				PU	BLIC			<u> (***), (***).</u>		Priva	cy Redact	tion				
For	" 9	90	Return of Organization Exempt From In							Inco	ncome lax			2016		
		1	Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except priva									ns)				
	nai Reve	of the Treasury anue Service	Information about Form 990 and its instructions is at www.irs.gov/ro.								•		· ·	n to Pub spection		
A For the 2016 calendar year, or tax year beginning , and ending B Check if applicable: C Name of organization NRA Civil Rights Defense Fund D Emp											0 Emoleur	- 14	fication nu			
		t if applicable: C Name of organization NRA Civil Rights Defense Fund Doing business as									o Employe	T OCIETCO	ncedon nu	itl oe r		
Ē	Name c	•	Number and street (or P.O. box if mail is not delivered to street address) Room/suite								52-113666					
Н	Initial re	•	11250 Waples Mill Road City or town State ZIP code							E Telephone number						
			Fairfax VA 220						,		(703) 267-1	000				
H		m/terminated	Foreign country n	ame	Foreign province/state/county Fo			Foreign p	Foreign postal code		1					
		nuter be	G Gross receipts (eipts \$		_	2,999	
	Applicat	ion pending								-	ts a group return				=	
			Wilson H. Phillips Jr. 11250 Waples Mill Rd, Fairfax, VA 22030						H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)							
		npt status:	X 501(c)(3) 501(c) () ◀ (Insert no.) 4947(a)(1) or 527													
J Website: ▶ www.nradefensefund.org H(c) Group examption r K Form of organization: Corporation X Trust Association Other ▶ L Year of formation: 1978																
											State of lega		NY			
Part I Summary 1 Briefly describe the organization's mission or most significant activities: To voluntarily assist in the preservation																
82																
Activities & Governance		in a free									*******					
8	2			the organizatio			•	-					net assets	5.		
8	3		of voting member					 /iine 1				3			<u>10</u> 10	
ties ties	5		r of independent voting members of the governing body (Part VI, line 1b) . Imber of individuals employed in calendar year 2016 (Part V, line 2a) .						-				······································	<u> </u>	0	
Ā	6	Total nu	mber of volunteers	eers (estimate if necessary)							6			10		
Ă	7a		elated business revenue from Part VIII, column (C), line 12									0				
	Ь	Net unre	lated business taxable income from Form 990-T, line 34					<u></u> .	· · · · · . 7b			Current Year				
•	8	Contribu	tions and grants (Part VIII, line	1h)				. [3,003		1,457	.672	
Revenue	9		am service revenue (Part VIII, line 2g)							0			0			
Rev	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)						82,312				106,446			
	11 12	Total rev	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12).					Ċ I	0 760,315				<u>14</u> 1,564,132			
	13		d similar amounts paid (Part IX, column (A), lines 1-3)					570,120		534,534						
	14		enefits paid to or for members (Part IX, column (A), line 4)							0			0			
500	15 16a		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10).							0			0		0	
Expenses	b		essional fundraising fees (Part IX, column (A), line 11e)										0			
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)								103,146			111,716			
	18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25).							673,266			646,250			
58	19	Revenue less expenses. Subtract line 18 from line 12							,049							
iance Iance	20	Total ass	ets (Part X, line 1	6),					_ }	Deginn	ng of Current 5,992		En	d of Year 7,061	.963	
Nat Assets Fund Balanc	21		ilitiles (Part X, line 26)								,782			,794		
		- ····	ts or fund balance	es. Subtract lir	ne 21 from li	ne 20	<u></u>	<u> </u>	<u> </u>		5,734	717		6,760		
Pa			nature Block	camined this set of	n. including err	mnanvi	na schedulee s	nd statem	ente	and to the	best of my ka	malaria				
	-		t, and complete. Decla				-									
Sign Here				,	1 10	~/							9/14/201	7		
			Signature of officer Wilson H. Phillips	» ///	1 the h	1		Ŧ	·		Date					
			Type or print name and					I	reas							
			Type preparer's name		Prepare	ar): signa	tore									
Pale		Jam	James P. Sweeney									ivacy Re	vacy Redaction			
	oarer Only		Firm's name RSM US LLP													
088			im's address ► 1861 International Dr Ste 400, McLean, VA 22102													
May	the IR		this return with th) ,/	7		· · · ·	• • •	. X	Yes	No	
Forl	aperv	vork Redu	ction Act Notice, a	see the separa	te instructio	ons.								Form 990 (2016)	

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