | | | 1 |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | 7 |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | Х | |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | X | |
| | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | Only costing 504/s/(2) 504/s/(4) and 504/s/(00) argumenting must complete lines 5.0 | | | |
| 5 | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| 5 | contingent on the revenues of: | | | |
| _ | - | F | | Х |
| | The organization? Any related organization? | 5a 5b | | X |
| U | If "Yes" on line 5a or 5b, describe in Part III, | ου | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| • | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | X |
| | Any related organization? | 6b | | X |
| - | If "Yes" on line 6a or 6b, describe in Part III. | 0,0 | | - |
| 7 | | | | |
| - | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | X |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| - | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| - | Regulations section 53 4958-6(c)? | a | | |

Page 2

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

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of | W-2 and/or 1099-MIS | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|--------------------------------------|------|--------------------------|---|---|--------------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| (1) WAYNE LAPIERRE | (i) | 1,267,878. | 455,000. | 427,756. | 20,280. | 53,513. | 2,224,427. | 0. |
| CEO AND EXECUTIVE VICE PRESIDENT | (11) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) CHRIS W. COX | (i) | 1,057,586. | 200,000. | 27,732. | 35,484. | 71,866. | 1,392,668. | 0. |
| EXECUTIVE DIRECTOR, NRAILA | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) WILSON H. PHILLIPS | (i) | 573,567. | 210,000. | 116,970. | 20,280. | 27,952. | 948,769. | 0. |
| TREASURER (ENDING 9/13/2018) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) JOSHUA L. POWELL | (i) | 782,739. | 0. | 61,398. | 16,500. | 59,332. | 919,969. | 0. |
| CHIEF OF STAFF AND EXEC. DIR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) CRAIG B. SPRAY | (i) | 401,111. | 0. | 195,847. | 16,500. | 34,757. | 648,215. | 0. |
| TREASURER (FROM 9/13/2018) | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) JOHN C. FRAZER | (i) | 325,953. | 54,100. | 33,023. | 16,500. | 60,077. | 489,653. | 0. |
| SECRETARY AND GENERAL COUNSEL | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) JOSEPH P. DEBERGALIS, JR. | (i) | 347,452. | 0. | 55,774. | 16,500. | 41,302. | 461,028. | 0. |
| EXEC DIR, GENERAL OPS (STARTING 12/3 | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) TYLER SCHROPP | (i) | 604,803. | 122,206. | 6,136. | 16,500. | 57,123. | 806,768. | 0. |
| MANAGING DIRECTOR, ADVANCEMENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) TODD GRABLE | (i) | 438,703. | 217,553. | 11,130. | 16,500. | 49,654. | 733,540. | 0. |
| EXECUTIVE DIRECTOR, MEMBERSHIP | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) DOUGLAS HAMLIN | (i) | 443,585. | 80,000. | 57,736. | 16,443. | 57,966. | 655,730. | 0. |
| EXECUTIVE DIRECTOR, PUBLICATIONS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) DAVID LEHMAN | (i) | 450,057. | 50,000. | 71,675. | 16,500. | 14,621. | 602,853. | 0. |
| DEPUTY EXECUTIVE DIRECTOR, NRAILA | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) ERIC FROHARDT | (i) | 500,000. | 0. | 25,745. | 15,000. | 4,863. | 545,608. | 0. |
| DIRECTOR, EDUCATION AND TRAINING | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (13) ROBERT K. WEAVER | (i) | 0. | 0. | 720,000. | 0. | 0. | 720,000. | 0. |
| FMR EXE. DIR, GENERAL OPERATIONS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (14) MICHEL MARCELLIN | (i) | 0. | 0. | 535,045. | 0. | 0. | 535,045. | 0. |
| FMR MANAGING DIR, AFFINITY AND LICEN | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (15) OLIVER L. NORTH | (i) | 1,377,617. | 0. | 0. | 0. | 0. | 1,377,617. | 0. |
| PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (16) MARION P. HAMMER | (i) | 270,000. | 0. | 0. | 0. | 0. | 270,000. | 0. |
| DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

CHARTER TRAVEL WAS USED ON OCCASIONS WHEN TRAVEL LOGISTICS OR SECURITY

CONCERNS PRECLUDED OTHER AVAILABLE OPTIONS. COMPANIONS OCCASIONALLY TRAVEL

VIA PRIVATE AIRCRAFT WITH NRA OFFICIALS AND VENDORS IN CONNECTION WITH

THEIR PROFESSIONAL RESPONSIBILITIES. CERTAIN COMPENSATION ELEMENTS WERE

GROSSED UP FOR ONE INDIVIDUAL FOR ONE TIME RELOCATION COSTS AND THE TAX

GROSS UP WAS PROPERLY INCLUDED IN TAXABLE COMPENSATION. HOUSING EXPENSES

WERE PROVIDED FOR FIVE INDIVIDUALS AND WERE PROPERLY INCLUDED IN TAXABLE

COMPENSATION. DUES FOR CLUBS USED FOR BUSINESS PURPOSES WERE PROPERLY

PART I, LINE 3:

EXCLUDED FROM TAXABLE COMPENSATION.

COMPENSATION OF THE NRA'S TOP MANAGEMENT OFFICIALS IS ESTABLISHED BY

METHODS INCLUDING INDEPENDENT COMPENSATION CONSULTANTS, COMPENSATION

SURVEYS AND STUDIES, AND COMPARABILITY DATA. IN ADDITION, UNDER THE NRA

BYLAWS COMPENSATION OF CERTAIN ELECTED OFFICERS (INCLUDING THE EXECUTIVE

VICE PRESIDENT) MUST BE APPROVED BY THE BOARD OF DIRECTORS, BASED ON

RECOMMENDATIONS BY THE COMPENSATION COMMITTEE. ALL DECISIONS ARE PROPERLY

DOCUMENTED.

Part III | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information,

PART I, LINES 4A-B:

ROBERT K. WEAVER'S EMPLOYMENT AS EXECUTIVE DIRECTOR OF GENERAL OPERATIONS

ENDED IN 2016 AND DURING CALENDAR YEAR 2018 MR. WEAVER RECEIVED TAXABLE

COMPENSATION OF \$720,000.

MICHEL MARCELLIN'S EMPLOYMENT AS MANAGING DIRECTOR OF AFFINITY AND

LICENSING ENDED IN 2016 AND DURING CALENDAR YEAR 2018 MR. MARCELLIN

RECEIVED TAXABLE COMPENSATION OF \$535,045.

THE NRA HAS DEFERRED COMPENSATION RETIREMENT BENEFIT PLANS FOR CERTAIN

EMPLOYEES AND NONQUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS FOR

CERTAIN EMPLOYEES. FOR NONOUALIFIED PLANS, THE FILING ORGANIZATION DECIDES

THE BENEFIT AMOUNT AND TIMEFRAME FOR VESTING OF EACH PARTICIPANT USING

DIFFERENT FACTORS PARTICULAR TO EACH RELEVANT INDIVIDUAL AND HIS OR HER

SPECIFIC CIRCUMSTANCES. PAYOUTS ARE PROPERLY INCLUDED IN TAXABLE WAGES AND

REPORTED IN W-2 INCOME.

PART II

Schedule J (Form 990) 2018

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

COLUMN B(I) MR. NORTH RECEIVED \$1,377,617 PAID BY AN UNRELATED

ORGANIZATION, ACKERMAN MCQUEEN (AS FURTHER DETAILED ON SCHEDULE O).

COLUMN B(III) OTHER REPORTABLE COMPENSATION WITHIN TAXABLE WAGES FOR

MR. LAPIERRE INCLUDED \$365,909 457(F) PAYOUT, \$38,862 GROUP LIFE

INSURANCE, \$18,500 457(B) PLAN, AND \$4,485 TAXABLE PERSONAL EXPENSES.

OTHER REPORTABLE COMPENSATION WITHIN TAXABLE WAGES FOR MR. COX INCLUDED

\$18,500 457(B) PLAN, \$7,830 GROUP LIFE INSURANCE, AND \$1,402 TAXABLE

PERSONAL EXPENSES. OTHER REPORTABLE COMPENSATION WITHIN TAXABLE WAGES

FOR MR. PHILLIPS INCLUDED \$73,978 457(F) PAYOUT, \$21,012 GROUP LIFE

INSURANCE, \$18,500 457(B) PLAN, AND \$3,480 TAXABLE PERSONAL EXPENSES.

OTHER REPORTABLE COMPENSATION WITHIN TAXABLE WAGES FOR MR. POWELL

INCLUDED \$57,168 TAXABLE PERSONAL EXPENSES AND \$4,230 GROUP LIFE

INSURANCE. OTHER REPORTABLE COMPENSATION WITHIN TAXABLE WAGES FOR MR.

SPRAY INCLUDED \$175,174 ONE-TIME RELOCATION COSTS AND TEMPORARY LIVING

EXPENSES, \$18,500 457(B) PLAN, AND \$2,173 GROUP LIFE INSURANCE. OTHER

REPORTABLE COMPENSATION WITHIN TAXABLE WAGES FOR MR. FRAZER INCLUDED

\$18,500 457(B) PLAN, \$10,681 TAXABLE PERSONAL EXPENSES, AND \$3,842

GROUP LIFE INSURANCE. OTHER REPORTABLE COMPENSATION WITHIN TAXABLE

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

WAGES FOR MR. DEBERGALIS INCLUDED \$35,342 TAXABLE PERSONAL EXPENSES, \$18,500 457(B) PLAN, AND \$1,932 GROUP LIFE INSURANCE. OTHER REPORTABLE COMPENSATION WITHIN TAXABLE WAGES FOR MR. SCHROPP INCLUDED \$1,530 GROUP LIFE INSURANCE AND \$2,842 TAXABLE PERSONAL EXPENSES. OTHER REPORTABLE COMPENSATION WITHIN TAXABLE WAGES FOR MR. GRABLE INCLUDED \$9.600 TAXABLE PERSONAL EXPENSES AND \$1,530 GROUP LIFE INSURANCE. OTHER REPORTABLE COMPENSATION WITHIN TAXABLE WAGES FOR MR. HAMLIN INCLUDED \$24,505 TAXABLE PERSONAL EXPENSES, \$18,500 457(B) PLAN, AND \$14,731 GROUP LIFE INSURANCE. OTHER REPORTABLE COMPENSATION WITHIN TAXABLE WAGES FOR MR. LEHMAN INCLUDED \$50,691 457(F) PAYOUT, \$18,500 457(B) PLAN, AND \$2,484 GROUP LIFE INSURANCE. OTHER REPORTABLE COMPENSATION WITHIN TAXABLE WAGES FOR MR. FROHARDT INCLUDED \$24,605 TAXABLE PERSONAL EXPENSES AND \$1,140 GROUP LIFE INSURANCE. COLUMN C EMPLOYER DEPOSITS TOWARD BENEFITS THAT WILL NOT BE PAID UNTIL A FUTURE DATE ARE SHOWN IN COLUMN C. THE AMOUNT FOR MR. LAPIERRE INCLUDED \$16,500 401(K) AND \$3,780 PENSION PLAN. THE AMOUNT FOR MR. COX INCLUDED \$16,500 401(K), \$15,204 457(F), AND \$3,780 PENSION PLAN. THE AMOUNT FOR MR. PHILLIPS INCLUDED \$16,500 401(K) AND \$3,780 PENSION PLAN. THE AMOUNT FOR MR. POWELL INCLUDED \$16,500 401(K). THE AMOUNT FOR

| Part III Supplemental Information |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
| MR. SPRAY INCLUDED \$16,500 401(K). THE AMOUNT FOR MR. FRAZER INCLUDED |
| \$16,500 401(K). THE AMOUNT FOR MR. DEBERGALIS INCLUDED \$16,500 401(K). |
| THE AMOUNT FOR MR. SCHROPP INCLUDED \$16,500 401(K). THE AMOUNT FOR MR. |
| GRABLE INCLUDED \$16,500 401(K). THE AMOUNT FOR MR. HAMLIN INCLUDED |
| \$16,443 401(K). THE AMOUNT FOR MR. LEHMAN INCLUDED \$16,500 401(K). THE |
| AMOUNT FOR MR. FROHARDT INCLUDED \$15,000 401(K). |
| |
| COLUMN D NONTAXABLE BENEFITS ARE PROVIDED TO EMPLOYEES CONSISTENT WITH |
| ASSOCIATION INDUSTRY STANDARDS AND BEST PRACTICES. STANDARD NONTAXABLE |
| BENEFITS INCLUDE EMPLOYEE BENEFITS SUCH AS THE EMPLOYER PAID PORTIONS |
| OF MEDICAL AND DENTAL PLANS AND LONG-TERM AND SHORT-TERM DISABILITY |
| PLANS. |
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SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open To Public Inspection

Name of the organization

NATIONAL PIELE ASSOCIATION OF AMEL

Employer identification number

| | | | | | ION OF AMER | | | 53 | -01 | 161 | 30 | | |
|----------------------------|--------------------|-------------------------------------|---------|-------------------|---|---------------|------------------|----------|-----------------|---------------|-----------------|---------|--------|
| Part I Excess Bene | efit Transact | ions (section 5 | 01(c)(3 | 3), secti | ion 501(c)(4), and 50 | 1(c)(2 | 9) organization | s only |). | | | | |
| Complete if the | organization ans | wered "Yes" on I | Form 9 | 990. Pa | art IV. line 25a or 25b | or F | orm 990-EZ, Pa | art V. I | ine 40 | b. | | | |
| 1 | (b) | Relationship bet | | | ified | | | | | | (d) | Corre | cted? |
| (a) Name of disqualified p | person | person and o | | | (c | c) Des | cription of tran | nsactio | n | | | | No |
| | | | | | | | | | | | | - | 140 |
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| | | | | | | | | | | | | | |
| 2 Enter the amount of tax | incurred by the o | organization man | agers | or disq | ıualified persons duri | ing th | e year under | | | | | | |
| section 4958 | | | | | | | | | ▶ \$ | | | | |
| 3 Enter the amount of tax, | if any, on line 2, | above, reimburs | ed by | the org | ganization | | | | ▶ \$ | | | | |
| | | | | | | | | | | | | | |
| Part II Loans to and | d/or From In | terested Pers | sons | | | | | | | | | | |
| Complete if the | organization ans | wered "Yes" on I | Form 9 | 90-F7 | , Part V, line 38a or F | Form 9 | 990 Part IV lin | a 26: | or if th | e orga | nizatio | n | |
| reported an amo | | | | | , | • | , are 17, iii | , | o | o orga | Mean | • | |
| (a) Name of | (b) Relationship | | 77 | oan to or | (e) Original | (6) | Balance due | la | \ ln | (h) Ap | proved | ris (A) | ritten |
| interested person | with organization | | | m the ization? | principal amount | W | 11) 54141100 000 | | (g) In default? | | bu board or 1 | | ment? |
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| Part III Grants or As | sistance Be | nefiting Inter | este | d Per | sons. | | | | | | | | |
| | | | | | | | | | | | | | |
| Complete if the | | | | | | —т | | | | _ | | | |
| (a) Name of interested | person | (b) Relationship | | | (c) Amount of | | (d) Type | | | |) Purp | | F |
| | | interested pers the organization | | ia | assistance | | assistan | ice | | i | assista | ınce | |
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|---------|----------|-------------|--------------|------------|-------------|----|--------|-----|
| Part IV | Business | Transaction | ns involving | Interested | Persons. | | - | |

| | Complete if the organization answered | "Yes" on Form 990, Part IV, line 28a, 28 | 3b, or 28c. | | | |
|--------------|--|---|---------------------------|--------------------------------|------------------|-------------------------------|
| | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | organiz rever | aring of zation's nues? |
| <u>том</u> | SELLECK | SEE PART V | 476 000 | SEE PART V | Yes | No |
| | POWELL ADVER.PHOTOGRAP | | | SEE PART V | - | X |
| <u> </u> | TOWNER TO THE TOTAL TOTA | I AKI V | 11,010 | DEE PART V | + | |
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| Part | Supplemental Information. Provide additional information for response | nses to questions on Schedule L (see i | nstructions). | | | |
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| <u>SCH</u> | L, PART IV, BUSINESS T | RANSACTIONS INVOLVIN | G INTERESTE | D PERSONS: | | |
| / 3 \ | NAME OF DEDGOM. THE DOL | | | | | |
| (A) | NAME OF PERSON: JIM PO | WELL ADVER.PHOTOGRAP | <u>HY</u> | | | |
| | | | | | | |
| | | | | _ | | |
| SCH | L, PART IV, BUSINESS TI | RANSACTIONS INVOLVIN | G INTERESTE | D PERSONS: | | |
| | | | | D I LINDOND. | | |
| (A) | NAME OF PERSON: TOM SE | LLECK | | | | |
| | | | | | | |
| <u>(B)</u> | RELATIONSHIP BETWEEN II | NTERESTED PERSON AND | ORGANIZATI | ON: | | |
| BOAI | RD MEMBER | | | | | |
| (D) | DESCRIPTION OF TRANSACT | FION: THE NRA PURCHA | SED A GROUP | OF | | |
| COLI | LECTIBLE FIREARMS THAT | ORIGINATED FROM THE | COLLECTION | OF THEN-BOA | RD | |
| MEMI | BER TOM SELLECK FOR \$470 | 5,000. THE NRA INTEN | DS TO RESEL | L THE FIREA | RMS | |
| OR (| THERWISE USE THEM IN N | RA FUNDRAISING EFFOR | TS. BOARD M | EMBER LANCE | | |
| OLS | ON, A LICENSED FIREARMS I | DEALER WHO PROVIDED | CONSULTING | SERVICES TO | l | |
| THE | NRA ON GUN COLLECTOR OU | JTREACH, ASSISTED IN | THE TRANSAC | TION. | | |
| | | | | | | |
| (A) | NAME OF PERSON: JIM PO | VELL ADVERTISING PHO | TOGRAPHY | | | |
| (B) | RELATIONSHIP BETWEEN II | TERESTED PERSON AND | ORGANIZATI | ON: | | |
| OWNI | ER IS AN OFFICER'S RELAT | TIVE | | | | |
| (D) | DESCRIPTION OF TRANSACT | TION: THE NRA PURCHA | SED JIM POW | ELL | | |
| ADVI | ERTISING PHOTOGRAPY SERV | ICES FOR NRA COMPET | ITIONS EVEN | TS. THE OWN | ER | |
| P TO | THE PHOTOGRAPHY SERVICE: | З СОМРАЛУ .TTM DOWET. | . TS ਸਮਝ ਦ | ATHER OF MR | λ | |
| | THE POST OF THE PARTY AND THE | John John LONDO | | chedule L (Form 990 | | Z) 2018 |

| | C | | | mation | | ASSOCIATION responses to questions of | | | 53-0116130 | |
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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

| Pai | t Types of Property | | | | | | |
|-----|--|-------------------------------|--|---|---|-----|----|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determ noncash contribution | | :s |
| 1 | Art - Works of art | | | | | | |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household goods | | | | | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | | _ | | | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | X | 11,600 | 407,352. | FMV | | |
| 10 | Securities - Closely held stock | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | |
| | trust interests | | | | | _ | |
| 12 | Securities - Miscellaneous | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | |
| | Historic structures | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | Real estate - Other | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | | | | | | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | | | | | | |
| 25 | Other () | | | | | | |
| 26 | Other | | | | | | |
| 27 | Other | | | | | | |
| 28 | Other (| | | | | | |
| 29 | Number of Forms 8283 received by the organi | zation during | the tax year for c | ontributions | | | |
| | for which the organization completed Form 82 | 83, Part IV, I | Donee Acknowledg | gement 29 | | | |
| | | | | | _ | Yes | No |
| 30a | During the year, did the organization receive b | y contributio | n any property rep | orted in Part I, lines 1 throug | jh 28, that it | | |
| | must hold for at least three years from the date | e of the initia | l contribution, and | which isn't required to be us | sed for | | |
| | exempt purposes for the entire holding period | ? | | | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | |
| 31 | Does the organization have a gift acceptance | policy that re | equires the review | of any nonstandard contribut | tions? 31 | X | |
| 32a | Does the organization hire or use third parties | or related or | ganizations to soli | cit, process, or sell noncash | | | |
| | contributions? | | | | 322 | X | |
| b | If "Yes," describe in Part II. | | | | | | |
| 33 | If the organization didn't report an amount in o | column (c) fo | r a type of property | y for which column (a) is che | cked, | | |
| | describe in Part II. | <u> </u> | | | | | |

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

Schedule M (Form 990) 2018

| Schedule M Form 990 2018 NATIONAL RIFLE ASSOCIATION OF AMERICA 53-0116130 | Page 2 |
|--|---------|
| Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complet this part for any additional information. | n te |
| SCHEDULE M, LINE 32B: | |
| ON OCCASION AND AS APPROPRIATE, SECURITIES AND OTHER DONATED LIQUID OR | |
| ILLIQUID ASSETS CAN BE CONVERTED INTO CASH BY THE OUTSIDE THIRD PARTY | |
| SPECIALISTS THAT PARTNER WITH THE NRA TO FULFILL THE PHILANTHROPIC | |
| INTENTIONS OF THE DONORS. | |
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2018 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

THE NRA IS A 501(C)(4) MEMBERSHIP ASSOCIATION WITH FOUR 501(C)(3)

PUBLIC CHARITIES AND A SECTION 527 POLITICAL ACTION COMMITTEE (PAC)

WHICH IS A SEPARATE SEGREGATED FUND. THE FOUR CHARITIES AFFILIATED WITH

THE NRA ARE NRA CIVIL RIGHTS DEFENSE FUND, NRA FOUNDATION INC, NRA

FREEDOM ACTION FOUNDATION, AND NRA SPECIAL CONTRIBUTION FUND DBA NRA

WHITTINGTON CENTER. THE POLITICAL ACTION COMMITTEE IS NRA POLITICAL

VICTORY FUND. SEE SCHEDULE R, PART II.

THIS INFORMATIONAL NOTE REGARDS THE NRA'S UNRELATED BUSINESS INCOME.

FORM 990 PAGE 1 SHOWS GROSS UNRELATED BUSINESS REVENUE ON LINE 7A AND

NET UNRELATED BUSINESS TAXABLE INCOME ON LINE 7B. THE NRA DID NOT OWE

UNRELATED BUSINESS INCOME TAX FOR THE YEAR 2018 BECAUSE DIRECTLY

CONNECTED DEDUCTIONS WERE GREATER THAN THE ASSOCIATED INCOME IN 2018.

THE MAIN SOURCES OF NRA UNRELATED BUSINESS INCOME, AS SHOWN ON 990 PART

VIII, COLUMN C, ARE CERTAIN MERCHANDISE SALES FROM THE E-COMMERCE

PLATFORMS, ADVERTISING, AND OTHER ACTIVITIES NOT RELATED TO THE NRA'S

TAX EXEMPT PURPOSES. ADDITIONAL INFORMATIONAL NOTES RELATED TO THE

NRA'S TAXES ARE SHARED ON SCHEDULE C REGARDING 527(F) PROXY TAXES AND

SCHEDULE D REGARDING STATE AND LOCAL TAXES. THE NRA CHOOSES TO SHARE

THIS EXTRA INFORMATION ABOUT THE TAXES IN ORDER TO DEMONSTRATE IN GOOD

FAITH THAT THE ORGANIZATION IS A TAXPAYER IN GOOD STANDING.

NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

THIS INFORMATIONAL NOTE REGARDS THE NRA'S CONTRIBUTION REVENUE. THE VAST MAJORITY OF CONTRIBUTIONS TO THE NRA COMES FROM MILLIONS OF SMALL INDIVIDUAL DONORS. GIFTS FROM COMPANIES AND EXECUTIVES IN THE FIREARMS. HUNTING, AND SHOOTING SPORTS INDUSTRIES INDUSTRIES TYPICALLY COMPRISE LESS THAN 5% OF THE NRA'S CONTRIBUTION REVENUE EVERY YEAR, AS APPLIED TO CONTRIBUTION REVENUE REPORTED ON FORM 990, PART VIII, LINE 1.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THIS NOTE PROVIDES FURTHER INFORMATION ON PART III PROGRAM SERVICE ACCOMPLISHMENTS. NRA PROGRAM SERVICES ARE CENTERED ON THE NRA'S CORE MISSION OF FIREARMS SAFETY, EDUCATION, AND TRAINING, INCLUDING MESSAGING THAT PROMOTES FREEDOM AND LIBERTY. THE ADDITIONAL PROGRAM SERVICE EXPENSES OF \$59,426,544 NOTED ON 990 CORE FORM PART III LINE 4D INCLUDE THE PROGRAM SERVICES COMPONENTS OF PUBLIC AFFAIRS, EXECUTIVE, AND ADVANCEMENT OPERATIONS. 990 READERS ARE ENCOURAGED TO ACCESS NRA.ORG FOR OPPORTUNITIES TO CONTINUE TO ENGAGE WITH THE NRA. EXPENSES \$ 59,426,544. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,330,515.

SEVERAL NRA DIRECTORS ARE EMPLOYED IN THE FIREARMS INDUSTRY AS MANUFACTURERS OR SELLERS OF FIREARMS, AMMUNITION, OR COMPONENTS THEREOF. THESE BOARD MEMBERS ROUTINELY BUY AND SELL PRODUCTS FROM ONE ANOTHER IN THE ORDINARY COURSE OF BUSINESS.

FORM 990, PART VI, SECTION A, LINE 6:

FORM 990, PART VI, SECTION A, LINE 2:

THE NATIONAL RIFLE ASSOCIATION IS A MEMBERSHIP ASSOCIATION THAT REPRESENTS ONLY INDIVIDUAL CITIZENS. MEMBERSHIP DUES ARE PROPERLY REPORTED ON FORM Schedule O (Form 990 or 990-EZ) (2018) 832212 10-10-18

990, PART VIII, LINE 2 PURSUANT TO THE INSTRUCTIONS FOR SUCH REPORTING.

FORM 990, PART VI, SECTION A, LINE 7A:

NRA MEMBERS ELECT ALL 76 MEMBERS OF THE NRA BOARD OF DIRECTORS. 75

DIRECTORS ARE ELECTED FOR STAGGERED THREE YEAR TERMS, AND THE 76TH DIRECTOR

IS ELECTED FOR ONE YEAR TERM ON THE OCCASION OF EACH ANNUAL MEETING OF

MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B:

CERTAIN BOARD OF DIRECTORS DECISIONS ARE SUBJECT TO MEMBERSHIP APPROVAL PER NRA BYLAWS AND NEW YORK NOT FOR PROFIT CORPORATE LAW.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE EXTERNAL AUDITING FIRM, PRESENTED TO THE NRA
BOARD OF DIRECTORS AUDIT COMMITTEE, AND MADE AVAILABLE TO THE FULL NRA
BOARD OF DIRECTORS, BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO OFFICERS,

DIRECTORS, AND KEY EMPLOYEES OF THE FILING ORGANIZATION AND ITS AFFILIATES,

AS WELL AS TO THEIR RELATIVES. RELATED PARTY TRANSACTIONS AND POTENTIAL

CONFLICTS ARE SELF-REPORTED ON A QUESTIONNAIRE THAT IS DISTRIBUTED AT LEAST

ANNUALLY AND REVIEWED BY THE SECRETARY AND GENERAL COUNSEL. ISSUES MAY ALSO

BE REPORTED THROUGH OTHER MEANS OR INDEPENDENTLY DISCOVERED BY STAFF.

REGARDLESS OF HOW THEY ARE REPORTED, RELATED PARTY TRANSACTIONS AND ISSUES

OF APPARENT CONFLICT ARE PRESENTED TO THE BODY DESIGNATED BY THE BOARD OF

DIRECTORS (THE AUDIT COMMITTEE) FOR APPROVAL, DISAPPROVAL, OR PRECAUTIONARY

MEASURES AS NEEDED.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF THE NRA'S TOP MANAGEMENT OFFICIALS IS ESTABLISHED BY

METHODS INCLUDING INDEPENDENT COMPENSATION CONSULTANTS, COMPENSATION

SURVEYS AND STUDIES, AND COMPARABILITY DATA. IN ADDITION, UNDER THE NRA

BYLAWS COMPENSATION OF CERTAIN ELECTED OFFICERS (INCLUDING THE EXECUTIVE

VICE PRESIDENT) MUST BE APPROVED BY THE BOARD OF DIRECTORS, BASED ON

RECOMMENDATIONS BY THE COMPENSATION COMMITTEE. ALL DECISIONS ARE PROPERLY

DOCUMENTED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AZ, AR, CA, CO, CT, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NE

NV, NH, NJ, MT, NM, NY, ND, NC, OH, OK, OR, PA, PR, RI, SC, DE, SD, TN, TX, UT, VT, VA, WV, WA, WI,

WY

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO OFFICERS,

DIRECTORS, AND KEY EMPLOYEES OF THE FILING ORGANIZATION AND ITS AFFILIATES,

AS WELL AS TO THEIR RELATIVES. RELATED PARTY TRANSACTIONS AND POTENTIAL

CONFLICTS ARE SELF-REPORTED ON A QUESTIONNAIRE THAT IS DISTRIBUTED AT LEAST

ANNUALLY AND REVIEWED BY THE SECRETARY AND GENERAL COUNSEL. ISSUES MAY ALSO

BE REPORTED THROUGH OTHER MEANS OR INDEPENDENTLY DISCOVERED BY STAFF.

REGARDLESS OF HOW THEY ARE REPORTED, RELATED PARTY TRANSACTIONS AND ISSUES

OF APPARENT CONFLICT ARE PRESENTED TO THE BODY DESIGNATED BY THE BOARD OF

DIRECTORS (THE AUDIT COMMITTEE) FOR APPROVAL, DISAPPROVAL, OR PRECAUTIONARY

MEASURES AS NEEDED.

HOURS PER WEEK AS NRA PRESIDENT. THE PAYMENTS OF \$1,377,617 WERE FROM AN UNRELATED ORGANIZATION, ACKERMAN MCQUEEN INC. CERTAIN OF THESE PAYMENTS ARE DISPUTED AND SUBJECT TO ONGOING LITIGATION. IN 2018. MS. GOLOB WAS ALSO COMPENSATED BY AN UNRELATED ORGANIZATION, ACKERMAN

Name of the organization

NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

MCQUEEN INC, \$28,661 FOR PROFESSIONAL SERVICES PERFORMED ON NRA DIGITAL MEDIA PROJECTS.

FORM 990, PART VII SECTION B, LINE 1

THIS INFORMATIONAL NOTE PROVIDES ADDITIONAL DETAIL ABOUT AMOUNTS PAID

TO OUTSIDE SERVICES PROVIDERS. THE FILING ORGANIZATION REPORTS

COMPENSATION PAID TO SERVICES PROVIDERS EXCLUSIVE OF ADVERTISING AND

OTHER MEDIA PLACED ON BEHALF OF THE FILING ORGANIZATION AND EXPENSES

INCURRED ON BEHALF OF THE FILING ORGANIZATION. FOR EXAMPLE, THE FIGURE

OF \$31,994,168 STATED ON PART VII SECTION B LINE 1 REFLECTS

COMPENSATION FOR SERVICES PAID TO ACKERMAN MCQUEEN INC. IT EXCLUDES

\$6,337,508 INCURRED FOR OUT OF POCKET EXPENDITURES ON BEHALF OF THE

FILING ORGANIZATION INCLUDING MEDIA, OUTSIDE VENDOR COSTS, AND

REIMBURSEMENT OF TRAVEL AND BUSINESS EXPENSES.

FORM 990, PART VIII, LINE 2B

THIS INFORMATIONAL NOTE REGARDS THE REPORTING OF MEMBER DUES ON FORM

990. LINE 1B OF THE REVENUE STATEMENT IS PROPERLY LEFT BLANK. PURSUANT

TO 990 INSTRUCTIONS, MEMBERSHIP DUES THAT ARE NOT CONTRIBUTIONS BECAUSE

THEY COMPARE REASONABLY WITH AVAILABLE BENEFITS ARE SHOWN ON LINE 2.

THUS, ALL NRA MEMBER DUES ARE PROPERLY SHOWN ON THE 990 REVENUE

STATEMENT AS PROGRAM SERVICE REVENUE ON LINE 2, OTHER THAN NRA

LIFE-PLUS CONTRIBUTIONS WHICH ARE PROPERLY COUNTED AS CONTRIBUTION

REVENUE IN LINE 1F OF THE 990 REVENUE STATEMENT.

THIS INFORMATIONAL NOTE REGARDS THE NRA'S PAYMENT OF FEES FOR OUTSIDE PROFESSIONAL SERVICES AS STATED ON LINE 11 OF THE 990 EXPENSE STATEMENT. LINE 11B REPORTS LEGAL FEES PAID TO OUTSIDE ATTORNEYS, SUCH AS FOR SECOND AMENDMENT CASE WORK AND RELATED LITIGATION AT THE FEDERAL AND STATE LEVELS AND FOR REGULATORY AND COMPLIANCE MATTERS. LINE 11C REPORTS ACCOUNTING FEES PAID TO THE OUTSIDE CPA FIRM THAT PROVIDES THE NRA'S AUDITING AND TAX SERVICES. LINE 11D REPORTS LOBBYING EXPENSE PAID TO EXTERNAL REGISTERED LOBBYISTS. LINE 11E REPORTS FUNDRAISING COSTS PAID TO THE AUTHORIZED VENDORS LISTED ON SCHEDULE G. LINE 11F REPORTS INVESTMENT MANAGEMENT FEES PAID TO INVESTMENT ADVISORS THAT MANAGE THE NRA'S PORTFOLIOS. LINE 11G SHOWS TELEMARKETING COSTS FOR MEMBERSHIP SERVICING. PROFESSIONAL SERVICES PERFORMED BY NRA EMPLOYEES (IN HOUSE COUNSEL, IN HOUSE ACCOUNTANTS, IN HOUSE LOBBYISTS, IN HOUSE FUNDRAISERS, AND IN HOUSE INVESTMENT MANAGERS, RESPECTIVELY) ARE PROPERLY REPORTED WITHIN LINES 5-7 OF THE 990 EXPENSE STATEMENT, AS REQUIRED BY 990 FORM INSTRUCTIONS. PROFESSIONAL SERVICES PERFORMED BY THE TELEMARKETING VENDOR FOR FUNDRAISING PURPOSES, RATHER THAN FOR MEMBERSHIP, ARE PROPERLY REPORTED WITHIN LINE 11E, AS REQUIRED BY 990 FORM INSTRUCTIONS.

FORM 990, PART IX, LINE 24E

THIS RESPONSE EXPLAINS \$12,581,928 OF OTHER EXPENSES STATED ON LINE 24E

OF THE 990, PART IX EXPENSE STATEMENT WHICH WERE NOT ACCOMMODATED BY

OTHER EXPENSE LINE DESCRIPTIONS. THIS FIGURE INCLUDES \$9,204,256 OF

FULFILLMENT MATERIALS, \$5,747,802 BANKING FEES, \$1,276,567 MEMBERSHIP

PREMIUMS, \$560,407 OF NON-PAYROLL TAXES, AND (\$4,927,105) FASB ASC 715

PENSION ACCOUNTING VALUATION ADJUSTMENT.

| Schedule O (Form 990 or 990-EZ) (2018) | Page 2 |
|---|---|
| Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA | Employer identification number 53-0116130 |
| | 100 0220200 |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| AGENCY TRANSACTIONS | -1,910,739. |
| UNREALIZED GAIN ON DERIVATIVE INSTRUMENT | 745,782. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -1,164,957. |
| FORM 990, PART XI, LINE 9 | |
| THIS RESPONSE EXPLAINS (\$1,164,957) OF OTHER CHANGES IN T | HE NET ASSETS |
| RECONCILIATION SCHEDULE. THE FIGURE INCLUDES (\$1,910,739) | AGENCY |
| TRANSACTIONS BETWEEN THE NRA AND NRA FOUNDATION AND \$745, | 782 UNREALIZED |
| GAIN ON DERIVATIVE INSTRUMENT. THE AGENCY TRANSACTIONS FI | GURE OF |
| (\$1,910,739) INCLUDES ENDOWMENT CONTRIBUTIONS AND ENDOWME | ENT EARNINGS |
| DESIGNATED BY NRA FOUNDATION DONORS FOR ELIGIBLE NRA PROG | GRAMS. AN |
| INFORMATION NOTE REGARDING THE PURPOSE OF THE DERIVATIVE | INSTRUMENT IS |
| INCLUDED WITH SCHEDULE D PART X, LINE 1(2). | |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2018 Open to Publi

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

NATIONAL RIFLE ASSOCIATION OF AMERICA Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 53-0116130

(a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income Direct controlling End-of-year assets of disregarded entity entity foreign country) LEXINGTON CONCORD HOLDINGS LLC - 83-1798978 11250 WAPLES MILL RD FAIRFAX, VA 22030 DEVELOPMENT PHASE DELAWARE 0. 0. NRA

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 | (f) Direct controlling entity | contr | g) 512(b)(13) trolled tity? |
|--|--------------------------------|---|-------------------------------|---------------------------------------|-------------------------------|-------|---|
| | | | | 501(c)(3)) | | Yes | No |
| NRA FOUNDATION INC - 52-1710886 | | | | | | | |
| 11250 WAPLES MILL RD | | | | | | | |
| FAIRFAX, VA 22030 | CHARITABLE | DISTRICT OF COLUMBIA | 501(C)(3) | LINE 7 | NRA | X | (|
| NRA SPECIAL CONTRIBUTION FUND - 23-7367534 | | | | | | | |
| 11250 WAPLES MILL RD | | | | | | | |
| FAIRFAX, VA 22030 | CHARITABLE | NEW MEXICO | 501(C)(3) | LINE 7 | NRA | x | |
| NRA CIVIL RIGHTS DEFENSE FUND - 52-1136665 | | | | | | | |
| 11250 WAPLES MILL RD | | | | | | | |
| FAIRFAX, VA 22030 | CHARITABLE | VIRGINIA | 501(C)(3) | LINE 7 | NRA | x | |
| NRA FREEDOM ACTION FOUNDATION - 26-1277941 | | † | | | | | |
| 11250 WAPLES MILL RD | | | | | | | |
| FAIRFAX, VA 22030 | CHARITABLE | VIRGINIA | 501(C)(3) | LINE 7 | NRA | x | |

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

Schedule R (Form 990) 2018

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (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 | conti | g) 512(b)(13) rolled zation? |
|--|-----------------------------|---|-------------------------------|--|-------------------------------|-------|---------------------------------------|
| NRA POLITICAL VICTORY FUND - 52-1083020 | | | _ | | | res | NO |
| 11250 WAPLES MILL RD | | | | | | | |
| FAIRFAX, VA 22030 | PAC/SSF | VIRGINIA | 5 2 7 | | NRA | x | |
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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) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) |
|--|------------------|---|---------------------------|--|-----------------------|-----------------------------------|-------------------------------|----|---------------------------------|------------------------------------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | Disproportionate allocations? | | amount in box 20 of Schedule | General of managing partner? | Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes No | |
| WBB INVESTMENTS, LLC - 32-0569014, 11250 WAPLES MILL RD, FAIRFAX, VA 22030 | INVESTMENT | DE | NRA | 0 | 0. | 0. | | x | N/A | x | 99.00% |
| and the second | | D13 | | | ٠. | ٠. | _ | Δ | N/A | Δ | 33.000 |
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Part IV ldentification 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 | 512(cant ent | (i) ction (b)(13) trolled tily? |
|--|-------------------------|---|-------------------------------|---|---------------------------------|--|--------------------------------|---------------------|---|
| WINGATE CHURCH INSURANCE SERVICES INC | | | J. | | | | | Yes | No |
| 11250 WAPLES MILL RD | | | | | | | } | | |
| FAIRFAX, VA 22030 | DEVELOPMENT PHASE | DE | NRA | CORP | 0. | 0. | 100% | X | |
| NRA HOLDINGS COMPANY INC - 02-0558658 | | | | | | | | | |
| 11250 WAPLES MILL RD | | | | | | | | | |
| FAIRFAX, VA 22030 | MANAGEMENT SERVICES | VA | NRA | CORP | 0. | 0. | 100% | Х | |
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Part V Transactions With Related Organizations, Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36,

| Not | te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|-----|--|------------|-----|----|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | X | |
| b | Gift, grant, or capital contribution to related organization(s) | 1b | | Х |
| C | Gift, grant, or capital contribution from related organization(s) | 1c | X | |
| | | 1d | | Х |
| | | <u>1</u> e | X | |
| | | | | |
| f | Dividends from related organization(s) | 1f | | Х |
| g | Sale of assets to related organization(s) | 1g | | Х |
| | | 1h | | Х |
| i | Exchange of assets with related organization(s) | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | X |
| | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | X |
| | | 11 | X | |
| | | 1m | | X |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | X | |
| 0 | Sharing of paid employees with related organization(s) | 10 | X | |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1 p | | X |
| q | Reimbursement paid by related organization(s) for expenses | 1q | X | |
| | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | X | |
| s | 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? Receipt of (i) Interest, (ii) annutities, (iii) royalties, or (iv) rent from a controlled entity [affit, grant, or capital contribution to related organization(s) [affit, grant, or capital contribution from related organization(s) [ans or loan guarantees to or for related organization(s) [ans or loan guarantees by related organizat | | | X |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | | | |

(a) Name of related organization Transaction Amount involved Method of determining amount involved type (a-s) 180,000. CASH VALUE (1) NRA FOUNDATION INC Α (2) NRA FOUNDATION INC C 13,525,570. CASH VALUE 5,000,000. CASH VALUE (3) NRA FOUNDATION INC Е (4) NRA FOUNDATION INC 13,083,925. CASH VALUE 0

Q

C

4,218,390. CASH VALUE

433,872. CASH VALUE

(5) NRA FOUNDATION INC

(6) NRA CIVIL RIGHTS DEFENSE FUND

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (7) NRA CIVIL RIGHTS DEFENSE FUND | Q | 39,431. | CASH VALUE |
| (8) NRA SPECIAL CONTRIBUTION FUND | A | 120,000. | CASH VALUE |
| (9) NRA SPECIAL CONTRIBUTION FUND | Q | 1,805,930. | CASH_VALUE_ |
| (10) NRA POLITICAL VICTORY FUND | R | 3,078. | CASH VALUE |
| (11) LEXINGTON CONCORD HOLDINGS LLC | Q | 88,410. | CASH VALUE |
| (12) | | | |
| (13) | | | |
| (14) | | | |
| (15) | | | |
| (16) | | | |
| _{17} | | | |
| (18) | | | |
| (19) | | | |
| (20) | | | |
| (21) | | | |
| (22) | | | |
| (23) | | | |
| (24) | | | |

Page 4

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) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501 (c)(3) orgs.? Yes No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations | amount in box 20 | General or managing partner? | (k) Percentage ownership |
|--------------------------------------|-------------------------|---|---|--|------------------------------------|--|----------------------------------|------------------|------------------------------------|--------------------------------|
| | | | | 103 110 | | | 163 140 | (| Tes No | |
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Provide additional information for responses to questions on Schedule R. See instructions.

PART II

THE NRA IS A 501(C)(4) MEMBERSHIP ASSOCIATION WITH FOUR 501(C)(3)

PUBLIC CHARITIES AND A SECTION 527 POLITICAL ACTION COMMITTEE (PAC)

WHICH IS A SEPARATE SEGREGATED FUND. THE FOUR CHARITIES AFFILIATED WITH

THE NRA ARE NRA CIVIL RIGHTS DEFENSE FUND, NRA FOUNDATION INC, NRA

FREEDOM ACTION FOUNDATION, AND NRA SPECIAL CONTRIBUTION FUND DBA NRA

WHITTINGTON CENTER. THE POLITICAL ACTION COMMITTEE IS NRA POLITICAL

VICTORY FUND; NRAPVF IS A SEPARATE UNINCORPORATED PAC OF THE NRA. IN

THE EVENT THAT ANY FUNDS ARE RECEIVED BY THE NRA AND EARMARKED TO THE

PAC, THE NRA HAS SYSTEMS IN PLACE TO ENSURE ANY SUCH RECEIPTS ARE

PROMPTLY AND IMMEDIATELY DEPOSITED INTO THE SEPARATE SEGREGATED FUND'S

ACCOUNT.

PART III

WBB INVESTMENTS, LLC WAS FORMED IN CONNECTION WITH A POSSIBLE

TRANSACTION THAT WAS NEVER ULTIMATELY EXECUTED. A CERTIFICATE OF

CANCELLATION HAS BEEN FILED TO DISSOLVE THE COMPANY.

PART V

LINE 1C THIS INFORMATIONAL NOTE REGARDS QUALIFIED CHARITABLE GRANT

MAKING. ALL GRANTS MADE BY NRA FOUNDATION AND NRA CIVIL RIGHTS DEFENSE

FUND TO THE NRA ARE SUBJECT TO STRINGENT REVIEW PROCESSES REQUIRING

THAT THE GRANTS BE MADE AND USED ONLY FOR QUALIFIED CHARITABLE PURPOSE

PROGRAMS. THE NRA IS REQUIRED TO PROVIDE AN ACCOUNTING TO THE CHARITIES

AS DOCUMENTATION THAT PROCEEDS WERE USED BY THE NRA FOR QUALIFIED

CHARITABLE PURPOSES AS SET FORTH IN THE GRANT DOCUMENTS.

| Sche | dule R | (Form 990) | 2018 | | NZ | TIOI | IAL | RIFLE | AS | SOCI | ATION: | OF | AME | RICA | 53 | 3-011 | 6130 | Page 5 |
|------|--------|------------|----------|-----------|--------|----------|---------|-----------|---------|---------------|-----------|----------|-------|------|-------|-------|------|--------|
| Par | t VII | Suppler | | | | | | | | | | | | | | | | |
| | | Provide a | dditiona | al inform | nation | for resp | onses t | o questio | ns on S | <u>Schedu</u> | le R. See | instruct | ions. | | | | | |
| NRA | FO | JNDATI | ON. | THE | \$5 | ,000 | ,000 |) LOA | N IS | PA | YABLE | TO | THE | NRA | FOUNI | ATIO | TA N | |
| A F | AIR | VALUE | IN' | TERE | ST | RATE | . TH | ie nr | A MA | KES | MONT | HLY | INTE | REST | PAYM | ENTS | OF | |
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