1 Form	; 990		Organization	-					2015
Depar	- rtrhent of the Treasury	Do not enter se	527, or 4947(a)(1) of the ocial security number	rs on this form	n as it may b	e made	public.	·/	pen to Public
Interna	al Revenue Service		bout Form 990 and its	instructions i			rm990.		Inspection
	Check if applicable	lendar year, or tax year beginst of the second seco	RA Freedom Action Fi	oundation	, and <u>er</u>		D Employer	identification	number
	Address change	Doing business as							
	Name change	Number and street (or PO box	if mail is not delivered to s	treet address)	Room/suite		26-1277941		
	· ·	11250 Waples Mill Road					E Telephone	number	
	nitial return	City or town Fairfax		State VA	ZIP code 22030-7400	D I	(703) 267-1	000	
Fi	inal return/terminated	Foreign country name	Foreign province/state		Foreign postal				
A	Amended return						G Gross rece	ipts \$	1,202,19
A	Application pending	F Name and address of principal	officer			H(a) is th	is a group return f	or subordinates	? Yes 🔀 N
		Wilson H Phillips Jr 11250	0 Waples Mill Rd, Fai	rfax, VA 2203	30	H(b) Are	e all subordinate	s included?	Yes N
I Ta	ax-exempt status	X 501(c)(3) 501(c) () 🛋 (insert no)	4947(a)(1)	or 527	lf "	No," attach a lis	t (see instruc	tions)
JW	Vebsite: 🕨 ww	w nrafaf.org				H(c) Gro	oup exemption r	umber 🕨	
K Fo	orm of organization.	X Corporation Trust	Association O	Other Þ	L Yea	r of forma	ntion 2008	M State o	f legal domicile V
Pa	art I Su	mmary		v					
-		lescribe the organization's r	nission or most signif	ficant activities	s. To eq	ducate /	Americans w	ith respect	to their
LC8	Individu	al rights as citizens, with pa	rticular emphasis on	the Second Ar	mendment t	o the			
rna	Constitu	ution of the United States.							
٩Ô		his box 🕨 🔄 if the organ			•			1	ssets.
ڻ م	1	r of voting members of the g		-				3	
69		r of independent voting men	_					<u>4</u> 5	
Activities & Governance		Imber of Individuals employe Imber of volunteers (estimation)	•	-			•••	6	
Act		related business revenue fr	•••						
		elated business taxable inco		• •				7b	
							Prior Year		Current Year
en en		utions and grants (Part VIII,	-				1,134		1,198,16
Revenue	-	n service revenue (Part VIII ient income (Part VIII, colun		 17d)	••••			0,077	4,02
R		evenue (Part VIII, column (A						0	4,02
		enue—add lines 8 through 11					1,145	5,645	1,202,19
		and similar amounts paid (F						0	
	14 Benefits	s paid to or for members (Pa	art IX, column (A), lin	e 4)				0	
30S	15 Salaries	, other compensation, employ	ee benefits (Part IX, co	olumn (A), lines	5E10/ED)		0	
Expenses	IVa FIUIESS	ional fundraising fees (Part ndraising expenses (Part IX	\mathbf{A} , column (A), line i	، (۳۱۱ -				0	
Ä	17 Other e	xpenses (Part IX, column (A	., ωιαπη (D), πη ε 25) Δ) lines 11a-11d 11f	-24 NOV-	1022.274 2010	SC-S	2,595	955	98,52
		penses. Add lines 13–17 (n			-25)	Ļ≌Ļ	2,59		98,52
		e less expenses. Subtract I		<u>. .`</u> ÖGÇ	DEN, UT		-1,450		1,103,67
a or						Beginr	ning of Current		End of Year
laset 3alar		sets (Part X, line 16)				L	1,72:		2,770,77
Net A Fund E	21 Total lia 22 Net ass	bilities (Part X, line 26) . ets or fund balances. Subtra	act line 21 from line 2	20		<u> </u>		1, <u>154</u> 9,484	<u>38,35</u> 2,732,41
		nature Block		<u></u>	<u> </u>	L	1,0/3	,404	2,132,4
- a		ry, I declare that I have examined th	us return, including accomp	anying schedules	and statements	s, and to th	ne best of my kr	owledge	
Unde	belief, it is true, com	ect, and complete Declaration of pr	eparer (other than officer) w	s based on all info	rmation of whic	h prepare	r has any know	edge	- <u></u>
Unde and b	un 🕨	MERO K/	<u> </u>					11/1	0/2016
and t		Signature of officer			-		Date		
Unde and to Sig Her		Wilson H Phillips Jr. Type or print name and title			Irea	Isurer			
and to Sig		Type of print name and title	Preparer's si			Dat	e I		PTIN
and to Sig	Pnr	t/Type preparer's name		~ <u>7</u> <u></u>	in		c	heck	ıf
and to Sig	id	nt/Type preparer's name			10 X I	. 144/	/10/2016 s	elf-employed	P01263012
and t Sig Her Pai	id eparer ^{Jar}	nes P. Sweeney	lanci	- Am		<u> </u>			
and t Sig Her Pai	id eparer Jar e Only F⊪	nes P. Sweeney		F. Am		<u> </u>	Firm's EIN 🕨	41-19444	16
And t Sig Her Pai Pre Use	id Sparer Jar e Only Fin Fin	nes P. Sweeney				<u> </u>			16

Form 99	90 (2015)	NRA Freedom Action Foundation	26-1277941	Page 2
<u>P</u> ar	t III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly de	escribe the organization's mission:		
•				
	nonparti	san voter registration and education as allowed by law.		
2	the prior	brganization undertake any significant program services during the year which were not listed o Form 990 or 990-EZ?	n Yes	X No
		describe these new services on Schedule O.		
3	Did the c services	organization cease conducting, or make significant changes in how it conducts, any program	Yes	X No
	If "Yes,"	describe these changes on Schedule O		
4		e the organization's program service accomplishments for each of its three largest program service		
		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants an expenses, and revenue, if any, for each program service reported.	id allocations to others,	
4a	(Code) (Expenses \$ 62,286 including grants of \$) (Ret	venue \$	
		edom Action Foundation reaches out to all Americans, without regard to party affiliation or		
		all socioeconomic groups regarding the history and meaning of the Second Amendment and		
	~	on through viral online advertising and social media as well as the more conventional		
		of direct contact including direct mail amail and phone banks. All programs including		
		instruction offerts are perpertisen. Please energies with NPA Freedom Agien Equipation by		
		PAEAE org and Triggoritholyoto org and follow Triggor the Victory or coold module		
	·····			
	(Code) (Expenses \$ including grants of \$) (Re		
	、	······································		'
4c	(Code.) (Expenses \$ including grants of \$) (Re	venue \$)
			•••••••••••••••••••••••••••••••••••••••	
4.4				
4d	Other pr (Expens	rogram services. (Describe in Schedule O)	0.1	
	· · · ·	les 0 including grants of \$ 0) (Revenue \$ ogram service expenses > 62,286	0)	

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Form 990 (2015) NRA Freedom Action Foundation 26-1277941 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 2 Х 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II. Х 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. Part III..... 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 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," Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt 9 х Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a Х b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Х 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Х 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . 12b Х Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . 13 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 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 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 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 19

Form 990 (2015)

Form 9	90 (2015)	NRA Freedom Action Foundation	<u> 26-127794</u>	1	Pa	ge 4
Part	: IV [Checklist of Required Schedules (continued)				
	•			<u> </u>	/es	No
20a	Did the	organization operate one or more hospital facilities? If "Yes," complete Schedule H	. 20	a		Х
Þ,	If "Yes"	to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20	b		
21	Did the	organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	domesti	c government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	2	1		х
22		organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
		column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 2	2		х
23		organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
		ation's current and former officers, directors, trustees, key employees, and highest compensated				
		ees? If "Yes," complete Schedule J.	2	2	x	
242		organization have a tax-exempt bond issue with an outstanding principal amount of more than		<u> </u>		
4 70						
		00 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines				v
		bugh 24d and complete Schedule K If "No," go to line 25a	. 24			<u>X</u>
		organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	<u>b</u>		
С		organization maintain an escrow account other than a refunding escrow at any time during the year			Ì	
		ase any tax-exempt bonds?	24	_		
d		organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24	d_		
25a		1 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transact	tion with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25	ia 🗌		_X
b	Is the or	rganization aware that it engaged in an excess benefit transaction with a disqualified person in a				
	prior ye	ar, and that the transaction has not been reported on any of the organization's prior Forms 990 or				
	990-EZ	? If "Yes," complete Schedule L, Part I	. 25	b_		Х
26	Did the	organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any				
		or former officers, directors, trustees, key employees, highest compensated employees, or				
		fied persons? If "Yes," complete Schedule L, Part II	2	6		х
27		organization provide a grant or other assistance to an officer, director, trustee, key employee,		-		
		itial contributor or employee thereof, a grant selection committee member, or to a 35% controlled				
		r family member of any of these persons? If "Yes," complete Schedule L, Part III .	2	,		х
28	-	e organization a party to a business transaction with one of the following parties (see Schedule L,			71	
20		instructions for applicable filing thresholds, conditions, and exceptions):	λάς · φ	<i>7</i> .		
~			20			X
a		nt or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	<u>28</u>			<u> </u>
b	-	member of a current or former officer, director, trustee, or key employee? If "Yes," complete			1	~
			28	<u>, as</u>		X
С		y of which a current or former officer, director, trustee, or key employee (or a family member thereof)				
		officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28			X
29		organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	2	9		<u>X</u>
30	Did the	organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conserv	vation contributions? If "Yes," complete Schedule M.	3	0		X
31	Did the	organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,				
	Part I.		3	1		X
32	Did the	organization sell, exchange, dispose of, or transfer more than 25% of its net assets?				
	lf "Yes,'	" complete Schedule N, Part II	3	2		х
33	Did the	organization own 100% of an entity disregarded as separate from the organization under Regulations				
		s 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	. 3	3		x
34		e organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	É É	-		
•••		/, and Part V, line 1	2	4	x	1
350		organization have a controlled entity within the meaning of section 512(b)(13)?	. 3	<u> </u>		x
		' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled				<u> </u>
D.				-		1
2E	-	rithin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	3	<u>~</u>		
36		n 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related				~
<u> </u>	-	ation? If "Yes," complete Schedule R, Part V, line 2	· <u>3</u>	6		<u>X</u>
37		organization conduct more than 5% of its activities through an entity that is not a related organization				
		t is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	ĺ			
	VI.		. 3	7		X
38		organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
_	<u>19? No</u>	te. All Form 990 filers are required to complete Schedule O		8	Х	
			Fo		990	(2015)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule C contains a response or note to any line in this Part V. Image: Check if Schedule C contains a response or note to any line in this Part V. Image: Check if Schedule C contains a response or note to any line in this Part V. Image: Check if Schedule C contains a response or note to any line in this Part V. Image: Check if Schedule C contains a response or note to any line in this Part V. Image: Check if Schedule C contains a response or note to any line in this Part V. Image: Check if Schedule C contains a response or note to any line in this Part V. Image: Check if Schedule C check if Schedule C check is check if Schedule C check is check instructions. Image: Check if Schedule C check is schedule C check i	Form 9	90 (2015) NRA Freedom Action Foundation 26-12	77941	Р	age 5
a Enter the number reported in Box 3 of Form 1066. Enter -0- if not applicable. 1s	Pàr	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number of Form W-20 mulded in life 1a. Enter -0. If not applicable 1a 1 2b Enter the number of employees reported on Form W-20 mulded for reportable payments to vendors and reportable 0 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 0 2b Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 0 2b If at least one is reported on line 2a, dut the organization file all required federal employment tax returns? 2b 3b Dd the organization have unneliated business gross meam of \$1.000 or more during the year? 2a 2a 3b If "ves." has file at Form Support for this year? 2b 2a 2a 4a any time during the calendar year (did the organization have an intersat in or a signature or other subondy over, a financial account in a forsign country (such as a bank account, a or ther financial account)? 4a X 5a If "ves." file the home of the forsign country (such as a bank account, a orther financial accounts of filing requirements for FinCEN Form 114, Report of Forsign Bank and Financial Accounts (FBAR). 5b X 5a Was the organization a party to a prohibited tax shellar tansaction 1 at yit me during the tax year? 5b X 5a Vary table party notify the organization file fore		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-20 ancluded in line 1s. Enter -0. If not applicable. 11 0 Did the organization comply with backup with holding rules for reportable payments to various and reportable graming (gambling) winnings to prize winners? 15 X 2 Entor the number of employees reported on the 2a, did the organization file all required (dard amployment tax) returns? 2a 0 b If a least one is reported on line 2a, did the organization file all required (dard amployment tax) returns? 2b 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a-tria (see instructions) 2a 2b 4 All any time during the calendar year, did the organization have an interest in. or a signature or other autionity oner, a financial account in a foreign country. 2a 2b 5 Was the organization aperty to a prohibited tax shelter transaction at any time during the tax year? 5a X 6 Was the organization on the Form 3868-77. 5b X 7 Organization solid the organization the organization the reports blace hantable contributions? 7a X 8 If "wes" to line 5a of 5b, did the organization the avergens statement that such contributions? 5b X 6 If "wes" to line 5a or 5b, did the organization the avenores statement that such contributions?				Yes	No
c Did the organization comply with backup withholding rules for reportable gaming (dambing) winnings to prize winners? is c x 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 0 b If al least one is reported on Ine 2a, did the organization file all required (derial employment tax returns?, Note. If the sum of lines ta and 2a is greater than 250, you may be required to <i>a-the</i> (see instructions) 3a X b If "wis," has if filed a form 390-T for this yea? (J' No' to line 3b, provide an explanation in Schedule O. 3b X d At any time during the claneary yead. of the organization have an interest in, or a signature or other authomity over, a financial account's (such as a bark account, securities account, or other financial account's or the organization have an an interest in, or a signature or other authomy over, a financial account's (such as a bark account, securities accounts, or other financial account's (FBAR). X b M any time during the tax year? 5a X b M any time show annual gross receipts that are normally greater than 5100.000, and did the organization neutor were not tax deductable exchantable exchantable contributions or grifts were not tax deductable exchantable exchantable schentable contributions or grifts were not tax deductable? 5a X d M any time target part on the two or other work on the subs or services provide? 5a X 5a X <td>1a `</td> <td>Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td> <td>1</td> <td></td> <td></td>	1a `	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
gaming (gambing) winnings to pize winners? 1c X 2a Entor the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 0 53 Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0 16 the one is reported on line 2a, did the organization file arequired (ear elemptoyment tax returns?. 2b 0 20 Did the organization have unclated builtsess gross scores of \$10.000 romes duming the year? 3b 2a 2b 21 Yess, 'has if field a Form 880-T for this yea? /f 'No' to <i>ine 3b</i> , proved an explanation in Schedule O 3b 2a 2a <td>b</td> <td>Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td> <td>0</td> <td></td> <td></td>	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 0 b If at least one is reported on line 2a, did the organization file all required (deral employment tax returns?, 2b) 0 b If at least one is reported on line 2a, did the organization file all required (deral employment tax returns?, 2b) 0 c Did the organization here unrelated business gross microme of \$1,000 or more duming the year? 0 d At any time duming the calinger country (such as a bank account, ero at signature or other subnotly over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country: - 5a See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FPAR). 5b X. d If "Yes," enter the name of the foreign country: - 5a X. d If was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X. d If "wes," did the organization file Form 8808-T7. 6a X. d If "wes," did the organization file Form 8808-T7. 6a X. d If "wes," did the organization notify the organization and party for good	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable]		
Statements, field for the calendar year anding with or within the year covered by this return . 2 2 Note. If the sum of lines 2, and the organization fiel required deared employment tax returns?. 25 Note. If the sum of lines 1 and 2 as ig greater than 250, you may be required to e-file. (see instructions) 3 16 These: That filed 3 com 860-T for this year? If "No" to line 35, provide an explanation in Schedule 0. 36 44 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 4a 55 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a 54 Was the organization aparty to a prohibited tax shelter transaction? 5b X 54 Was the organization in bat it was or is a party to a prohibited tax shelter transaction? 5c 3c 54 Was the organization in bat it was or is a party to a prohibited tax shelter transaction? 5c 3c 55 Did any tizzable party notify the organization file Form 8866-T? 5c 3c 3c 64 Organization counted with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c 3c 3c 7 <td></td> <td>gaming (gambling) winnings to prize winners?</td> <td>1c</td> <td>Х</td> <td></td>		gaming (gambling) winnings to prize winners?	1c	Х	
b If at least one is reported on line 2a, did the organization file all required (derail enployment tax retures? 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b T*es: 'has it filed a Form 980-T for this year? if 'No' to <i>ine</i> 3b, <i>provide an explanation in Schedulo</i> 0	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note. If the sum of lines 1 and 2 as is greater than 250, you may be required to e- <i>line</i> (see instructions) is i		Statements, filed for the calendar year ending with or within the year covered by this return 2a	0	-	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 11 "Yes," has if filed a Form 90-T for this year? If No'to ine 3b, provide an explanation in Schodule O. 3b 3b 4a A any time during the calendar year, did the organization have an interest in, or a signature or other aubinity over, a financial account in a foreign country: 4a X bit "Yes," enter the name of the foreign country: * 5a X See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FPAR). 5a X 6 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 6 Do any taxable party notify the organization file form 888-T?. 5c 5a X 6 Do as the organization nacula gross receipts that are normally greater than \$100,000, and did the organization shuld any receive deductible contributions and relable contributions? 6a X 11 "Yes," did the organization net were not tax deductible? 6a X 7b Z 2 Did the organization shuld any receive deductible contributions and services provided to the payor? 7a X 7b Z 3 Did the organization netwe apyment in excess of \$75 made parity as a contributions an anoregination sells any otherwhelos ty oregination sells	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b If "Yes," has it filed a Form 990-T for this year? if "No" to line 3b, provide an explanation in Schodule 0		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			· · · · ·
4a A any time during the calendar year, did the organization have an interest in, or a signature or other subnotly over, a financial account in a foreign countly (such as a bank account, or other financial accounts). 4a b If "Yes," enter the name of the foreign country. - See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FPAR). 5a X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sholt any contributions that were not tax deductibles? 5a 4a or ytaxable party notify the organization include with every solicitation an express statement that such contributions or glits were not tax deductible? 5a 5a organization shut any receive deductible contributions ander section 170(c). 6b 6a 7b Did the organization include with every solicitation an express statement that such contributions or glits were not tax deductible? 7a X 7b Torganization shut any receive deductible contributions and resection 170(c). 7b 7c X 7b Did the organization networe size? 7b mices the number of Forms 8282? 7c X 7b Did the organization networe size? 7b mices the number of Forms 8282? 7c X 7f Torganizations athat amy express tax defined to no	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_3a		X
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter 10a 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: 10a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a a Is the organization is locensed to issue qualified health plans . 13b 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 . 13b c Enter the amount of reserves on hand . 13c 14a			9a	†	
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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: 10a 10b a Gross income from members or shareholders 11a 10b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 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 13b 13b 13b c Enter the amount of reserves on hand 13a </th <td></td> <td></td> <td></td> <td></td> <td>\vdash</td>					\vdash
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: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a a Is the organization s for additional information the organization must report on Schedule O. 13b 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 13b c Enter the amount of reserves on hand 13c 13c 14a X					
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders . b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . c Enter the amount of reserves on hand . 14a Did the organization receive any payments for indoor tanning services during the tax year?			1		
a Gross income from members or shareholders . 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b 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 . 13b 13b c Enter the amount of reserves on hand . 13b 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	11				
against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a 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 . 13b c Enter the amount of reserves on hand . 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	а				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a 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 . 13b c Enter the amount of reserves on hand . 13c 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b	Gross income from other sources (Do not net amounts due or paid to other sources	7	Į	Į
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a 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 . 13b c Enter the amount of reserves on hand . 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a		against amounts due or received from them.).			
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a 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 . 13b c Enter the amount of reserves on hand . 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
 a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . c Enter the amount of reserves on hand . 14a Did the organization receive any payments for indoor tanning services during the tax year? 	b				
Note. See the instructions for additional information the organization must report on Schedule O. Image: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . Image:	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
Note. See the instructions for additional information the organization must report on Schedule O. Image: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . Image:	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X					
c Enter the amount of reserves on hand . 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b	Enter the amount of reserves the organization is required to maintain by the states in which			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X		the organization is licensed to issue qualified health plans			
	с	Enter the amount of reserves on hand			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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		edom Action Foundation	26-127		Pa	age 6
Par		Management, and Disclosure For each "Yes" response to lines 2 through				
		e 8a, 8b, or 10b below, describe the circumstances, processes, or change				
		edule O contains a response or note to any line in this Part VI	<u></u>	· · ·	•	X
<u>Sect</u>	ion A. Governing Bo	dy and Management		r		
4			4. F		Yes	No
1a		ting members of the governing body at the end of the tax year	1a 5			
		elegated broad authority to an executive committee or similar				
	committee, explain in S	- •				
ь			1b 1			
2		, trustee, or key employee have a family relationship or a business relationsh				
_	-	pr, trustee, or key employee?	-	2		x
3	•	legate control over management duties customarily performed by or under th				
		directors, or trustees, or key employees to a management company or other		3		x
4		e any significant changes to its governing documents since the prior Form 990 was		4		X
5	Did the organization be	come aware during the year of a significant diversion of the organization's as	ssets?	5		Х
6	Did the organization has	ve members or stockholders?		6		Х
7a	Did the organization has	ve members, stockholders, or other persons who had the power to elect or a	ippoint			
	one or more members of	of the governing body?		7a		X
b	Are any governance de	cisions of the organization reserved to (or subject to approval by) members,				1
		is other than the governing body?		7b		X
8	Did the organization coi	ntemporaneously document the meetings held or written actions undertaken	during]
	the year by the following	g:				·
a	The governing body?			8a	<u>X</u>	
b		uthority to act on behalf of the governing body?		8b	<u>X</u>	
9	-	ctor, trustee, or key employee listed in Part VII, Section A, who cannot be re-				
		ailing address? If "Yes," provide the names and addresses in Schedule O.		9	`	<u> x</u>
Seci	ION D. FOIICIES (TTIS	Section B requests information about policies not required by the I	nternal Revenue C	Joue.	/ Yes	No
10a	Did the organization ha	ve local chapters, branches, or affiliates?		10a		X
b	-	ation have written policies and procedures governing the activities of such c	hapters.			
	_	to ensure their operations are consistent with the organization's exempt pur	-	10ь		ļ
11a		vided a complete copy of this Form 990 to all members of its governing body befor		11a	X	
b	Describe in Schedule C) the process, if any, used by the organization to review this Form 990	-			
12a	Did the organization ha	ve a written conflict of interest policy? If "No," go to line 13		12a	Х	
b		or trustees, and key employees required to disclose annually interests that could g		12b	Х	
С		gularly and consistently monitor and enforce compliance with the policy? If "				
) how this was done		12c	Х	
13		ve a written whistleblower policy?		13	X	<u> </u>
14				14	X	
15		ermining compensation of the following persons include a review and approv				
-		comparability data, and contemporaneous substantiation of the deliberation a		45-		
a b		D, Executive Director, or top management official		15a 15b		X X
b	-	nployees of the organization				\uparrow
16a		vest in, contribute assets to, or participate in a joint venture or similar arrange	ement			
iva	÷	ring the year?		16a		x
b		ation follow a written policy or procedure requiring the organization to evaluate		100	-	\uparrow
•		nture arrangements under applicable federal tax law, and take steps to safeg				
		npt status with respect to such arrangements?		16Ь		Î
Sect	ion C. Disclosure					
17		ch a copy of this Form 990 is required to be filed	tement			
18		an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Section 501(c)(3)s only	/)	
		pection. Indicate how you made these available. Check all that apply				
	Own website		olain in Schedule O)			
19) whether (and if so, how) the organization made its governing documents, o	conflict of interest pol	icy, an	d	
- -		ailable to the public during the tax year.				
20	State the name, addres	ss, and telephone number of the person who possesses the organization's b		►		
		WILSON H. PHILLIPS JR. 11250 WAPI ES MILL RD FAIRFAX VA 22030-7400	703-267-1000			

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Form 990 (2015)	NRA Freedom Action Foundation	26-1277941	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compension	sated	
- ·	Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII	· · · <u>· ·</u> · ·	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete	this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the	

organization's tax year.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) $c = \frac{1}{2} = \frac{1}{2} \sqrt{2} \sqrt{2} \sqrt{2} \sqrt{2}$						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Chris W Cox	1.00				[
President, Chair of Board	58.00	X		X]			0	1,345,407	105,435
(2) Wilson H. Phillips Jr.	1.00									
Treasurer, Director	51.00	X		X	L	<u> </u>		0	549,269	41,938
(3) David Lehman	1.00									
Director	50.00					<u> </u>		0	401,170	23,021
(4) Mary Rose Adkins										
Director	40.00	_						0	268,009	<u> </u>
(5) David Keene										
Secretary, Director	1.00	X	ļ	X	<u> </u>		<u> </u>	0	0	0
. (6)										
								<u> </u>		
(8)										
(9)										
(10)										
(11)										
(12)							Γ			
(13)						1				
(14)					 			_	1	

	90 (2015) NRA Freedom Action Foundation									26-127		Pa	ige 8
Pa	rt VII Section A. Officers, Directors, Tru	istees, Key Emj	oloye I	es,		1 Hig 2)	ghes	t Co	ompensated Err	i ployees (contir 	nued)		
	(A) Name and title	(B) Average hours per	box, office	unles er and	Pos leck i s pe	ition more rson irecto	than o is both or/trust	an ee)	(D) Reportable compensation	(E) Reportable compensation		(F) stimated	
		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)	fr org an	other pensat om the anizatio d relate anizatio	on Id
(15)													
(16)										<u> </u>			
(17)			[
(18)													
(19)													
(20)						-							
(21)													
(22)				┢									
(23)						╞	<u> </u>				1		
(24)											\uparrow		
(25)		•									1		
1b c	Sub-total	ection A .					· · ·		0			226	6 <u>,755</u> 0
d	Total (add lines 1b and 1c).								0	2,563,855	5	226	6,755
2	Total number of individuals (including but not lin reportable compensation from the organization		sted a	abov	ve) v 4	vho	rece	ived	I more than \$100	0,000 of			
3	Did the organization list any former officer, dire	ector, or trustee,	key e	emp	loye	e, c	or hig	hes	t compensated		[Yes	No
	employee on line 1a? If "Yes," complete Sched									• • • • •	3		<u>_x</u>
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual		-						•		4	x	
5	Did any person listed on line 1a receive or accur for services rendered to the organization? If "Y										5		×
Sec	tion B. Independent Contractors	es, complete s	cneut	10.	101	SUC	in pe	1501	<u> </u>	<u>· · · _ · _ ·</u>	<u> </u>	L	L <u>^</u>
1	Complete this table for your five highest compe compensation from the organization. Report co year										tax		
	(A) Name and business add	Iress							(B) Description of se	rvices	(C Comper		
													0
	and the second sec							+					0 0
	· · · · · · · · · · · · · · · · · · ·												0
													0

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

	90 (201					26-1277	'941 <u>Page 9</u>
Par	t VIII		to to ony line in	the Dest VIII			
		Check if Schedule O contains a response or no		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats ts	1a	Federated campaigns	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	0				
LAn (Bs	c d	Fundraising events 1c Related organizations 1d	5,852				
a, Gi nila	e	Government grants (contributions) 1e	0,002				
tions r SII	f	All other contributions, gifts, grants, and					}
Othe		similar amounts not included above	1,192,313				
Cont and (g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a-1f		1,198,165			
อกเ			Business Code				
Program Service Revenue	2a			0			<u> </u>
e R	b			0			
Z	c d			0			
ъ С	u e		· · · · · · · · · · · · · · · · · · ·	0			<u> </u>
<u>g</u> ra	f	All other program service revenue				<u> </u>	_ <u></u>
5	g	Total. Add lines 2a–2f	🕨	0			
	3	Investment income (including dividends, interest,	and				
		other similar amounts)	🕨	4,028			4,028
	4	Income from investment of tax-exempt bond proce	eeds . 🕨	0			
	5	Royalties	<u> </u>	0			
	6-	(I) Real	(II) Personal				
	6a b	Gross rents					
	c	Rental income or (loss) . 0]	
	ď	Net rental income or (loss)		0			
	7a	Gross amount from sales of (1) Securities	(II) Other	_			
		assets other than inventory 0	0				
	Ь	Less cost or other basis				1	
		and sales expenses 0	0				
	· .	Gain or (loss)	0				
	d	Net gain or (loss)	<u> </u>	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . a	0				
Ť	b	Less direct expenses b	0				
0	C	Net income or (loss) from fundraising events .	<u> </u>	0			
	9a	Gross income from gaming activities.	-				
		See Part IV, line 19	0	4			
	b	Less: direct expenses	U		-	ł	
	с 10а	Net income or (loss) from gaming activities Gross sales of inventory, less	· · · · •	0			
	IUa	returns and allowances a	0				
	ь	Less: cost of goods sold b	0	1			
	c	Net income or (loss) from sales of inventory	►	1 o	l		
		Miscellaneous Revenue	Business Code				
	11a			0			
	b			0		<u> </u>	
	C			0			_ _
	d		L	0		╞────	
	e	Total. Add lines 11a–11d		0		, 	0 4,028
	12	Total revenue. See instructions	<u> </u>	1,202,193	(<u>' </u>	01 4,028

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Form 990 (2015)

NRA Freedom Action Foundation

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX.

	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic		_		
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	Individuals. See Part IV, lines 15 and 16 .	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0		0	
6	Compensation not included above, to disgualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B).	0	1		
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) .	о			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	o			
b		0			
C	Accounting	9,400		9,400	
d		0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees .	3,031		3,031	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	o			
12	Advertising and promotion .	60,000	60,000		
13	Office expenses	23,141		867	22,274
14	Information technology	0			
15	Royalties	0			
16		0			·
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	laterest .	663		663	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23		0	V		
24	Other expenses Itemize expenses not covered				<u> </u>
24	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.) Additional program service	2,286	2,286		
a b		<u> </u>	2,200		
-		0			
с С		0			
d	All other expanses	0			
95 25	All other expenses		60.000	40.004	
25	Total functional expenses. Add lines 1 through 24e	98,521	62,286	13,961	22,274
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)				Farm 00 0 (2015

Form 990 (201	5) NRA Freedom Action Foundation	
Part X	Balance Sheet	
•	Check if Schedule O contains a response or note to any line in this Part X	

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	•	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	1,049,795	2	2,056,080
	3	Pledges and grants receivable, net	564,062	3	613,622
	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		<u> </u>	
60		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			
eta		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		9	
	10a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	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	0	14	0
	15	Other assets. See Part IV, line 11	109,781	15	<u>101,071</u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,723,638	16	2 <u>,770,773</u>
	17	Accounts payable and accrued expenses	113	17	51
	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	
88	22	Loans and other payables to current and former officers, directors,			
Ē		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	
Ë	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			
	İ.	parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	44,041	25	38,303
	26	Total liabilities. Add lines 17 through 25	44,154	26	38,354
es		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.			
jnc	27	Unrestricted net assets	581,393	27	1,679,841
ala	28	Temporarily restricted net assets	1,098,091	27	1,052,578
8	20	•	1,090,091	20	1,052,576
Ğ	29			23	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds .		30	
38	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ĭΑ	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	1,679,484	33	2,732,419
	34	Total liabilities and net assets/fund balances	1,723,638	34	2,770,773

Form 990 (2015)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI. 1 1 Total expenses (must equal Part IX, column (A), line 12). 1 1.202.193 2 Total expenses (must equal Part IX, column (A), line 25). 2 98.521 3 Revenue (must equal Part IX, column (A), line 25). 3 1.103.672 4 1.679.464 1 1 1.679.464 5 5 .50.737 6 0 1 1.679.464 5 Net unrealized gams (losses) on investments 6	Form 9	190 (2015) NRA Freedom Action Foundation	26-127794	Pag	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1.202.193 2 Total expenses (must equal Part IX, column (A), line 25) 2 0.86,521 2 0.86,521 3 1.103,672 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1.679,484 5 -500,737 6 - - 6 7 Investment expenses 6 - - 6 7 Investment expenses 7 - 6 - - 6 7 Investment expenses 7 - 8 - 9 - 0 0 2,732,419 9 Other changes in net assets or fund balances (explain in Schedule O) 9 . 10 2,732,419 10 Revenue (B) Column (B) . <	Part	XI Reconciliation of Net Assets			
2 Total expenses (must equal Part IX, column (A), line 25) 2 98,521 3 Revenue less expenses. Subtract line 2 from line 1 3 1,103,672 4 1.679,484 5 -50,737 6	_	Check if Schedule O contains a response or note to any line in this Part XI			
3 Revenue less expenses. Subtract line 2 from line 1 3 1,103,672 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1,679,444 5 Jonated services and use of facilities 6 5 -50,737 6 Donated services and use of facilities 7 7 6 7 7 8 8 9 9 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,732,419 9 Thancial Statements and Reporting 10 2,732,419 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 12 Accounting method used to prepare the financial statements for the year were compiled or reviewed no a separate basis, consolidated basis, or both: 2a X 1 13 Separate basis Consolidated basis Both consolidated and separate basis 2b X <th>1,</th> <th>Total revenue (must equal Part VIII, column (A), line 12)</th> <th>1</th> <th>1,202</th> <th>2,193</th>	1,	Total revenue (must equal Part VIII, column (A), line 12)	1	1,202	2,193
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1,679,484 5 Net unrealized gams (losses) on investments 5 -50,737 6 7 Investment expenses 7 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,732,419 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,732,419 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 12 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 14 Trives," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2b X 15 Separate basis Consolidated basis Sotho consolidated and separate basis <td>2</td> <td></td> <td>2</td> <td>98</td> <td>3,521</td>	2		2	98	3,521
5 Net unrealized gains (losses) on investments . 5 -50,737 6	3	Revenue less expenses. Subtract line 2 from line 1	3	1,103	3,672
6 Donated services and use of facilities 7 Investment expenses 8 Pror period adjustemits 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,732,419 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 11 Accounting method used to prepare the Form 990: 12 Cash 14 Accounting method used to prepare the Form 990: 15 Cash 16 The organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 13 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a Separate basis 2b X 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b Separate basis 2c X 16 "Yes," check a box below to indicate whether the financial statements for the year	4		4	1,679	<u>),484</u>
7 Investment expenses 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 1 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 2,732,419 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Cash X Accounting method used to prepare the Form 990: 1 Cash X Accounting friancial statements compiled or reviewed by an independent accountant? 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 Separate basis 2 Consolidated basis, or both: 2 Separate basis 2 Separate basis 2 Consolidated basis, or both: 3 Separate basis 2 Consolidated basis, or both: 3 Separate basis 3 Consolidated basis 4 Separate basis 5 Consolidated basis, or both: 3 Separate basis 5 Consolidated basis, or both: 3 Separate basis 6 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 3 Separate basis 5 Consolidated basis		• • •	5	50),737
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 2,732,419 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 2,732,419 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 the organization changed its method of accounting from a pror year or checked "Other," explain in Schedule O. Yes No 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 reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis X Both consolidated and separate basis 2b X If "Yes," thoick a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis <th></th> <th></th> <th></th> <th></th> <th></th>					
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10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 2,732,419 Part XII Financial Statements and Reporting					
column (B)) 10 2,732,419 Part XII Financial Statements and Reporting	-		9		
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10	· · · · · ·			
Check if Schedule O contains a response or note to any line in this Part XII			10	2,732	<u>2,419</u>
1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Cash Image: Cash Image: Cash	Part				m
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a pror year or checked "Other," explain in 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 reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis X Both consolidated and separate basis 2c X 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		Check if Schedule O contains a response or note to any line in this Part XII.	<u> </u>		\square
If the organization changed its method of accounting from a prior year or checked "Other," explain in 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 2b If "Yes," check a box below to indicate whether the financial statements accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b If "Yes," check a box below to indicate basis X Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 3a As a result of a federal award, was the organization required to undergo an audit or audits				Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1				t
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 reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis X Both consolidated and separate basis 2b X c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 2b X c 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. 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					1
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 Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis Z Z X Separate basis Separate basis Separate basis<!--</th--><th></th><th></th><th></th><th></th><th>İ.,</th>					İ.,
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If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate basis, or both: If "Yes," check a box below to indicate basis, or both: If the organization changed basis, or both: If "Yes," check a basis, consolidated basis, or both: If "Yes," check a basis, consolidated basis, or both: If "Yes," check a basis, consolidated basis, or both: If the organization changed basis, or compilation of its financial statements and selection of an independent accountant? If the organization changed basis, or selection process during the tax year, explain in Schedule O. If the organization changed basis, or selection process during the tax year, explain in the Single Audit Act and OMB Circular A-133? If the organization during the tax year, explain in the Single Audit Act and OMB Circular A-133? If the organization during the tax year, explain the tax year, explain the tax year, explain the tax year, explain the tax year, explain the tax year, explain the tax year, explain the tax year, explain the tax year, explain the tax year, explain the tax year, e		Separate basis Consolidated basis Both consolidated and separate basis			l
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 c 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?		separate basis, consolidated basis, or both:			
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required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b			38	·]	
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
		required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3t		

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Form **990** (2015)

Dublic Charity Statuc and Dublic Support						OMB No 1545-0047			
(Form 990 or 990-EZ)	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						2015		
Department of the Treasury	► Attach to Form 990 or Form 990-EZ. Open to P								
Internal Revenue Service Name of the organization									
NRA Freedom Action Found	ation					26-127			
			ganizations must co						
The organization is not a priv		•	. .						
			f churches described in			A)(I).			
			ach Schedule E (Form ation described in sec			、			
			nction with a hospital d	-		-	ter the		
hospital's name, cit	-	•	icition with a hospital u	escribed i	Section				
5 An organization op section 170(b)(1)(e or university owned o	or operate	d by a gov	vernmental unit desc	ribed in		
6 🗌 A federal, state, or	local govern	ment or governmen	tal unit described in se	ction 170	(b)(1)(A)(v) .			
		eceives a substantia (A)(vi). (Complete F	al part of its support fro Part II.)	m a gover	nmental u	init or from the gene	ral public		
8 A community trust	described in	section 170(b)(1)(/	A)(vi). (Complete Part	11)					
receipts from activi support from gross	ties related to investment	to its exempt function income and unrelated	an 33 1/3% of its supp ins—subject to certain ed business taxable in See section 509(a)(2).	exception come (les	s, and (2) s section 5	no more than 33 1/3 511 tax) from busine	3% of its		
10 An organization org	anized and	operated exclusivel	y to test for public safe	ety See se	ection 509	0(a)(4).			
of one or more pub	licly support	ted organizations de	y for the benefit of, to p escribed in section 509 bes the type of support	(a)(1) or s	section 50)9(a)(2). See section	n 509(a)(3).		
the supported o	rganization(ervised, or controlled t larly appoint or elect a tions A and B.						
b Type II. A support control or mana	rting organi gement of th	zation supervised of	r controlled in connecti ization vested in the sa						
		•	organization operated i	n connect	ion with, a	ind functionally integ	rated with,		
			You must complete F						
that is not functi	onally integr	rated The organizat	ting organization opera ion generally must sati plete Part IV, Sections	sfy a distr	ibution red	quirement and an att			
e 🗌 Check this box i	f the organiz	zation received a wr	itten determination from	n the IRS	that it is a		e III		
functionally inte f Enter the number o	• •		illy integrated supportir	ng organiz	ation		. 0		
		n about the support			• •				
(i) Name of supported organ		(ii) EIN	(III) Type of organization (described on lines 1–9 above (see instructions))	listed in you	organization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
(A)			·	Tes					
(B)									
(C)									
(D)									
(E)				İ					
Total	<u></u>					0	0		

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

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Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 NRA Freedom Action Foundation

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Part'll 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.)

	tion A. Public Support	r		r			
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,932,108	2,100,026	439,805	1,134,568	1,198,165	6,804,672
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf	0	0	0	0		0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0		
4	Total. Add lines 1 through 3	1,932,108	2,100,026	439,805	1,134,568	1,198,165	6,804,672
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%						
	of the amount shown on line 11,						
	column (f)						3,259,004
6							3,545,668
	tion B. Total Support	·					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,932,108	2,100,026	439,805	1,134,568	1,198,165	6,804,672
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	268	6,418	16,667	11,077	4,028	38,458
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10						6,843,130
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	0
13	First five years. If the Form 990 is for the or	ganization's first, s	econd, third, fourth	n, or fifth tax year a	is a section 501(c)	(3)	
	organization, check this box and stop here .						· ·▶
Sec	ction C. Computation of Public Sup	oport Percenta	ige				
14	Public support percentage for 2015 (line 6, or			f))		14	51.81%
15	Public support percentage from 2014 Schedu	ule A, Part II, line 1	4			15	58.14%
16a	33 1/3% support test-2015. If the organization	ation did not check	the box on line 13	, and line 14 is 33	1/3% or more.		
	and stop here. The organization qualifies as				• • • • • • • •		⊳ 🗙
b	33 1/3% support test-2014. If the organization	ation did not check	a box on line 13 o	r 16a, and line 15 i	is 33 1/3% or more	e, check this	
	box and stop here. The organization qualifie						
17a	10%-facts-and-circumstances test-2015						
	is 10% or more, and if the organization meets	•					
	Part VI how the organization meets the "facts						
	organization				• • • • • •		· · · · •
b	10%-facts-and-circumstances test-2014	. If the organization	n did not check a b	ox on line 13, 16a,	, 16b, or 17a, and I	ine	
	15 is 10% or more, and if the organization me				•	xplain in	
	Part VI how the organization meets the "facts		es" test The organ	zation qualifies as	a publicly		. –
	supported organization				· · · · · · ·		· · · · •
18	Private foundation. If the organization did n	ot check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		
	Instructions		<u> </u>	<u></u> .			>

Schedule A (Form 990 or 990-EZ) 2015

Page 2

26-1277941

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Schee	lule A (Form 990 or 990-EZ) 2015 NRA Freedo	om Action Found	ation			26-1277	7941 Page 3
Par	telli Support Schedule for Organ	nizations Desc	cribed in Sect	ion 509(a)(2)			
	(Complete only if you checked				tion failed to qu	alify under P	Part II.
	If the organization fails to qua					•	
Sec	tion A. Public Support						
_	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees	(-)	(1) = 0 + 2			(0) = 0 10	
•	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						
2	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	The value of services or facilities			1			
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	***	0 0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						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
C	Add lines 7a and 7b	0	0	0	0		0 0
8	Public support (Subtract line 7c from						
	line 6.)						0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	0	0	0	0		0 0
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources .						0
b	Unrelated business taxable income (less						
	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 carried on .						0
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	0	0	o	0		0 0
14	First five years. If the Form 990 is for the or	anization's first. s	econd. third. fourth	, or fifth tax year a		3)	
	organization, check this box and stop here	-		•			
Sec	tion C. Computation of Public Sup						
<u>15</u>	Public support percentage for 2015 (line 8, co			_ີ		15	0.00%
16	Public support percentage for 2014 Schedu	•••	•			16	0.00%
_	tion D. Computation of Investmen			<u>· · · · · </u> · ·	··		0.0070
17	Investment income percentage for 2015 (line					17	0.00%
18	Investment income percentage for 2013 (inte Investment income percentage from 2014 Sc					18	0.00%
	33 1/3% support tests—2015. If the organiz						
	not more than 33 1/3%, check this box and st						>
b	33 1/3% support tests-2014. If the organiz	-			-		
	line 18 is not more than 33 1/3%, check this t						▶[

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

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	or 990-EZ) 2015 NRA Freedom Action Foundation 26-1 porting Organizations	277941		Page
	mplete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete	- Soctio		
	B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete			·
	tions A, D, and E. If you checked 11d of Part I, complete Sections A and C. If you checked 11c of Part I, to			
	Supporting Organizations	rait v.)		
			Yes	N
h	ne organization's supported organizations listed by name in the organization's governing			
	? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	rpose, describe the designation. If historic and continuing relationship, explain	1	1	
	anization have any supported organization that does not have an IRS determination of status			
	ion 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		1	
	on was described in section 509(a)(1) or (2).	2		
3	anization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	below	3a		1
	anization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			1
	e public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	on made the determination.	3b		
	anization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	es? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	L	
	upported organization not organized in the United States ("foreign supported organization")? If			_
	If you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
	anization have ultimate control and discretion in deciding whether to make grants to the foreign			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	ing controlled or supervised by or in connection with its supported organizations.	4b		
	anization support any foreign supported organization that does not have an IRS determination			Γ
	ions 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
ti	hat all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
		4c		
9	anization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
)	and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
)1	f the supported organizations added, substituted, or removed; (ii) the reasons for each such action,			
ł	hority under the organization's organizing document authorizing such action; and (iv) how the action			
n	nplished (such as by amendment to the organizing document).	5a		
T	Type II only. Was any added or substituted supported organization part of a class already		Γ.	
d	I in the organization's organizing document?	5b		
(ons only. Was the substitution the result of an event beyond the organization's control?	5c	<u> </u>	
9	panization provide support (whether in the form of grants or the provision of services or facilities) to		T	
h	ner than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
n	nore of its supported organizations, or (iii) other supporting organizations that also support or			
e	e or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
g	panization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
I	section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
3	a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
9	panization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
2	omplete Part I of Schedule L (Form 990 or 990-EZ).	8		
r	ganization controlled directly or indirectly at any time during the tax year by one or more			
С	d persons as defined in section 4946 (other than foundation managers and organizations described			
	509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		\downarrow
•	more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		1	
	ting organization had an interest? If "Yes," provide detail in Part VI.	9b		\bot
ι	ualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	ts in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
r	rganization subject to the excess business holdings rules of section 4943 because of section			Γ
	garding certain Type II supporting organizations, and all Type III non-functionally integrated			
J	organizations)? If "Yes," answer 10b below.	10a		
g	ganization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	whether the organization had excess business holdings.)	10b		

		IRA Freedom Action Foundation	26-1277941	P	Page 5
Part	V Supporting Organia	zations (continued)			
11	Has the organization and the	to aift or contribution from any of the following according		Yes	No
		d a gift or contribution from any of the following persons? ectly controls, either alone or together with persons described in (b) and	(c)		
u	below, the governing body of		(C) 11a		
b	A family member of a person		110	<u></u>	
C		erson described in (a) or (b) above? If "Yes" to a, b, or c, provide detail i			
Secti	on B. Type I Supporting (.	<i>۴</i> ــــــ
				Yes	No
1	Did the directors, trustees, or	membership of one or more supported organizations have the power to			
		ast a majority of the organization's directors or trustees at all times duri	•		
		Part VI how the supported organization(s) effectively operated, supervis	ed, or		
	_	ctivities. If the organization had more than one supported organization,			
		opoint and/or remove directors or trustees were allocated among the su			
2		nons or restrictions, if any, applied to such powers during the tax year.	1		┢───
2		or the benefit of any supported organization other than the supported	m Dant		
		supervised, or controlled the supporting organization? If "Yes," explain			
	supervised, or controlled the	carried out the purposes of the supported organization(s) that operated	2		
Secti	on C. Type II Supporting				1
	on o. type it supporting			Yes	No
1	Were a majority of the organiz	ation's directors or trustees during the tax year also a majority of the di	rectors	1.00	
		inization's supported organization(s)? If "No," describe in Part VI how o			
	-	ting organization was vested in the same persons that controlled or ma			
	the supported organization(s)		1		
Secti	on D. All Type III Support	ing Organizations			
			·	Yes	No
1		o each of its supported organizations, by the last day of the fifth month			
		ritten notice describing the type and amount of support provided during			
		90 that was most recently filed as of the date of notification, and (III) cop			
•		ments in effect on the date of notification, to the extent not previously p			┣──
2		s officers, directors, or trustees either (i) appointed or elected by the sur	•		
		on the governing body of a supported organization? If "No," explain in F		-	·
3		close and continuous working relationship with the supported organiza	tion(s).	-	
3		described in (2), did the organization's supported organizations have a ation's investment policies and in directing the use of the organization's			
	_	Juring the tax year? If "Yes," describe in Part VI the role the organizations			
	supported organizations playe		3	-	
Secti		/-Integrated Supporting Organizations	`		L
1		thod that the organization used to satisfy the Integral Part Test during the	e vear (see instruction	15).	
a		the Activities Test. Complete line 2 below.		,	
b		rent of each of its supported organizations. Complete line 3 below.			
	<u> </u>	-	mmont ontitu (ooo instru	-	
С	The organization supporte	d a governmental entity. Describe in Part VI how you supported a gover	nment entity (see instru	ctions)
2	Activities Test. Answer (a) ar			Yes	No
а		anization's activities during the tax year directly further the exempt purp			
		to which the organization was responsive? If "Yes," then in Part VI ide	•		
		ons and explain how these activities directly furthered their exempt pu	•		
		ponsive to those supported organizations, and how the organization de			
L		d substantially all of its activities.	<u>2a</u>	+	╂───
b		(a) constitute activities that, but for the organization's involvement, one			1
		d organization(s) would have been engaged in? If "Yes," explain in Par			
	activities but for the organizations	position that its supported organization(s) would have engaged in thes	e 2b	-	
3	_	itions Answer (a) and (b) below.	20	-	
а		power to regularly appoint or elect a majority of the officers, directors, d	or III		
	-	ted organizations? Provide details in Part VI.	3a	1	
b		a substantial degree of direction over the policies, programs, and activi			1
		? If "Yes," describe in Part VI the role played by the organization in this		Ĺ	

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Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 NRA Freedom Action Foundation

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Schedule A (Form 990 or 990-EZ) 2015 NRA Freedom Action Foundation			277941	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C				
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	-		tructions. All	1
other Type III non-functionally integrated supporting organizations must co	mplete :	Sections A through E.		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3	4	0		0
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0		0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1 Aggregate fair market value of all non-exempt-use assets (see	T		<u>`</u>	
instructions for short tax year or assets held for part of year).				
a Average monthly value of securities	1a			
b Average monthly cash balances	16		÷	-
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d	0		0
e Discount claimed for blockage or other	1			
factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d	3	0		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see instructions)	4	0		C
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0		(
6 Multiply line 5 by .035	6	0		0
7 Recoveries of prior-year distributions	7	0	÷	(
8 Minimum Asset Amount (add line 7 to line 6)	8	0		(
Section C - Distributable Amount			Current `	Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)				C
2 Enter 85% of line 1	2		·	C
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			0
4 Enter greater of line 2 or line 3	4			C
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions)	6			C
7 Check here if the current year is the organization's first as a non-functiona		rated Type III supporting of	organization	
	,	21 · · · · · · · · · · · · · · · · · · ·	J	•
instructions)		rated Type III supporting (,566

Schedule A (Form 990 or 990-EZ) 2015

	A (Form 990 or 990-EZ) 2015 NRA Freedom Action Foundation			6-1277941 Pag	ge 7
Part		3) Supporting Organ	izations (continued)	I	
	on D - Distributions	····		Current Year	
	Amounts paid to supported organizations to accomplish ex				
`2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported	d		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	ations		
	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which	the organization is respo	nsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2015 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount			0.0	00
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015	5
1	Distributable amount for 2015 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2015				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2015:				
а					
b					
с					_
d	From 2013	0			_
e		0		· · · · · · · · · · · · · · · · · · ·	
f	Total of lines 3a through e	C	· · · · · · · · · · · · · · · · · · ·		
	Applied to underdistributions of prior years	~	0		
	Applied to 2015 distributable amount				
	Carryover from 2010 not applied (see instructions)				
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		· · · · · · · · · · · · · · · · · · ·		
4	Distributions for 2015 from Section				
-		o			
	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·	0	· · · · · · · · · · · · · · · · · · ·	
	Applied to 2015 distributions of phot years		<u> </u>		
 C					
<u> </u>					
5	Remaining underdistributions for years prior to 2015, if				
	any. Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).		0		
6	Remaining underdistributions for 2015. Subtract lines 3h				
	and 4b from line 1 (if amount greater than zero, see				
	instructions)				
7	Excess distributions carryover to 2016. Add lines 3j				
	and 4c)		
8	Breakdown of line 7:				
a	<u> </u>				
b					
<u> </u>		0			
d	Excess from 2014	0			
е	Excess from 2015	0			_

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Fo Part VI	orm 990 or 990-EZ) 2015NRA Freedom Action FoundationSupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a orIII, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV,B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V,	Section 1c, 2a, 2b,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	

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SCH	EDULE D			-		OMB No 1545-0047	
'(For	rm 990) Supplemental Financial Statements 201						
	Part IV line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11a, 11f, 12a, or 12b						
	nent of the Treasury		Attach to Form 990.			Open to Public Inspection	
	Revenue Service of the organization		e D (Form 990) and its instruc	ctions is at www.irs		1000.	
	Freedom Actio					26-1277941	
Par		izations Maintaining Don	or Advised Funds or Ot	her Similar Fun	ds or Ac		
		ete if the organization answ					
•			(a) Donor advised fur	nds	(b) Fi	unds and other accounts	
1		at end of year				<u> </u>	
2 3		of contributions to (during year) e of grants from (during year)					
4		ue at end of year	.=				
5		ization inform all donors and do	onor advisors in writing that th	ne assets held in de	onor advis	ed	
	funds are the	organization's property, subject	t to the organization's exclusi	ve legal control?.		🗌 Yes 🗌 No	
6	-	zation inform all grantees, don					
	-	charitable purposes and not for			-		
Par		erring impermissible private ber	nefit?			Yes No	
Fal		ete if the organization answ	vered "Yes" on Form 990	Part IV line 7			
1		conservation easements held I			- ·- ·-·		
		on of land for public use (e.g , reci		- · · · ·	a historica	ally important land area	
	—	n of natural habitat		Preservation of	a certified	historic structure	
	\equiv	tion of open space					
2		s 2a through 2d if the organization	tion held a qualified conserva	ation contribution in	h the form	of a conservation	
		the last day of the tax year.	·		· ·	Held at the End of the Tax Year	
а	Total number	of conservation easements			. 2a		
b	-	restricted by conservation ease			<u>2b</u>		
C L		nservation easements on a cer			2c	· · · · · · · · · · · · · · · · · · ·	
d		nservation easements included ure listed in the National Regist			2d		
3		nservation easements modified				e organization during	
	the tax year		, , . , .	0	,		
4	Number of sta	ates where property subject to a	conservation easement is loc	ated 🕨			
5		inization have a written policy r			-		
~		enforcement of the conservat					
6	Statt and volun	teer hours devoted to monitoring,	inspecting, nandling of violation	s, and enforcing con	iservation e	easements during the year	
7		enses incurred in monitoring, inspe	ecting, handling of violations, an	d enforcina conserv	ation easer	ments during the year	
	▶ \$;;;,;;;,;	,			
8		nservation easement reported					
-		70(h)(4)(B)(ii)?					
9		escribe how the organization re t, and include, if applicable, the					
		on's accounting for conservation		ganization's manc	ad Statem	ents that describes	
Par		izations Maintaining Coll		I Treasures, or	Other Si	imilar Assets.	
		ete if the organization answ					
1a	If the organiza	ation elected, as permitted unde	er SFAS 116 (ASC 958), not	to report in its reve	enue statei	ment and balance sheet	
	-	nistorical treasures, or other sin	• •	•			
_	•	ce, provide, in Part XIII, the tex					
b	-	ation elected, as permitted unde	-				
		nistorical treasures, or other sin ce, provide the following amou	-	nibilion, education	, or resear	ch in furtherance	
		ncluded on Form 990, Part VIII	-			▶ \$	
	• •	luded in Form 990, Part X					
2		ation received or held works of				al gain, provide the	
		unts required to be reported ur					
a		uded on Form 990, Part VIII, lin					
<u>b</u>	Assets includ	ed in Form 990, Part X .	. <u></u> <u></u>			► <u>\$</u>	

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

Sched	Ile D (Form 990) 2015 NRA Freedom Action Fo	undation						7941	F	- _{age} 2
Part	III Organizations Maintaining Col	lections of Art,	Histor	ical Tr	easures, or	Othe	r Similar Asse	ets (con	tinued	3)
3	Using the organization's acquisition, access									
	collection items (check all that apply)									
а`	Public exhibition	d			or exchange p	orogram	าร			
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's c XIII.	collections and exp	olain hov	v they fu	rther the orga	inizatio	n's exempt purp	ose in Pa	art	
5	During the year, did the organization solicit assets to be sold to raise funds rather than							Ye	es 🗌	No
Part	IV Escrow and Custodial Arrange	ements.	-							
	Complete if the organization ans 990, Part X, line 21.	wered "Yes" on	Form 9	90, Pa	rt IV, line 9,	or rep	orted an amou	nt on Fe	orm	
1a	Is the organization an agent, trustee, custoo	lian or other interr	nediary	for contr	ibutions or ot	her ass	ets not			
-	included on Form 990, Part X? .		•••			• •		∐ Ye	es 🔄	No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e followi	ng table:						
_								Amount		
C L	Beginning balance		• • •	• • •	• • • •	10				0
d	Additions during the year			•••	• •	1d				
e ¢	Distributions during the year		•••			1e			_	0
	•		•••					<u> </u>		
2a	Did the organization include an amount on I						-	L Ye	s 厂	No
b	If "Yes," explain the arrangement in Part XII	Check here if th	e explar	hation ha	as been provid	ded on	Part XIII	• •		<u> </u>
Part										
	Complete if the organization ans	wered "Yes" on	Form 9	<u>90, Pa</u>						
) Current year	(b) Prior	year	(c) Two years		(d) Three years bac	(e) Fo	our years	back
1a	Beginning of year balance	0		0		0		0		0
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	0		0		0		0		0
2	Provide the estimated percentage of the cu	rrent year end bal	•	ie 1g, co	olumn (a)) helo	d as:				
a	Board designated or quasi-endowment	•	%							
b	Permanent endowment	<u>%</u>								
С	Temporarily restricted endowment	<u>%</u>								
0-	The percentages on lines 2a, 2b, and 2c sh			4	المعاط مسط مطب		معاقمه فاسم			
3a	Are there endowment funds not in the poss	ession of the orga	nization	that are	neid and adr	ninister	red for the		Vee	No
	organization by:							20(1)	Yes	No
	(i) unrelated organizations					•		3a(i)		
ь	(ii) related organizations . If "Yes" on line 3a(ii), are the related organization of the second sec			on Soho	 dulo P2			3a(ii) 3b		
b A	Describe in Part XIII the intended uses of th		•			·		_ 50		
Part			nuowing		<u>. </u>					
r ai u	Complete if the organization ans		Form 9	90 Pa	rt IV line 11	a See	Form 990 Pa	art X lin	e 10	
	Description of property	(a) Cost or other t			st or other		Accumulated		ook valu	
	Description or property	(investment)		• •	s (other)		lepreciation	(u) D		~
1a	Land	1			0					0
b	Buildings		0		0		0			0
c	Leasehold improvements		0		0		0			0
d	Equipment		0		0		0			0
e	Other		0		0		0			0
Total	Add lines 1a through 1e. (Column (d) must	equal Form 990, I	Part X, c	olumn (l	B), line 10c.) .		►			0

.

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A)		
<u>(B)</u>		
(C)		
(D)		
<u>(E)</u>		
(F)		
(G)		
(H)		
Total (Column (b) must equal Form 990, Part X, col. (8) line 12.)	0	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value		
(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 answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.).	•

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1) Fede) Federal income taxes		
(2) Annu	ities payable	38,30	
(3)			
(4)			
(5)			
_(6)			
_(7)			
(8)			
(9)			
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25)	▶ 38.303	

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

Schedu	le D (Form 990) 2015 NRA Freedom Action Foundation	26-1277941	Page 4
Part	Xi Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,151,456
2`	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-50,737
3	Subtract line 2e from line 1	3	1,202,193
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b.	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,202,193
Part		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	98,521
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	1 1	
c	Other losses		
ď	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d.	2e	0
3	Subtract line 2e from line 1	3	98,521
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		30,021
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.).	1	
c	Add lines 4a and 4b.	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	98,521
Part			90,521
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pai t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa		(X, line
	Line 2 This response provides the text of the footnote to the organization's		
_			
financ	ial statements in accordance with FASB ASC 740. Management evaluated the Freedom		
Action	Foundation's tax positions and concluded that the Freedom Action Foundation had		
taken	no uncertain positions that require adjustment to the financial statements to comply		
with t	ne provisions of this guidance Generally, the Freedom Action Foundation is no		
longe	r subject to income tax examinations by the U.S. federal, state, or local tax		
autho	nties for years before 2012.		

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Schedule D (Form		26-1277941	Page 5
Part XIII	Supplemental Information (continued)		
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SCH	EDULE J	Comm	anastian Information	1	OMB No	1545-0	047
	n 990)		ensation Information Directors, Trustees, Key Employees, and Hi	rheet			
	•		Compensated Employees	_)1	J
Dortart	ment of the Treasury	Complete if the organization	ation answered "Yes" on Form 990, Part Ⅳ ▶ Attach to Form 990.	, line 23.	Open	to Pu	blic
Interna	I Revenue Service	Information about Schedule J	(Form 990) and its instructions is at www.ii	rs.gov/form990.		ectio	
	of the organization			Employer identification			
	Freedom Action			<u>26-1</u> 2	277941		
Par	Questio	ons Regarding Compensation				Yes	No
1a			provided any of the following to or for a per to provide any relevant information regard				
		or charter travel	Housing allowance or residence fo	-			
	Travel for co	ompanions	Payments for business use of pers	•			
	Tax indemn	fication and gross-up payments	Health or social club dues or initiat	ion fees			
		y spending account	Personal services (e.g., maid, cha	uffeur, chef)			
				-			
b	or reimburseme	ent or provision of all of the expense	organization follow a written policy regard es described above? If "No," complete Par				
	explain		· · · · · · · · · · · · · · · · · · ·		<u>1b</u>		
2			reimbursing or allowing expenses incurren /Executive Director, regarding the items ch				
			Executive Director, regarding the items of		2		
3	organization's (CEO/Executive Director. Check all t	anization used to establish the compensat hat apply. Do not check any boxes for met	hods used by a			
	<u> </u>	•	he CEO/Executive Director, but explain in	Part III.			
		ion committee	Written employment contract				,
	=	t compensation consultant	Compensation survey or study				
	Form 990 of	f other organizations	Approval by the board or compens	ation committee			
4		r, did any person listed on Form 990 a related organization), Part VII, Section A, line 1a, with respect	to the filing			
а	Receive a seve	erance payment or change-of-contro			4a		X
b			ental nonqualified retirement plan?		4b	<u>x</u>	
С	• •		based compensation arrangement? rovide the applicable amounts for each ite	m in Part III.	<u>4c</u>		X
5			organizations must complete lines 5–9 A, line 1a, did the organization pay or accr				
-		contingent on the revenues of:					
а					<u>5a</u>		X X
b		anization?			5b		X
6	•		A, line 1a, did the organization pay or accr	ue any			
а	The organization	contingent on the net earnings of:			6a		x
b			· · · · · · · · · · · · · · · · · · ·		6b		x
		6a or 6b, describe in Part III					
7	For persons list	ted on Form 990, Part VII, Section	A, line 1a, did the organization provide any	non-fixed			-
_	payments not o	lescribed on lines 5 and 6? If "Yes,"	describe in Part III		7	<u> </u>	x
8			l, paid or accrued pursuant to a contract th n Regulations section 53.4958-4(a)(3)? If '				
	in Part III	•			8		x
		· · · · ·	· · · · · · · · · · · · · · · · · · ·		ļ	<u> </u>	
9			ne rebuttable presumption procedure desc			l	
	Regulations se	ction 53.4958-6(c)?	<u></u>	<u> </u>	9		

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Schedule J (Form 990) 2015 NRA Freedom Action Foundation

26-1277941 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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							
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iil) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
Chris W Cox	(i)						0		
1 President, Chair of Board	(ii)	653,101	85,000	607,306	52,165	53,270	1,450,842	178,548	
Wilson H. Phillips Jr.	(i)						0		
2 Treasurer, Director	(ii)	423,048	94,265	31,956	19,610	22,328	591,207		
David Lehman	(i)						0		
3 Director	<u>(ii)</u>	339,600	50,000	11,570	19,610	3,411	424,191		
Mary Rose Adkins	(i)						0		
4 Director	(ii)	240,485	20,000	7,524	18,801	37,560	324,370		
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)					_			
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015 NRA Freedom Action Foundation	26-1277941	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 P for any additional information.	art II. Also complete	e this part
Part I Line 4b This response provides explanation and context for the 457(b) and 457(f) plans. The related organization has an		
executive 457(b) deferred compensation retirement plan for the benefit of certain employees. It is employee funded, not employer		
funded, and maintained primarily for the purpose of providing deferred compensation benefits for a select group of management or		
highly compensated employees under Sections 201(2), 301(a)(3), and 401(a)(1) of the Employee Retirement Income Security Act of		
1974. The related organization also has a nonqualified 457(f) supplemental income retirement plan for the benefit of certain		
executives. The related organization decides the benefit amount and timeframe for vesting of each participant. Service costs		
included in deferred compensation are actuarially determined under FASB ASC 715 The 457(f) plan is designed to supplement the		
current tax qualified defined benefit pension plan where current limitations on benefits and employer contributions may be		
inadequate, and an employer-sponsored supplemental income plan can best provide these select employees with the appropriate amount		
of income continuation in the specific desired circumstances. During 2015, Chris W. Cox vested in the related organization's		
457(f) plan participation after reaching a scheduled milestone and received a taxable payout of \$585,298. Mr. Cox's payment was		
his first payment from the related organization's 457(f) deferred compensation plan, and it occurred after 20 years of continuous		
service to the related organization. The taxable 457(f) payout has been properly included as taxable compensation and reported in		
Schedule J, Part II, Column B(iii), and in Form 990, Part VII, Column D.		
Part II Line 3 The 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 All decisions are properly documented.		
Part II Column B(III) Other reportable compensation in taxable wages includes 457(b), fringe auto, group life insurance benefits,		
and 457(f) payout if applicable. Column C represents benefits that will not be paid until the future and includes the employer	Schedule J (Fo	000) 0045

Schedule J (Form 990) 2015

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Schedule J (Form 990) 2015 NRA Freedom Action Foundation	26-1277941	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 Par for any additional information.	II. Also complete ti	his part
paid portions of the NRA defined benefit pension plan, 401(k) plan, and 457(f) plan if applicable. All NRA affiliates take a full		
transparency posture for executive compensation paid by the related organization.		

Schedule J (Form 990) 2015

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SCHEDULE O (Form 990 or 990-EZ)

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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

Department of the Treasury internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.	gov/form990.	Inspection
Name of the organization		Employer identif	ication number
NRA Freedom Action F	Foundation	26-1277941	
Form 990, Part I, Line	1: Disclosure for clarity and transparency of the NRA complete		
corporate structure. Th	e NRA is a 501(c)(4) membership association with four 501(c)(3) public		
charities and a Section	527 political action committee, which is a separate segregated fund		
The four charities affilia	ated with the NRA are NRA Civil Rights Defense Fund, NRA Foundation		
Inc, NRA Freedom Act	ion Foundation, and NRA Special Contribution Fund DBA Whittington Center	ər	
The political action cor	nmittee is the NRA Political Victory Fund. See Schedule R, Part II		
Form 990, Part I, Line	6 Pursuant to IRS instructions, the number of volunteers listed in		
Part I line 6 is based o	n the uncompensated volunteer service by members of the organization's		
board. Although four of	f the five board members are compensated by a related organization, none		
of that compensation r	elates to the volunteer aspects of the organization's board service.		
Form 990, Part VI, Sec	tion A, Line 1b: Minimal independence on the Freedom Action Foundation		
board is due to charita	ble board service by four employees of a related organization.		
Form 990, Part VI, Sec	tion B, Line 11b Form 990 is reviewed by the officers, reviewed by the		
external auditing firm,	and made available to the board before it is filed with the IRS.		
Form 990, Part VI, Sec	tion B, Line 12c: The organization takes conflicts of interest very		
seriously and utilizes a	statement of corporate ethics and conflict of interest policy. To		
monitor and enforce co	prporate policies, annual filings must be provided to the NRA Office of		
the Secretary and Gen	eral Counsel and reviewed regularly and consistently.		
Form 990, Part VI, Sec	tion B, Line 15: This organization relied on the processes of a related		
organization to establis	sh compensation of top management officials, and such processes		
utilized a compensatio	n committee, independent compensation consultants, compensation survey	ys	
and studies, comparat	ulity data, and ultimate approval by the board or compensation committee.		
All decisions are prope	rly documented		
Form 990, Part VI, Sec	ction C, Line 19 [.] Governing documents, audited financial statements, and		
annual reports are ava	ilable upon request for the same period of disclosure as set forth in		

section 6104(d). The NRA does not make internal operating policies available to the general

	Schedule O (Form 990 or 990-EZ) (2015)	Page 2
•	Name of the organization	Employer identification number
	NRA Freedom Action Foundation	26-1277941
	public.	
	••••••	
	·····	

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

SCHEDULE R

(Form 990)

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

Name of the organization

NRA Freedom Action Foundation

(3) NRA SPECIAL CONTRIBUTION FUND 23-7367534

(4) NRA CIVIL RIGHTS DEFENSE FUND 52-1136665

11250 WAPLES MILL RD FAIRFAX, VA 22030-7400

PO BOX 700 RATON, NM 87740

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

(a) Name, address, and EIN (if applicable) of disregarded entity			b) y activity		(c) domicile (state eign country)	То	(d) Ital income	End⊣	(e) of-year assets	Dire	(f) ct contro entity	lling
(1)												
(2)												
(3)												
(4)												
(5)												
(6)										·		
Part II Identification of Related Tax-Exempt Organi one or more related tax-exempt organizations of			e organizati	on an	swered "Yes	s" on	Form 990, F	Part I\	/, line 34 be	cause	it had	1
(a) Name, address, and EIN of related organization	(b) y activity	(c) Legal domicile or foreign cou			(e) Section Public charity state (if section 501(c)(3					(g Section 5 ⁻¹ contro entit	12(b)(13) blied
											Yes	No
(1) NATIONAL RIFLE ASSOCIATION OF AMERICA 53-0116130 ME		HIP										
11250 WAPLES MILL RD FAIRFAX, VA 22030-7400			NY		501(c)(4)				N/A			X
(2) NRA FOUNDATION INC 52-1710886	CHARITAB	LE									Ì	
11250 WAPLES MILL RD FAIRFAX, VA 22030-7400			DC		501(c)(3)		LINE 7		NRA	[Х

NM

VA

501(c)(3)

501(c)(3)

LINE 7

LINE 7

NRA

NRA

NRA

CHARITABLE

CHARITABLE

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OMB No 1545-0047

Open to Public

Inspection

15

20

Employer identification number

26-1277941

HTA

Schedule R (Form 990) 2015

NRA Freedom Action Foundation

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) iortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
							Yes	No		Yes	No	
<u>(1)</u>												
(2)												
(3)												
(4)												
(5)												
<u>(6)</u>												
.(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(9)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		12(b)(13) rolled
								Yes	No
(2)									
(3)			-		.				
(4)					- .				
(5)				•					
(6)							_		
(7)									

Schedule R (Form 990) 2015

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (I) interest, (II) annuites, (III) royalties, or (Iv) rent from a controlled entity. b Gift, grant, or capital contribution to related organization(s). c Git, grant, or capital contribution from related organization(s). d Loans or loan guarantees to or for related organization(s). e Loans or loan guarantees by related organization(s). f Dividends from related organization(s). g Sale of assets to related organization(s). f Dividends from related organization(s). f Dividends from related organization(s). g Sale of assets to related organization(s). f Hurchase of assets with related organization(s). i Exchange of assets from related organization(s). j Lease of facilities, equipment, or other assets from related organization(s). i Performance of services or membership or fundraising solicitations by related organization(s). n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). n Sharing of paid employees with related organization(s). n Sharing of paid	Schedule	R (Form 990) 2015 NRA Freedom Action Foundation	26-127794	1	Page
1 During the tax year, did the organization engage in any of the following transactors with one or more related organizations listed in Parts II-IV? Image: Constraint of the organization is the following transactors with one or more related organizations listed in Parts II-IV? Image: Constraint or capital contribution to related organization(s). Image: Constraint or capital control of constraint or capital control of constraint or capital control of constraint or capital control of constraint or capital control of constraint or capital control of constraint or capital control of constraint or capital control of constraint or capital control of constraint or capital control of constraint or capital control of constraint or capital control of constraint or capital control of constraint or capital control of constraint or capital control of constraint or capital control of constraint or capital control of constraints or capital control of constraints or capital control of constraints or capital control or capital control of constraints or capital control of constraints or capital control or capital control of constraints or capital control of constraints or capital control of constraints or capital control of constraints or capital control of constraints or capital control of constraints or capital control of constraints or capital control of constraints or capital constrelated corganization(s). Image: Constra	Part	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or	36.		
a Receipt of (i) interest, (iii) anuites, (iii) royalies, or (iv) rent from a controlled entity. 1a b Git, grant, or capital contribution to related organization(s). 1b c Gits, grant, or capital contribution from telated organization(s). 1c c Loans or loan guarantees to or for related organization(s). 1d c Loans or loan guarantees by related organization(s). 1d f Dividends from related organization(s). 1f g Sale of assets to related organization(s). 1f h Purchase of assets from related organization(s). 1f i Exchange of facilities, equipment, or other assets to related organization(s). 1f j Lease of facilities, equipment, or other assets to related organization(s). 1k n Performance of services or membershop or fundraising solicitations for related organization(s). 1f m Performance of services or membershop or fundraising solicitations by related organization(s). 1f n Sharing of facilities, equipment, and fundiasing solicitations by related organization(s). 1f n Sharing of facilities, equipment, and fundiasing solicitations for related organization(s). 1f n Sharing of facilities, equipment, and fundiasing solicitations for related organization(s). 1f n Sharing of facilities, equipment, and fundiasing solicitations by related organization(s). 1f <th>Note</th> <th>. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.</th> <th></th> <th>Yes</th> <th>No</th>	Note	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
b Gift, grant, or capital contribution form related organization(s). 1b c Gift, grant, or capital contribution from related organization(s). 1c d Loans or loan guarantees to or for related organization(s). 1c d Loans or loan guarantees to or for related organization(s). 1c f Dividends from related organization(s). 1f g Sale of assets for related organization(s). 1f h Loans or loan guarantees to arrest or related organization(s). 1f g Sale of assets form related organization(s). 1f h Purchase of assets form related organization(s). 1f j Lease of facilities, equipment, or other assets to related organization(s). 1f k Lease of facilities, equipment, or other assets from related organization(s). 1f k Lease of facilities, equipment, maing inglistications for related organization(s). 1f n Sharing of facilities, equipment, maing inglistications for related organization(s). 1fn s Name of facilities, equipment, maing inglistications for related organization(s). 1fn x Name of facilities, equipment, maing inglistications for related organization(s). 1fn	1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
c Gill grant, or capital contribution from related organization(s). 1	а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
c Gift, grant, or capital contribution from related organization(s). 1c Xit d Loans or loan guarantees to related organization(s). 1c Xit f Dividends from related organization(s). 1c 1c f Exchange of assets for related organization(s). 1c 1c f Lease of facilities, equipment, or other assets from related organization(s). 1c 1c k Lease of facilities, equipment, mailing isolicitations by related organization(s). 1n X n Sharing of paid employees with related organization(s). 1n X 1a X g Sharing of call enployees with related organization(s). 1n X 1a X g Reimbursement paid to related organization(s). 1n X 1a X<	b	Gift, grant, or capital contribution to related organization(s).	. 1b		X
d Loans or loan guarantees to or for related organization(s). 1d 1e e Loans or loan guarantees by related organization(s). 1d 1e f Dividends from related organization(s). 1f 1e g Sale of assets to related organization(s). 1f 1e i Exchange of assets to related organization(s). 1f 1e j Lease of facilities, equipment, or other assets to related organization(s). 1f 1e i Exchange of facilities, equipment, or other assets from related organization(s). 1f 1e k Lease of facilities, equipment, or other assets with related organization(s). 1f 1f 1f i Performance of services or membership or fundraising solicitations by related organization(s). 1f 1f 1f i Shairing of facilities, equipment, mailing lists, or other assets with related organization(s). 1f 1f 1f 1f o Shairing of paid employees with related organization(s). 1f	с			X	
f Dividends from related organization(s). 11 g Sale of assets to related organization(s). 11 h Purchase of assets to related organization(s). 11 i Exchange of assets with related organization(s). 11 i Exchange of assets with related organization(s). 11 i Lease of facilities, equipment, or other assets to related organization(s). 11 i Performance of services or membership or fundraising solications by related organization(s). 11 i Performance of services or membership or fundraising solications by related organization(s). 11 i Performance of services or membership or fundraising solications by related organization(s). 11 i Name of facilities, equipment, mailing lists, or other assets with related organization(s). 11 i Name of related organization(s) 11 11 i Interview 10 X 10 X i Sharing of paid employees with related organization(s) 11 X 10 X i P Reimbursement paid to related organization(s) 11 11 X 10 X i Other	d				X
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4)	······				
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6)	5)				
	6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, section unrelated, excluded 501(c)(3)		Are all partners Share of section total income		(g) Share of end-of-year assets		h) ortionate itions?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	()) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No]
(1)													
(2)													
(3)													
(4)						-							
(5)													+
(6)													
(7)													
(8)					-								
(9)										· · ·			
10)													
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12)													<u> </u>
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15)						· · · · ·							
16)													<u> </u>

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Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instruction)	ions)	
	<u>onsj.</u>	
Part V Line 2 Pursuant to 990 form instructions, although there were transactions noted in		
line 1 of this Part V between related organizations, such transactions were not required to be		
reported since threshold limitations were not exceeded with related organizations requiring		
disclosure. Also, transactions between 501(c)(3) organizations which are not controlled by NRA		
Freedom Action Foundation are generally not required to be listed on this schedule.		

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