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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Α	For the	2013 ca	lendar year, or tax year	beginning			, and e	nding				
В	Check if a	pplicable	C Name of organization	NRA Civil Right	ts Defense Fu	ınd	•		Employer	identificatio	n number	
L	Address o	hange	Doing Business As									
\Box	Name cha	2000	Number and street (or P C	box if mail is not del	ivered to street a	ddress)	Room/suite	5	2-113666 <u>5</u>			
Ξ	reame che	alige	11250 Waples Mill Roa	ad					Telephone	number		
Ш	Initial retu	ım	City or town		State	•	ZIP code	c	703) 267-1	000		
	Terminate	ed	Fairfax		VA		22030					
			Foreign country name	Foreign pro	vince/state/count	ty	Foreign postal		_		4.6	
M	Amended	return							Gross rece	ipts \$	1,8	08,077
	Applicatio	n pending	F Name and address of prin	cipal officer				H(a) Is this	a group return f	or subordinates	s? Yes	X No
			Wilson H. Phillips Jr. 1	1250 Waples Mil	Rd, Fairfax,	VA 2203	30	H(b) Are a	ill subordinate	s included?	Yes	∏ No
$\overline{}$	Tax-exem	nt status	X 501(c)(3) 501(c			4947(a)(1)		If "No	o," attach a lis	t (see instruc	ctions)	
_				, , , , , ,	nocition,		о, ог,	l		· .		
			w.nradefensefund.org				1	H(c) Grou	p exemption r	umber -		
<u>K</u>	Form of o	rganization:	Corporation X T	rust Associatio	n Other ▶	•	L Yea	r of formation	^{on} 1978	M State of	of legal domicile	NY
F	Part I	Su	mmary									
_	1	Briefly d	lescribe the organization	n's mission or mo	ost significant	activities	s: To vo	oluntarily	assist in th	е		
္မည္		preserva	ation and defense of hu	man, civil, and c	onstitutional r	ights of i	ndividuals to	keep				
喜		and bea	ir arms in a free society									
Governance	2	Check ti	his box ▶ if the or	rganization disco	ntinued its op	erations	or disposed	of more	han 25% (of its net a	ssets	
, §	3		of voting members of t						1	3		10
	4		of independent voting							4		10
<u> 8</u>	5		mber of individuals emp							5		0
Activities &	6		mber of volunteers (est							6		10
್ಶ	7a	Total un	related business reveni	ue from Parl'\'\'III'	Columna(G)	line-12.				7a		0
	'b		elated business taxable						• •	7b		
<u> </u>	╁╌	14Ct unit	siated business taxable	Through the state of the state	111 000-1, II <u>nc</u>	<u> </u>	181 - 1	<u> </u>	Prior Year		Current Yea	<u>_</u>
á _	8	Contribu	utions and grants (Part)	VIII line 1h	- MAR-1 6	2015	1.651	<u> </u>	1,408	890		20,601
Revenue	9		n service revenue (Part		· MAK.I @	. 2010 .	(0)		1,400	0		20,001
, <u>ē</u>	10	_	ent income (Part VIII, o	1		 -	그'또 .		220	,334		51,572
8	11		evenue (Part VIII, colum							48		10,146
	12		enue—add lines 8 throug					 	1,638		1 3	82,319
	13		and similar amounts pai					 		,046		310,561
	14		s paid to or for members	•		-		 	- 00	0		0
-	1		, other compensation, em	•						0		
398	16a		ional fundraising fees (F				•			 		<u>0</u>
튵	l loa		ndraising expenses (Pa				9,328					
Expenses	17 b		xpenses (Part IX, colum						1/10	,749		05,066
_	18		penses. Add lines 13–1	• •		•		 -	1,009			15,627
	19		e less expenses. Subtra	•				-		3,477		166,692
-		Reveilu	e less expenses. Subm	act line to nomin	<u> 116 12 </u>	<u>· · · · · </u>	· · · ·	Beginnin	g of Current		End of Year	
Net Assets or	20	Total as	sets (Part X, line 16).					Dogmini	5,296			81,742
50	21		bilities (Part X, line 26)							6,675		19,401
Ę.	22		ets or fund balances. S						5,067			62,341
	art II		nature Block	ubtract file 21 lic		· · · ·		1		,909	5,1	02,541
Und	der penalti		y, I declare that I fiave examin	ed this return, includin	ng accompanying	schedules	and statements	and to the	best of my kn	owledge		
and	belief, it i	s true, corre	ect, and complete Deolaration	greparer (other tha	n officer) is based	d on all info	rmation of which	h preparer h	as any knowl	edge		
			/ Nale At (The	1/						3/4	1/2015	
	gn		Signature of officer	/ 					Date			
He	ere		WILSON H. PHILLIPS	JR.			TRE	ASURER	\			
			Type or print name and title									
_		Prın	t/Type preparer's name	P	eparers signatur	9 1		Date			PTIN	
Pa	id		AEO D OMEENEN	$\sqrt{}$	1.1		101	Q		heck	If Do to see	
Pr	eparer	. JAN	MES P. SWEENEY	`		SAM	met			elf-employed		12
	e Only	y Firm	n's name ► MCGLADR						irm's EIN 🕨	<u>41-19444</u>	16	
		Firm	n's address > 8000 TOW	ERS CRESCEN	T DR STE 50	0, VIENN	NA, VA 221 <u>8</u>	4 F	Phone no	703-336-0	6400	
Ma	v the IF	RS discus	ss this return with the pr	eparer shown ab	ove? (see ins	structions	s)				X Yes	∏ No

	90 (2013)	NRA Civil Rights Defense Fund		52	<u>-1136665</u>	Page 2
Pai	rt III 📜 🥆					
		Check if Schedule O contains a response or note to any line in the	nis Part III .	· · · · ·		
1		describe the organization's mission:	i e			
		ind provides legal and financial assistance to selected individuals and organizing their right to keep and bear arms. Additionally, the Fund sponsors legal res				
		ucation on a wide variety of gun-related issues, including the meaning of the s	Pagand			
	Amend	······································	Secolid			
		organization undertake any significant program services during the year which	ch were not li	sted on		
_		or Form 990 or 990-EZ?			. Yes	X No
		" describe these new services on Schedule O.				
3	Did the	organization cease conducting, or make significant changes in how it conducting	cts, any progr	ram		
		s?			Yes	X No
	If "Yes,"	" describe these changes on Schedule O.				
4		be the organization's program service accomplishments for each of its three la			•	
		ses. Section 501(c)(3) and 501(c)(4) organizations are required to report the a	mount of gra	nts and allocati	ons to others,	
	the total	al expenses, and revenue, if any, for each program service reported.				
						
4a	(Code:) (Revenue \$		
	Grants 1	for legal assistance for the representation of individuals where issues in litiga	ition are			
		related to the preservation of the human, civil, and/or constitutional rights of t				
		ual to keep and bear arms				
4b	(Code.		231,259) (Revenue \$)
	Grants	and awards for legal research and education on gun-related issues, including	the meaning	g of		
		cond Amendment and nature of the right to keep and bear arms provisions in	state			
	constitu	utions.				
						
4c	(Code:) (Expenses \$ Including grants of \$) (Revenue \$		
4d	Other p	program services. (Describe in Schedule O.)				
	(Expens	• =	evenue \$		0)	
4e		rogram service expenses 820,561				

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 1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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)	 •		 ^-
-		اما		
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	_	Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	Ť		
•	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	ا ۾ ا		V
40		9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	ا ا	.,	
	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		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		Х
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	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	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	х	
122				
124	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	42-	_	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a	_ X	
D	· · · · · · · · · · · · · · · · · · ·	اا		
40	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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	_	\mathbf{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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 "		<u> </u>
10	D 12 (II) Page 4 and 0 0 (III) a flag could 0 0 to 1 to 0 D 1 th	18		х
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u>'</u>		-^
19		ا مد ا		V
00	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2013)

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 Х Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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 23 Х 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 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. c Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a Х 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 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 26 Х 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 27 Х 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		40	Y	es l	Ис.
·		40			No_
	. 1b	40			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
c Did the organization comply with backup withholding rules for reportable payments to vendors	and reportable	J	_ _		
gaming (gambling) winnings to prize winners?		1	lc i	X L	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
Statements, filed for the calendar year ending with or within the year covered by this return.					
b If at least one is reported on line 2a, did the organization file all required federal employment t		· · · <u> 2</u>	⊵b	\dashv	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see inst	•				
Did the organization have unrelated business gross income of \$1,000 or more during the year		-	Ba Bb	+	<u>X</u> _
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So4a At any time during the calendar year, did the organization have an interest in, or a signature or		· F	+ 40	+	
over, a financial account in a foreign country (such as a bank account, securities account, or o					
account)?			la		X
b If "Yes," enter the name of the foreign country: ▶			-	+	<u>~</u> _
See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax y			5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	transaction?	[5	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		📑	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, an					
organization solicit any contributions that were not tax deductible as charitable contributions?		<u> t</u>	Sa		X
b If "Yes," did the organization include with every solicitation an express statement that such con	ntributions or				
gifts were not tax deductible?		· · · <u> •</u>	b	\rightarrow	
7 Organizations that may receive deductible contributions under section 170(c).	-416				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and pa		-	70		_
and services provided to the payor?		<u> </u>	7a 7b	+-	<u> </u>
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh		·		+	_
required to file Form 8282?			7c		х
d If "Yes," indicate the number of Forms 8282 filed during the year	. 7d				_
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be		7	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benef	fit contract?	[7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as require	ed? <u>.</u> 7	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		98-C? <u> </u>	7h	\dashv	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) suppo	_				
organizations. Did the supporting organization, or a donor advised fund maintained by a spot	nsoring	<u> </u> -		_ _	
organization, have excess business holdings at any time during the year?		· · ·	8	+	
 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?			a -		
 a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 		<u> </u>	9b	\dashv	_
10 Section 501(c)(7) organizations. Enter:		· · Ի	" †	\vdash	_
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 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	- -		İ		
against amounts due or received from them.).	. [11b]			_	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	1 1	· · · <u> 1</u>	2a	\dashv	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. 12b				
Section 501(c)(29) qualified nonprofit health insurance issuers.			. 		_
a Is the organization licensed to issue qualified health plans in more than one state?		<u> </u> 1	3a	\dashv	
Note. See the instructions for additional information the organization must report on Schedule b Enter the amount of reserves the organization is required to maintain by the states in which	, 0.				
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	. 13ь	l			
c Enter the amount of reserves on hand					
14a Did the organization receive any payments for indoor tanning services during the tax year?	· <u> </u>	1	4a	$\overline{}$	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S			4b		_

Form 9	90 (2013) NRA Civi	Rights Defense Fund	52-113	6665	Pa	age 6
Par		Management, and Disclosure For each "Yes" response to lines 2 throug				
		e 8a, 8b, or 10b below, describe the circumstances, processes, or chang				
		edule O contains a response or note to any line in this Part VI	<u> </u>			X
Sect	ion A. Governing Bo	dy and Management				
					Yes	No
1a		ing members of the governing body at the end of the tax year	1a 10			
		erences in voting rights among members of the governing body, or				
	committee, explain in Sc	elegated broad authority to an executive committee or similar				
b		ing members included in line 1a, above, who are independent	1b 10		l	
2		trustee, or key employee have a family relationship or a business relations				
-		or, trustee, or key employee?	· ·	2		Х
3	•	egate control over management duties customarily performed by or under		-		<u> </u>
•	_	directors, or trustees, or key employees to a management company or othe		3		х
4		e any significant changes to its governing documents since the prior Form 990 wa		4		X
5	-	come aware during the year of a significant diversion of the organization's a		5		Х
6		ve members or stockholders?		6		Х
7a		ve members, stockholders, or other persons who had the power to elect or	appoint			
		of the governing body?		7a		Х
b		cisions of the organization reserved to (or subject to approval by) members			-	
	stockholders, or persons	s other than the governing body?		7b		Х
8	Did the organization cor	ntemporaneously document the meetings held or written actions undertake	n during		·	
	the year by the following)				
а				8a	Х	<u> </u>
b		thority to act on behalf of the governing body?		8b	Х	<u> </u>
9		ctor, trustee, or key employee listed in Part VII, Section A, who cannot be re		_		
Saat		illing address? If "Yes," provide the names and addresses in Schedule O.		9		_ X_
Sect	IOII D. POIICIES (TIIIS	Section B requests information about policies not required by the	internal Revenue C	<i>Joue.</i>	/ Yes	No
10a	Did the organization hav	ve local chapters, branches, or affiliates?		10a		X
b		ation have written policies and procedures governing the activities of such				
		to ensure their operations are consistent with the organization's exempt pu		10b		
11a		rided a complete copy of this Form 990 to all members of its governing body befo		11a	Х	
b	Describe in Schedule O	the process, if any, used by the organization to review this Form 990.	•			
12a	Did the organization have	ve a written conflict of interest policy? If "No," go to line 13		12a	Х	
b		r trustees, and key employees required to disclose annually interests that could		12b	X	
С		pularly and consistently monitor and enforce compliance with the policy? If '				ĺ
		how this was done		12c	X	<u> </u>
13	=	ve a written whistleblower policy?		13	X	<u> </u>
14		ve a written document retention and destruction policy?		14	X	-
15		ermining compensation of the following persons include a review and appro	_			1
•		omparability data, and contemporaneous substantiation of the deliberation by Executive Director, or top management official.		15a		~
a b		aployees of the organization		15a		X
	•	bb, describe the process in Schedule O (see instructions)		135		 ^
16a		est in, contribute assets to, or participate in a joint venture or similar arrang	ement			1
	with a taxable entity dur			16a		Х
b	· · · · · · · · · · · · · · · · · · ·	ation_follow_a written policy or procedure requiring_the_organization_to evalu	ıate ıts			
		ture arrangements under applicable federal tax law, and take steps to safe				ĺ
	the organization's exem	pt status with respect to such arrangements?	<u></u>	16b		
Sect	ion C. Disclosure					
17		th a copy of this Form 990 is required to be filed ► See Attached Sta				
18		n organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(3)	s only	')	
		ection. Indicate how you made these available. Check all that apply.				
40	Own website		(plain in Schedule O)			
19		whether (and if so, how) the organization made its governing documents, allable to the public during the tax year.	conflict of interest poli	cy, an	a	
20		all address, and telephone number of the person who possesses the books	and records of the			
		NRA CIVIL RIGHTS DEFENSE FUND		Ю		
	30.11011.	11250 WADI ES MILL POAD EAIDEAY VA 22030				

Form 990 (2013)	NRA Civil Rights Defense Fund									52-11366	65 Page 7
Part VII	Compensation of Officers, Dire Employees, and Independent C Check if Schedule O contains a re	ontractors	-	_		-	_				🗀
Section A.	Officers, Directors, Trustees, Key E	mployees, and	High	est	Con	npe	nsate	d E	mployees		
organızatıon's	•								·		
of compensati List all the List the who received	of the organization's current officers, di ion. Enter -0- in columns (D), (E), and (for the organization's current key emplor organization's five current highest compensation (Box 5 of Formand any related organizations.	F) if no compens yees, if any. See opensated emplo	ation instr oyees	wa ucti (ot	s pa ons her	id. for thar	defini n an o	tion ffice	of "key employeer, director, truste	ee." ee, or key emplo	
• List all (\$100,000 of re	of the organization's former officers, ke eportable compensation from the organ	zation and any i	relate	d o	rgan	ızat	ions.		•		
organization,	of the organization's former directors or more than \$10,000 of reportable compe in the following order: individual trustees	ensation from the	orga	iniz	atio	n an	d any	rel	ated organizatio	ns.	the
	employees; and former such persons.	or directors, ins	litutic	ııaı	แนธ	(CC)	s, Olli	<i>.</i> e.s	s, key employees	s, nignest	
Check thi	is box if neither the organization nor any	related organiz	ation	cor	npe	nsat	ed ar	у с	urrent officer, dir	ector, or trustee.	
	(A) Name and Title	(B) Average hours per	box,	unle	ss pe d a d	rtion more rson	than o	an e)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted 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
(1) Robert	Cottrol	1.00									
Trustee	E 01	0.00		<u> </u>	\vdash	<u> </u>			0	0	0
(2) Robert Trustee	E. Sanders	1.00 1.00							0	0	0
(3) Curtis	S. Jenkins	1.00									
Trustee (4) Charles	s I. Cotton	1.00	+	\vdash	-	\vdash			0	0	0
	S 1										

	(A) Name and title	(B) Average hours per	box,	unles	Pos eck s pe	rson	than one that the that the that the that the that the that the the that the the the the the the the the the th	ee)	(D) Reportable compensation	(E) Reportat compensa	tion			
		week (list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relation organization (W-2/1099-N	ons	fi org an	other npensal rom the panization relate anization	ed
(15)							_							
(16)							_							
(17)				-										
(18)				-								-		
(19)										-				
(20)														
(21)													<u></u>	
(22)						-	_					-		
(23)				┢			_	\vdash	-					
(24)				-										
(25)			ļ										-	
1b	Sub-total . Total from continuation sheets to Part VII, So							>	0		5,796		87	7,421 0
2 2	Total (add lines 1b and 1c)	nited to those lis		 abov			·-	•	0	3,03	0 5,796		87	7,421
3	Did the organization list any former officer, dire	ector, or trustee,		empl	oye								Yes	
4	employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the sum of	of reportable cor	npen	satio	n a	ınd (other	cor	mpensation from		•	3		X
	the organization and related organizations greatindividual	ter than \$150,0	00? <i>l</i> :	f "Υε · · ·	es, "	con	nplete 	∍So	chedule J for suc 	:h 		4	X	
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	•			-			_		vidual 	_			×
- ===	tion B. Independent Contractors								·					
1	Complete this table for your five highest compe compensation from the organization. Report co year.											ax		
	(A) Name and business address					(B) Description of se	rvices	c	(C compen					
													0	
						╁						<u>0</u> 0		
														0
		al:	٠	40-				L,	· · · · · ·					0
2	Total number of independent contractors (included more than \$100,000 of compensation from the		tea to	, tr10	se I	ıste	d abo		wno received					

Part VIII NRA Civil Rights Defense Fund Statement of Revenue

		Check if Schedule O contains	a response or n	ote to any line in	this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
9 e	1a	Federated campaigns	1a	262,848			-	
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues	1b	0				
ي ق	С	Fundraising events	1c	0	:			
E A	d	Related organizations	1d	0				
9, E	е	Government grants (contributions	s) . <mark>1e</mark>	0				
tion	f	All other contributions, gifts, gran						•
D E		similar amounts not included abo		857,753				
ad C	g	Noncash contributions included in li		0				
ರ ≅	h	Total. Add lines 1a-1f			1,120,601			
-	•			Business Code				
Program Service Revenue	2a				0			
Sev	b				0		•	
8	c				Ö			
Ž	ď				Ö			· · · · · · · · · · · · · · · · · · ·
Ø.	۾ ا				0			
直		All other program service revenue			0			-
Š					0			
	3	Investment income (including divi	idonds interest					
	٦			_	120,619			120 610
		Income from investment of tax-ex			120,619			120,619
	4		-	_	0			
	5	Royalties	(ı) Real	(ii) Personal	٧			+
	_ ا	0	(I) Neal	(ii) Feisoriai				
	6a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)	0	0				.
	d	Net rental income or (loss)	() 0		0			
	7a	Gross amount from sales of	(ı) Secunties	(II) Other				
		assets other than inventory	556,711	0				
	b	Less cost or other basis		_				
		and sales expenses	425,758	•				
	C	Gain or (loss)	130,953	•				
	d	Net gain or (loss)		<u> </u>	130,953			130,953
9	8a	Gross income from fundraising			:			
Θ		events (not including \$	0					1
é		of contributions reported on line	lc).					ŀ
Ĕ		See Part IV, line 18	a	0				
Other Revenue	ь	Less: direct expenses	b	0				
0	l c	Net income or (loss) from fundral		•	o			1
	9a	Gross income from gaming activi	•					
		See Part IV, line 19		0				
	ь	Less: direct expenses		0	1			
-	c	Net income or (loss) from gaming			ol	-		Ì
	10a		,	<u> </u>				
		returns and allowances	а	l 0				
	.	Less: cost of goods sold		0	1			
	b	Net income or (loss) from sales of			o			
	<u> </u>	Miscellaneous Revenue	n iniventory	Business Code	 			
	11a			900099	10,146			10 146
	l	Miscellaneous		300033	10,140		-	10,146
	b				0		- <u>-</u>	+
	C	All other revenue			0			+
	d	Total. Add lines 11a–11d			10,146		-	-
	12	Total revenue. See instructions.			1,382,319			0 261,718
		I Judi le vellue. Dee monucions.	<u> </u>		1,302,319	U	'	UI 401,710

Part IX NRA Civil Rights Defense Fund Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizatio	ons must complete all columns. All other	organizations must complete column (A).
--	---	--	---

	Check if Schedule O contains a response or note to any line in this Part IX									
	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 governments and	- :-		*						
	organizations in the United States. See Part IV, line 21	213,516	213,516							
2	Grants and other assistance to individuals in the		-							
	United States. See Part IV, line 22	597,045	597,045							
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
	United States See Part IV, lines 15 and 16	l ol								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors,									
	trustees, and key employees	l ol	Ĭ							
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	l ol	1							
7	Other salaries and wages	0								
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)	l ol								
9	Other employee benefits	ol								
10	Payroll taxes	0								
11	Fees for services (non-employees):									
а	Management	l ol								
b	Legal	10,000	10,000							
C	Accounting	14,100		14,100						
d	Lobbying	0								
е	Professional fundraising services. See Part IV, line 17	0								
f	Investment management fees	20,332		20,332						
g	Other. (If line 11g amount exceeds 10% of line 25, column	,								
•	(A) amount, list line 11g expenses on Schedule O.)	7,283		7,283						
12	Advertising and promotion	0								
13	Office expenses	4,390		4,390						
14	Information technology	8,803		8,000	803					
15	Royalties	0								
16	Occupancy	0								
17	Travel	0								
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	l o								
19	Conferences, conventions, and meetings	2,448		2,448						
20	Interest	0								
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	0	0	0	0					
23	Insurance	0								
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	-(A) amount, list line 24e expenses on Schedule O.)									
а	Printing and publications	24,164		24,164						
b	Charitable Org report fees	3,571		3,571						
С	Annuity expense	1,450		1,450						
d	Insurance expense	8,525			8,525					
е	All other expenses	0								
25	Total functional expenses. Add lines 1 through 24e	915,627	820,561	85,738	9,328					
26	Joint costs. Complete this line only if the									
	organization reported in column (B) joint costs									
	from a combined educational campaign and									
	fundraising solicitation. Check here									
	following SOP 98-2 (ASC 958-720)									
					Form 990 (2013)					

Part X Balance Sheet NRA Civil Rights Defense Fund

		Check if Schedule O contains a response or note to any line in this Part	X <u></u>		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	410,848	2	786,791
	3	Pledges and grants receivable, net	939,967	3	935,884
	4	Accounts receivable, net	0.	4	0
	5	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			
ats		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	664	9	7,857
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a	0		
	b	Less: accumulated depreciation	0 0		0
	11	Investments—publicly traded securities	2,571,866	11	2,843,261
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11	1,373,289	15	1,407,949
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,296,634	16	5,981,742
	17	Accounts payable and accrued expenses	82,903	17	93,227
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
8	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
jab		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	· 0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete		 	
		Part X of Schedule D	145,772		126,174
	26	Total liabilities. Add lines 17 through 25	228,675	26	219,401
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	d		
aŭ	27	Unrestricted net assets	1,917,015	27	2,574,076
Bal	28	Temporarily restricted net assets	1,703,824		1,683,143
ᅙ	29	Permanently restricted net assets			1,505,122
5	ļ	Organizations that do not follow-SFAS-117-(ASC958), check hereand			
5	1	complete lines 30 through 34.	- -		
13	20	Capital stock or trust principal, or current funds		30	·
388	30	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ę	31 32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances			5,762,341
	34	Total liabilities and net assets/fund balances	5,296,634	•	5,981,742
					5,001,772

Form 99	90 (2013) NRA Civil Rights Defense Fund	52-113 6	<u> </u>	Page	<u>е 12</u>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,382,	,319
2	Total expenses (must equal Part IX, column (A), line 25)	2		915,	,627
3	Revenue less expenses. Subtract line 2 from line 1	3		466	,692
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	,067	,959
5	Net unrealized gains (losses) on investments	5		227	,690
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		,762	<u>,341</u>
Part				-	_
	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			- 1	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		i		
	reviewed on a separate basis, consolidated basis, or both:		- 1		
	Separate basis Doth 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			Ī	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis X Both consolidated and separate basis			1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				:
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?.		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in	• •		^	
	Schedule O.			l	'
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .		3b	l	
			Form	990 ((2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Name of the organization **Employer identification number** NRA Civil Rights Defense Fund 52-1136665 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 $|\mathbf{x}|$ 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III—Functionally integrated d Type III—Non-functionally integrated **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? . . . 11g(i) (ii) 11g(ii) 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vii) Amount of monetary organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes Yes No Yes (A) (B) (C) (D) (E)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🔻 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		1				
_	include any "unusual grants.")	669,140	706,670	923,486	1,408,890	1,120,601	4,828,787
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						_
	its behalf						
3	The value of services or facilities	Ĭ					
	furnished by a governmental unit to the					<u> </u>	0
4	organization without charge	600 440	700.070	000 400	4 400 000	4 400 604	4 000 707
4	Total. Add lines 1 through 3	669,140	706,670	923,486	1,408,890	1,120,601	4,828,787
5	The portion of total contributions by each						
	person (other than a governmental unit						
	or publicly supported organization) included on line 1 that exceeds 2%	ŀ					
	of the amount shown on line 11,	į					
		- 1	ļ	Į			422,849
6	Public support. Subtract line 5 from line 4.						4,405,938
	ion B. Total Support			<u></u>			4,403,936
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
							
7	Amounts from line 4	669,140	706,670	923,486	1,408,890	1,120,601	4,828,787
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar	105 551	107 501	119,285	142 210	120 610	EOE SEG
9	sources	105,551	107,591	119,265	142,310	120,619	595,356
9	activities, whether or not the business is					;	
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)	3,170	670	7	48	10,146	14,041
11	Total support. Add lines 7 through 10	0,170	0.0			10,110	5,438,184
12	Gross receipts from related activities, etc (se	e instructions)				12	
13	First five years. If the Form 990 is for the org					ection 501(c)(3)	
	organization, check this box and stop here .						
Sect	ion C. Computation of Public Support						
14	Public support percentage for 2013 (line 6, co		1 by line 11 co	lumn (f))		14	81.02%
15	Public support percentage from 2012 Schedu					15	77.21%
16a	33 1/3% support test—2013. If the organizat						
	and stop here. The organization qualifies as						▶ 🛛
ь	33 1/3% support test-2012. If the organizat		•				
	box and stop here. The organization qualifies						
17a	10%-facts-and-circumstances test—2013.	If the organizati	on did not ched	k a box on line	13 16a or 16	b and line 14	
	is 10% or more, and if the organization meets	•					n
	-Part IV-how-the organization-meets-the "facts				-	•	
	organization.						· · · · · · · · · · · · · · · · · · ·
b	10%-facts-and-circumstances test—2012.					or 17a. and line	
_	15 is 10% or more, and if the organization me	-					ain in
	Part IV how the organization meets the "facts					•	/
	supported organization					•	. ▶□
18	Private foundation. If the organization did no						
	instructions				•		▶□
			· · · · · ·	<u> </u>	<u> </u>		· · · <u>-</u>

20

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	tion A. Public Support	100 10010	<u></u>	product comp	,		
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on	.,,				-	
_	its behalf		_				0
5	furnished by a governmental unit to the organization without charge						0
6 7a	Total. Add lines 1 through 5	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8 	Public support (Subtract line 7c from line 6)						0
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	ļ					
	payments received on securities loans,						
b	rents, royalties and income from similar sources Unrelated business taxable income (less			-		-	0
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)						0
13	Total support. (Add lines 9, 10c, 11, and 12.)	o	0	0	0	0	0
14	First five years. If the Form 990 is for the organization			-			
	organization, check this box and stop here		<u> </u>	· · · · · · · ·	<u> </u>	<u> </u>	<u>· </u>
Sec	tion C. Computation of Public Support I						
15	Public support percentage for 2013 (line 8, column (• •				15	0.00%
16	Public support percentage from 2012 Schedule A, F			<u> </u>	<u> </u>	16	0.00%
	tion D. Computation of Investment Inco			(0)		47	0.000/
17 18	Investment income percentage for 2013 (line 10c, convestment income percentage from 2012 Schedule		-			17 18	0.00% 0.00%
16 19a	33 1/3% support tests—2013. If the organization of						0.00%
	not more than 33 1/3%, check this box and stop he	e re . The organiza	ation qualifies as	a publicly suppo	rted organization	n	▶ 🗌
b	33 1/3% support tests—2012. If the organization of line 18 is not more than 33 1/3%, check this box and						▶ [7
	mio to is not more man 33 1/3/0, Greek mis box and	a arob nere. III	s sigariizauon q	uumes as a pubi	on anthorized of	gamzauvn	· · · 🚩 📖

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . .

Part IV .	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Part II Line 10	0 Securities litigation settlement. Years 2009 and 2013 also include
returned unus	sed legal assistance fees of \$2,920 and \$9,720, respectively.

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

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

	of the organization	Employer Identification number
NRA	Civil Rights Defense Fund	52-1136665
Part		nds or Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year) .	
3	Aggregate 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 advised
	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 fu	inds can be
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or f	or any other
	purpose conferring impermissible private benefit?	Yes No
Part	Conservation Easements.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	-
		of an historically important land area
		of a certified historic structure
	=	or a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	
	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	. <u>2a</u>
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
_	historic structure listed in the National Register	. [2d]
3	Number of conservation easements modified, transferred, released, extinguished, or termi	nated by the organization
4	during the tax year Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, i	handling of
,	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ea	
•	• Total and volunteer floats devoted to mornioring, inspecting, and emorning conservation of	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easem	nents during the year
•	▶ \$	ionis during the your
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	section
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue a	
	balance sheet, and include, if applicable, the text of the footnote to the organization's finan	•
	the organization's accounting for conservation easements.	
Par	Organizations Maintaining Collections of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its rev	venue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education	
	of public service, provide, in Part XIII, the text of the footnote to its financial statements that	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenu	
	works of art, historical treasures, or other similar assets held for public exhibition, education	
	of public service, provide the following amounts relating to these items:	· · · · · · · · · · · · · · · · · · ·
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these ite	· ·
а	Revenues included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	

Schedule D (Form				52-1136665	Page 3
Part VII	Investments—Other Securities		Dort IV line 11h See Form	000 Dod V	lina 12
(a)	Complete if the organization a Description of security or category	(b) Book value	(c) Method of va	uation	line 12.
	(including name of security)	,,	Cost or end-of-year n	narket value	
	derivatives	0			
	eld equity interests	0			
					
			 		
				<u>-</u>	
(C)					
(D)				 	
(5)					
(0)					
(H)					
	must equal Form 990, Part X, col (B) line 12)	0			
Part VIII	Investments—Program Rela	·			
T die VIII	Complete if the organization a		D. Part IV. line 11c. See Form	990 Part X	line 13
	(a) Description of investment	·-	(c) Method of va		
	(a) Description of investment	(b) Book value	Cost or end-of-year n		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b)	must equal Form 990, Part X, col (B) line 13)	0			
Part IX	Other Assets.				
	Complete if the organization a	nswered "Yes" to Form 99	0, Part IV, line 11d. See Form	990, Part X,	line 15.
		(a) Description		(b) Book v	
	MENTS AND GIFT ANNUITIES DUE	FROM NRA FOUNDATION		-	1,401,07
	MS/MUSEUM COLLECTIONS				10,00
(3) DUE TO	NRA				<i>-</i> 3,12
(4)					
(5)					
(6)					
		_			
(8)	_ 				
(9)	on (h) must savel Form 000 Port V a	ol (B) line (E)			4 407 04
	nn (b) must equal Form 990, Part X, c	OI. (B) IINE 15.)	<u> </u>		1,407,94
Part X	Other Liabilities.	provided Wast to Form 00	0 Don't IV line 44e er 44f Co	- F 000 F	7-4 V
	Complete if the organization a line 25.	inswered tes to Form 99	o, Partiv, line Tie or Tit. Se	e Form 990, r	∙аπ х,
1.	(a) Description of liability	(b) Book value			-
_(1)_Federal	income taxes				
(2) ANNUIT	TES PAYABLE	126,174			
_(3)	<u> </u>				
_(4)					
_(5)					
(6)					
(7)					
_(8)					
<u>(9)</u>		<u> </u>			
	nust equal Form 990, Part X, ∞l (B) line 25)	120,117	<u> </u>		
2. Liability for	uncertain tax positions. In Part XIII, prov	ide the text of the footnote to the	organization's financial statements	that reports the	

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

Part		evenue per Audited Financial nization answered "Yes" to Forn				Return	
1		upport per audited financial statemen				1	1,587,199
2		ot on Form 990, Part VIII, line 12:					.,,00,,,100
а		nts		2a	227,690		
b	=	ities		2b			
С				2c			
d				2d			
e						2e	227,690
3	Subtract line 2e from line 1					3	1,359,509
4	Amounts included on Form 990, I	Part VIII, line 12, but not on line 1:					
а	Investment expenses not include	d on Form 990, Part VIII, line 7b		4a	22,810		
b	Other (Describe in Part XIII.)			4b			
C						4c	22,810
5	Total revenue. Add lines 3 and 4c	. (This must equal Form 990, Part I,	line 12.) .	<u></u>	· <u>· · · · · · · · · · · · · · · · · · </u>	5	1,382,319
Part	XII Reconciliation of E	xpenses per Audited Financia	I Stateme	ents Wit	th Expenses p	er Retur	n
	Complete if the orga	nization answered "Yes" to Forn	n 990, Par	t IV, line	e 12a		
1	Total expenses and losses per au	idited financial statements				1	892,817
2	Amounts included on line 1 but n	ot on Form 990, Part IX, line 25:					
а	Donated services and use of faci	ities		2a			
b				2b			
C	Other losses			2c	_		
d	· ·			2d			
е	<u>-</u>					2e	0
3				,		3	892,817
4		Part IX, line 25, but not on line 1:		1 . 1			
а	-	d on Form 990, Part VIII, line 7b		4a	22,810		
b	•			4b			20.040
_ C						4c	22,810
5		tc. (This must equal Form 990, Part	1, line 18.)	<u></u>	· · · · · ·	5	915,627
Pari					41 101 5		
	•	art II, lines 3, 5, and 9; Part III, lines					Part X, line
		, lines 2d and 4b. Also complete this		vide any	additional informa	ation.	
Part I	Line 4 The Fund maintains a col	lection of firearms housed within the	National				
Firea	ms Museum where they promote	appreciation, understanding, and pa	ırticipatıon ı	n gun			
collec	ting and the preservation of the h	eritage of firearms through collection	<u>),</u>				
conse	rvation, exhibition and research						
D1	di an di T arania di Annila na sinda a di a						
Part	Line 4 to voluntarily assist in the	preservation and defense of humar	i, civii, and				
	tutopal siabta of individuals to lea	an and been come in a free region.					
CONSI	tutional rights of individuals to kee	ep and bear arms in a free society.					
Dort '	Line 2 Management avaluated th	o Funds toy positions and conclude	ad that the E	=nd			
Part	Line 2 Management evaluated tr	ne Fund's tax positions and conclude	ed that the r	-una			
had t	bkon no uncortain toy positions the	ot require adjustment to the financial	-atatamanta				
ilau t	iken no uncertain tax positions the	at require adjustment to the financial	Statements				
to co	anly with the provisions of the qui	tance Generally the Fund is no lon	aar cubiaat	to			
10 00	inply with the provisions of the gui	dance. Generally, the Fund is no lon	ger subject	10			
ıncon	e tay examinations by the LLS fo	deral, state, or local tax authorities f	or voare				
	to tak examinations by the U.S. le	derai, state, or local tax autiliorities i	U 16019				
hefor	e 2010, which is the standard look	-back period					
20.01							

Schedule D (Form	990) 2013	NRA Civil Rights Defense Fund	52-1136665 Page 5
Part XIII 5	laguS	emental Information (continued)	
<u> </u>			
•			
,			
			·····
		•••••••••••••••••••	

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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

20**13**

Open to Public Inspection

Employer identification number

NRA Civil Rights Defense Fund							2-1136665
Part I General Information	on on Grants	and Assistance			_		•
	award the grant nization's proced Assistance to	s or assistance? . ures for monitoring Governments a	the use of grant funds in	n the United States. The United States.	eligibility for the grants of	ganization answere	X Yes No
1 (a) 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 non-cash assistance	(h) Purpose of grant or assistance
(1) National Rifle Association 11250 Waples Mill Road Fairfax, VA 22	53-0116130	501(c)(4)	70,000				law clerks
(2) The Independent Institute 100 Swan Way, Suite 200 Oakland, CA	94-3008370	501(c)(3)	35,218				2nd amendment research
(3) David T. Hardy, P.C. 8987 E. Tanque Verde, No. 265 Tucso	86-0726769		80,193				2nd amendment research
(4) Independence Institute 727 East 16th Street Denver, CO 8020	84-0990300	501(c)(3)	7,500				2nd amendment research
(5) Congressional Sportsmen's Found 110 North Carolina Avenue, SE Washi		501(c)(3)	6,000				NASC sponsorship
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 3 Enter total number of other of		•		table			3

	additional space is needed		(d) Amount of	(a) Mathad of valuation (b = -1)	(5) Decomption of sea each genetation
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Legal Assistance					
	56	568,107			
Youth Essay Constest					
į	8	3,800			
Carter-Knight Award					award plaque, luncheon
	1	3,000	252	Other	
2nd Amendment Research					
	2	22,105			
	1				
1					
Cumplemental Information	- Decuide the information r	aguired in Dort Llin	o 2. Dort III. solumn	(b) and any other add	itional information
art IV Supplemental Information	n. Provide the information re	equiled in Fart I, iin	e z, Part III, Column	(b), and any other add	monai mormadon.
and I I im a O Dougraph on assets for local o		nimbumamant basis	non receipt of detailed	hillo from grant	
art I Line 2 Payments on grants for legal a	ssistance are made on a cost re	embursement basis uj	pon receipt of detailed	bills from grant	
cipients. Periodic updates on case status	and/ar research are obtained fr	om grant rocinionts on	od rowowod by the Bos	ard of Trustoes	
cipients. Periodic updates on case status	and/or research are obtained in	um grant recipients an	id reviewed by the boa	ilu di Tiustees	
ree times per year. The Fund's annual rep	ort includes a detailed descripti	on of each active case	during the year		
ree unies per year. The runus aimua rep	ort morades a detailed descripti	on or each active case	during the year.		
)					
-		-	•••		•••••
1					
<u> </u>					·
				•••••	
1					
				•••••	

SCHEDULE J (Form 990) '

Compensation InformationFor 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. ► See separate instructions.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

NRA Civil Rights Defense Fund

Department of the Treasury

Employer identification number

52-1136665

Par	Questions Regarding Compensation				
_	3			Yes	No
1a		provided any of the following to or for a person listed in Form to provide any relevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
			<u> </u>	\	1
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
b		organization follow a written policy regarding payment			·
	or reimbursement or provision of all of the expense explain	·	1 _b		
	explain.		15		
2	Did the organization require substantiation prior to				
	•	/Executive Director, regarding the items checked in line	1 _		
	1a?		2	├──	<u> </u>
3	Indicate which, if any, of the following the filing organic	anization used to establish the compensation of the			
		hat apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of t	he CEO/Executive Director, but explain in Part III.			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study	1	ļ	ļ
	Form 990 of other organizations	Approval by the board or compensation committee			
	Durant the way did any agency hated in Form 000	Dord VIII Continue A. Luca de Luide managet to the filling			
4	organization or a related organization:	, Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control	pl payment?	4a		X
b	Participate in, or receive payment from, a supplem	ental nonqualified retirement plan?	4b	Х	
С		based compensation arrangement?	4c	<u> </u>	X
	It "Yes" to any of lines 4a-c, list the persons and pr	rovide the applicable amounts for each item in Part III.	Ì		
	Only section 501(c)(3) and 501(c)(4) organizatio	ns must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A				
	compensation contingent on the revenues of				
a	The organization?		5a	 	X
b	Any related organization?		5b	 	Х
	in res to line on out, describe in rait in.			ļ	ļ
6	For persons listed in Form 990, Part VII, Section A	, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of:				ļ .
a b	The organization?		6a	┼	X
U _	If "Yes" to line 6a or 6b, describe in Part III.		- 05	\vdash	 ^
]	<u> </u>
7		, line 1a, did the organization provide any non-fixed			
0		describe in Part III	7	₩	X
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in	paid or accrued pursuant to a contract that was n Regulations section 53.4958-4(a)(3)? If "Yes," describe			
			8		x
9	If "Yes" to line 8, did the organization also follow th	ne rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	· · · · · · · · · · · · · · · · · · ·	9		İ

52-1136665

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

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

Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (B) Breakdown of W-2 and/or 1099-MISC compensation (E) Total of columns (C) Retirement and (D) Nontaxable (F) Compensation other deferred benefits (B)(i)-(D) reported as deferred in (A) Name and Title (III) Other (ii) Bonus & incentive (i) Base compensation pnor Form 990 reportable compensation compensation compensation Wilson H. Phillips, Jr. (i) 18,870 2,869,611 1 Treasurer (ii) 402,297 81,456 2,344,223 22,765 428,345 Robert J Dowlut (i) 14,755 253,606 (ii) 10,486 31,031 197,334 2 Secretary (i) (ii) (i) (ii) (i) (ii) (i) (ii) (i) (ii) (i) (ii) (i) (ii) (i) (ii) (i) (ii) (i) (ii) (i) (ii) 13 (i) (ii) (i) (ii) 15 (i) 16

Schedule J (Form 990) 2013 NRA Civil Rights Defense Fund	52-1136665	Page 3
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 I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part III, lines 1a, 1b, 1b, 1b, 1b, 1b, 1b, 1b, 1b, 1b, 1b	rt II. Also complete	this part
Part II This organization relied on the processes of a related organization to establish compensation of top management officials,		
and such processes utilized a compensation committee, independent compensation consultants, compensation surveys and studies,		
comparability data, and ultimate approval by the board or compensation committee.		
Part II Line Column B(iii) Other reportable compensation in taxable wages includes 457b, 457f vesting amounts, auto and life		
benefits.		
Part II Line Column C Includes the employer-paid portions of the NRA defined benefit plan and 401k plan		
Part II All NRA affiliates take a full transparency posture for executive compensation by disregarding the \$10,000 per item		
exception.		

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.
 ► See separate instructions.
 ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name o	f the organization								Emple	oyer ide	entifica	ation nu	ımber			
NRA (Civil Rights Defense F	und							52-11	36665	5					
Part		it Transaction e organization	s (section 501(canswered "Yes"	c)(3) an on For	d section m 990, F	n 501(c)(4) Part IV, line	organ 25a o	izations or r 25b, or F	nly). form 99	90-EZ	, Part	V, line	e 40b.			
	(-))		(b) Relationship b	etween d	squalified	person and		4.55						(d) Con	rected	
1	(a) Name of disqualifi	ied person		organiza	tion			(c) De	escription	n of tran	saction	1		Yes	No	
(1)													-			
(2)																
(3)																
(4)																
(5)																
(6)																
2	Enter the amount of	tax incurred b	y the organization	on man	agers or	disqualifie	d pers	ons during	the ye	ear						
	under section 4958											▶ \$;			
3	Enter the amount of	tax, if any, on	line 2, above, re	eimburs	ed by th	e organizat	tion .					▶ \$				
Part			ested Persons.													
			answered "Yes"				ine 38	a or Form	990, P	art IV	, line :	26; or	if the			
_	organization re	eported an amo	ount on Form 99	0, Part	X, line 5	o, 6, or 22. 										
(a) N	ame of interested person	(b) Relationship	(c) Purpose	(d) Lc	oan to or	(e) Ongi	nal (f) Balance d		ce due (g) In		(g) In default? (h)		ult? (h) Approved		(i) Written	
		with organization	n of loan		m the nzation?	principal ar	nount						pard or nittee?	agree	ment	
				Organ	iizauoii,							Comm	iiillee i	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$		
				То	From					Yes	No	Yes	No	Yes	No	
(1)		<u></u>		<u> </u>											L	
_(2)				<u> </u>	<u> </u>						<u> </u>	$oldsymbol{ol}}}}}}}}}}}}}}}}}$			_	
_(3)				<u> </u>	<u> </u>	<u> </u>					<u> </u>	<u> </u>	<u> </u>		<u>L</u> _	
_(4)	<u> </u>				<u>.</u>								<u> </u>	<u> </u>		
_(5)												↓	<u> </u>	<u> </u>	<u> </u>	
(6)		<u> </u>										<u> </u>	<u> </u>	<u> </u>	<u> </u>	
_(7)											↓	↓	1	<u> </u>		
(8)											<u> </u>	↓	↓	<u> </u>	<u> </u>	
<u>(9)</u>		<u> </u>					_				<u> </u>	↓	<u> </u>		<u> </u>	
(10)											<u> </u>	↓	<u> </u>	L		
Total		<u> </u>	<u> </u>	<u></u>		<u> </u>	▶ \$		0	<u> </u>		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$		<u> </u>		
Part			fiting Interested answered "Yes"			Part IV, line	27.									
(a)	Name of interested person	1 , ,	onship between intere		(c) Amount	of assistance		(d) Type of a	ssistance	e	(e) Purp	ose of a	assistan	ce	
(1)						_										
(2)	 															
(3)	 						†						_			
(4)	·			1			1				i					
(2) (3) (4) (5) (6)							1	_			Ì					
(6)			<u> </u>			-					<u> </u>					
(7)																

(8) (9) (10)

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organi reve	naring of ization enues?
_					Yes	No
1)						
2)						
3)						_
!)						<u> </u>
<u>5)</u>						+
5) 7)						+
3)	-				 -	+
))						
0)				-		
art V	Supplemental Information Provide additional information	for responses to questions on	Schedule L (see inst	ructions).		
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

Inspection

Employer identification number

NRA Civil Rights Defense Fund	52-1136665							
Form 990, Part VI, Section B, Line 11b: The NRA Civil Rights Defense Fund's 990 is reviewed by								
its Board of Trustees and by the external auditing firm before it is filed with the IRS.								
Form 990, Part VI, Section B, Line 12c: The NRA Civil Rights Defense Fund takes conflicts of								
interest very seriously and utilizes a statement of corporate ethics. To monitor and enforce								
compliance with corporate policies, annual filings must be provided to the NRA Office of the								
Secretary and reviewed regularly and consistently.								
Form 990, Part VI, Section B, Line 15: The NRA Civil Rights Defense Fund relied on a related								
organization's processes to establish compensation of top management officials. Such processes								
utilized a compensation committee, independent compensation consultants, compensation survey	s							
and studies, comparability data, and ultimate approval by the Board or Compensation Committee.								
All decisions are properly documented.								
Form 990, Part VI, Section C, Line 19: Governing documents, audited financial statements, and								
annual reports are made available upon request for the same period of disclosure as set forth								
ın section 6104(d) NRA Civil Rights Defense Fund does not make ınternal operating policies								
available to the general public.	·····							
Form 990, Part VII, Section A, Amended to add -0- in columns (D), (E) and (F) where no								
compensation was paid.								
<u></u>								

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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
NRA Civil Rights Defense Fund

Department of the Treasury

Internal Revenue Service

Employer Identification number 52-1136665

Part I	identification of Disregarded Entities Complete if the or	ganization answered "	Yes" on Form 990	, Part IV, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<u>(1)</u>	1					
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled hty?
						Yes	No
(1) National Rifle Association of America 53-0116130	Membership						
11250 Waples Mill Road Fairfax, VA 22030		NY	501(c)(4)		N/A		X
(2) The NRA Foundation, Inc. 52-1710886	Charitable					1	
11250 Waples Mill Road Fairfax, VA 22030		DC	501(c)(3)	Line 7	NRA		Х
(3) NRA Freedom Action Foundation 26-1277941	Charitable						
11250 Waples Mill Road Fairfax, VA 22030		VA	501(c)(3)	Line 7	NRA		X
(4) NRA Special Contribution Fund 23-7367534	Charitable						
P.O. Box 700 Raton, NM 87740		NM	501(c)(3)	Line 7	NRA		X
(5)							
(6)							
<u>(7)</u>							

dentification of						Dortner	obin Co	malata if	tho	raonizo	tion oncu	orod	"Vo	c" on		Dort		24	Page 4
												ereu	16	5 011	rom 990,	ran	IV, III	16 24	
(a) ress, and EIN of organization		(b)		(c) Legal domicile (state or foreign country)	Direct	(d) controlling	Pred incomi unr exclu tax	(e) lominant e (related, related, ded from under	Sha	(f) re of total	(g) Share of en		Disprop	ortionate	amount in box of Schedule K	20 :-1	manag	ing ov	(k) ercefitage wnership
	İ			ļ	<u> </u>		00000						Yes	No			Yes	No	
• • • • • • • • • • • • • • • • • • • •																			
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	!						<u> </u>												
					1														
														vered	d "Yes" on F	orm 9	990,	Part	
(a)	1			(b)		(c Legal d	c) omicile	(d) Direct cont	rolling	(Type (e) of entity	(Share	f) of tota		(g) Share of d-of-year assets	Perce	entage	Section :	(i) 512(b)(13) trolled tity?
																		Yes	No
	<u>¦</u>																		
												-							
														+					
														\perp					-
	dentification of ecause it had or (a) ress, and EIN of organization dentification of /, line 34 because (a) ddress, and EIN of relate	dentification of Related ecause it had one or more (a) ress, and EIN of organization Programme (a) dentification of Related V, line 34 because it had didress, and EIN of related organization (a) didress, and EIN of related organization (b) didress, and EIN of related organization (c) didress, and EIN of related organization (c) didress, and EIN of related organization (c) didress, and EIN of related organization (c) didress, and EIN of related organization (c) didress, and EIN of related organization (c) didress, and EIN of related organization (c) didress, and EIN of related organization (c) didress, and EIN of related organization (c) didress, and EIN of related organization (c) didress, and EIN of related organization (c) didress, and EIN of related organization (c) didress, and EIN of related organization (c) didress, and EIN of related organization (c) didress, and EIN of related organization (c) didress, and EIN of related organization (c) didress, and EIN of related organization (c) didress, and EIN of related organization (c) didress (c)	dentification of Related Organiz ecause it had one or more related (a) (b) Primary activity organization dentification of Related Organiz	dentification of Related Organization ecause it had one or more related organization (a) (b) Primary activity Clentification of Related Organization Clentification of Related Organization (a) (b) Primary activity Clentification of Related Organization (b) Primary activity Clentification of Related Organization (b) Primary activity Clentification of Related Organization (b) Primary activity Clentification of Related Organization (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	dentification of Related Organizations Taxable ecause it had one or more related organizations (a) ress, and EIN of organization (b) Primary activity Legal domicile (state or foreign country) dentification of Related Organizations Taxable (a) V, line 34 because it had one or more related org (b) Primary activity (b) Primary activity (c) Primary activity (dentification of Related Organizations Taxable (b) Primary activity (c) Primary activity (dentification of Related Organizations Taxable (a) Primary activity (b) Primary activity (c) Primary activity (dentification of Related Organization Primary activity (dentification of Related Organization Primary activity)	dentification of Related Organizations Taxable as a ecause it had one or more related organizations treate (a) ress, and EIN of organization Primary activity Legal domicile (state or foreign country) Direct foreign country) dentification of Related Organizations Taxable as a dy, line 34 because it had one or more related organization (a) (b) Primary activity Primary activity	dentification of Related Organizations Taxable as a Partner ecause it had one or more related organizations treated as a personal domicile (state or foreign country) Columb	dentification of Related Organizations Taxable as a Partnership Coecause it had one or more related organizations treated as a partnersh (a) (b) (c) (e) (d) (foress, and EIN of organization organizati	dentification of Related Organizations Taxable as a Partnership Complete if ecause it had one or more related organizations treated as a partnership during (a) (b) (c) (c) (d) (e) (ess., and EIN of organization (state or foreign country) (state or foreign country) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Sentification of Related Organizations Taxable as a Partnership Complete if the decause it had one, or more related organizations treated as a partnership during the tease of the control of the complete if the decause it had one, or more related organizations treated as a partnership during the tease of the complete if the decause it had one or more related organizations treated as a partnership during the tease of the decause it had one or more related organizations treated as a corporation or trust completed. It had one or more related organizations treated as a corporation or decause it had one or more related organizations treated as a corporation or trust completed. It had one or more related organizations treated as a corporation or trust completed organization organization organization organization organization organization organization organization organization organization organization organization organ	dentification of Related Organizations Taxable as a Partnership Complete if the organizate cause it had one or more related organizations treated as a partnership during the tax year. (a) (b) (c) (d) (d) (d) (e) (d) (e) (d) (e) (e) (d) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	dentification of Related Organizations Taxable as a Partnership Complete if the organization answer accuse it had one or more related organizations treated as a partnership during the tax year. (a) (b) (c) (d) (e) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	dentification of Related Organizations Taxable as a Partnership Complete if the organization answered ecause it had one or more related organizations treated as a partnership during the tax year. (a) (b) (c) (d) (d) (e) (d) (e) (f) (g) (g) (g) (e) (f) (f) (g) (g) (f) (f) (g) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	dentification of Related Organizations Taxable as a Partnership Complete if the organization answered "Ye ecause it had one or more related organizations treated as a partnership during the tax year. (a) (b) (c) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Sentification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on ecause it had one or more related organizations treated as a partnership during the tax year. (a) (b) (c) (p) (c) (p) (p) (p) (p) (p	Sentification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, ecause if had one, or more related organizations treated as a partnership during the tax year. (b) (c) (d) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Sentification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part ecause it had one or more related organizations treated as a partnership during the tax year. (b) (c) (d) (p) (e) (d) (p) (e) (donnole (estate or index) (e	Sentification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, III ecause it had one or more related organizations treated as a partnership during the tax year. (a) (b) (c) (d) (a) (b) (c) (d) (a) (b) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a	Internation of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34, ecause it had one or more related organizations treated as a partnership during the tax year. (a) (b) (c) (c) (c) (d) (e) (prodominant income limits of the partnership of the pa

Part \	Transactions Wit	n Related Organizations Complete if the organization answered "Yes" o	on Form 990, Part IV	, line 34, 35b, or 36	•	•	
Note.	Complete line 1 if any entit	y is listed in Parts II, III, or IV of this schedule.	-			Yes	No
1	During the tax year, did the	e 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) a	nnuities (iii) royalties or (iv) rent from a controlled entity			_1a		X
b	Gift, grant, or capital contri	bution to related organization(s)			1b	X	
	•	bution from related organization(s)			_1c	X	ļ
	_	to or for related organization(s)			<u>1d</u>		X
е	Loans or loan guarantees	by related organization(s)			1e	<u> </u>	X
	•	anization(s)					Х
_		ganization(s)			1g	<u> </u>	X
		elated organization(s)			_1h		X
	_	elated organization(s)			1i		X
j	Lease of facilities, equipme	ent, or other assets to related organization(s)			<u>1j</u>		Х
k	Lease of facilities, equipme	ent, or other assets from related organization(s)			_1k		Х
ı	Performance of services o	membership or fundraising solicitations for related organization(s)			11		X
m		membership or fundraising solicitations by related organization(s)			1m		Х
n		nent, mailing lists, or other assets with related organization(s)			_ <u>1n</u>	X	
0	Sharing of paid employees	with related organization(s)			10	Х	
р	Reimbursement paid to rel	ated organization(s) for expenses			1p	X	
q	Reimbursement paid by re	ated organization(s) for expenses			1q		Х
r	Other transfer of cash or p	roperty to related organization(s)			1r		X
	•	roperty from related organization(s)					Х
		above is "Yes," see the instructions for information on who must complete this line				olds.	
		(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method o	(d) of determ nt involve	
					Cash		
1) Nat	ional Rifle Association of A	merica	b	147,181	0		
(2) Nat	ional Rifle Association of A	merica	р	103,336	Cash		
·0\							
3)							
4)		1					
5)							
<u>د</u> ۱			ı	l			

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	1	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all sec 501(organiz	e) partners ction (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	h) ortionate itions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) eral or aging ner?	(k) Percentage ownership
	1				Yes	No			Yes	No		Yes	No	
<u>(1)</u>														}
(2)	 						-				-			
(3)							_			_			_	-
(4)	<u></u>													
(5)	:						_							
(6)													-	
<u>(7)</u>	 						_							
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(10)							_							
(11)														
(12)													_	
(13)														
(14)														
(15)														
(16)										_				

Schedule R (For	m 990) 2013	NRA Civil Rights Defense Fund	52-1136665	Page 5
Part VII	Supplem	ental Information		
· Git	Provide a	edditional information for responses to supertions on Schodule B (see inst	ructions)	
;_	riovide a	additional information for responses to questions on Schedule R (see inst	ructions).	
			• • • • • • • • • • • • • • • • • • • •	
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Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed

\Box	Armed Forces the Americas	Х	Louisiana		Palau
	Armed Forces Europe	X	Massachusetts	Х	Rhode Island
\mathbf{x}	Alaska	X	Maryland	Х	South Carolina
X	Alabama	X	Maine		South Dakota
	Armed Forces Pacific		Marshall Islands	X	Tennessee
X	Arkansas	Х	Michigan		Texas
	American Samoa	X	Minnesota	X	Utah
	Arizona		Missouri	X	Virginia
X	California		Commonwealth of the Northern Mariana Islands		U.S. Virgin Islands
X	Colorado	X	Mississippi		Vermont
[X	Connecticut		Montana	X	Washington
	District of Columbia	X	North Carolina	X	Wisconsın
	Delaware	X	North Dakota	Χ	West Virginia
X	Florida		Nebraska		Wyoming
	Federated States of Micronesia	<u> </u>	New Hampshire		
X	Georgia	<u> </u>	New Jersey		
	Guam	<u> </u>	New Mexico		
X	Hawaii		Nevada		
	lowa	X	New York		
	Idaho	X.	Ohio		
X	Illinois	_	Oklahoma		
	Indiana		Oregon		
X	Kansas	LX.	Pennsylvania		
<u> </u>	Kentucky	L	Puerto Rico		