2949331411203 8

✓ Form	` <b>u</b>	90	Return o	f Organiza	tion Exen	pt From	Inc	ome T	ax		No 1545-0047
$\langle \rangle$	n J	<i>.</i>	Under section 501	(c), 527, or 4947(a)(1)	) of the Internal Re	- venue Code (ex	cept pri	vate founda		2(	017
		the Treasury		er social security r ww.irs.gov/Form99				•			to Public pection
			endar year, or tax year			, and	ending				
			C Name of organization Doing business as	NRA Freedom Act	ion Foundation			D Emp	loyer identi	fication num	iber
	Address		Number and street (or P O	) box if mail is not delive	ered to street addres	s) Room/suite		26-127	7941		
• []	Name ch	ange	11250 Waples Mill Roa	ıd				E Telep	phone numb	er	
L "	Initial ret		City or town		State VA	ZIP code 22030-74	00	(703) 26	57-1000		
- F	Final return	vterminated	Fairfax Foreign country name	Foreign provir	nce/state/county	Foreign post		-			
4 []	Amende	d return			•			G Gros	s receipts \$		940,63
	Applicati	on pending	F Name and address of princ	cipal officer			H(a) I:	this a group re	etum for subo	rdinates?	Yes X N
			Craig B Spray 11250 V	Naples Mill Rd, Fa	urfax, VA 22030	)	HUB	Are all subord	linates inclu	ded?	Yes N
I T	'ax-exen	pt status	X 501(c)(3) 501(c)	( ) 🗲 (inse	ert no ) 🗌 4947(	a)(1) or 527	93	If "No," attacl	n a list (see	instructions)	
JV	Vebsit	e: 🕨 www	nrafaf org			1	= H(c)	Group exemp	tion number	•	
KF	form of a	rganization	X Corporation Tr	ust Association	Other Þ	L Y	ear of fo	mation 20	M 800	State of legal	domicile V
P	art i	Sum	nmary			ļ,					····
	1	Briefly de	escribe the organization	i's mission or most	t significant activ	ities To	educat	e America	ns with re	espect to the	heir
nce			I rights as citizens, with		sis on the Secor	d Amendmen	to the				
Activities & Governance			ion of the United States								
9 No	2		is box ▶ if the org				d of me	ore than 25		net assets I	
ۍ ه	3		of voting members of th of independent voting n						3		
iles	5		nber of individuals emp	-	÷ • •				5		
tlvii	6		nber of volunteers (esti	•	- · ·				6		
Ac	7a		elated business revenu			2			7a		
	b	Net unrel	ated business taxable i	ncome from Form	990-T, line 34		_		7b		
		Contribut	ince and exerts (Dert )	(III. June 16)	REC	EIVED		Prior Yea		Cur	rent Year
Revenue	8		ions and grants (Part V service revenue (Part V						602,075 0		931,09
Sver	10				4, 100 7d), av	0.0.2019	0 S		3,137		9,53
æ	11		nt income (Part VIII, co enue (Part VIII, columr				S I		0		
	12		nue—add lines 8 through				Ш		605,212		940,63
	13		nd similar amounts paid			<u>JEN, UI</u>			0		
	14 15		paid to or for members other compensation, emp			ines 5-10)			0		
Expenses	16a		nal fundraising fees (Pa						0		
tper	b		draising expenses (Par			9,70	3				
ŵ	17		enses (Part IX, columr						994,035		790,43
	18		enses Add lines 13-17			line 25)			994,035		790,43
sts or Expension	19	Revenue	less expenses Subtrac	ct line 18 from line	12		Regu	-1, nning of Cur	388,823	En/	150,200 d of Year
Not Assets or Fund Balances	20	Total asse	ets (Part X, line 16)				Begi	-	496,850		1,720,94
d Bal	21		lities (Part X, line 26)						110,056	-	101,512
Pun	22		s or fund balances Sul	btract line 21 from	line 20			1,	386,794		1,619,43
Par			ature Block								<u> </u>
			I declare that I have examined , and complete Declaration o							е	
			$\left( \land \right)$					T T	<u> </u>	11/5/201	8
Sigi Her		s s	Signature of officer	· · ·				Da	te		
nen	e		Craig B Spray			Tre	asurer				
			ype or print name and title					ate	·	PTII	
	d	Printer	ype preparer's name		arer's signature	-		ale	Check	ıf	×
Pair		Zack	Fortsch	2	and fearth	~	1	1/5/2018	self-emp		0052725
Paic Prei	parer							Firm's EIN	<u>▶ 41-1</u>	944416	
Prej	parer e Only					:		Phone no	312-6	534-3400	
Prej Use	Only	Firm's	address  One South V					1			
Prej Use	Only	Firm's	address  One South V this return with the pre-					11.0000		X	Yes No
Prej Use May	the IR	Firm's S discuss		parer shown abov	e? (see instructi			D	<u>بح،</u>	X	Yes N

`4

	90 (2017)	NRA Freedom Actio	n Foundation			26	-1277941	Page 2
Pa	<u>rt III</u> `	Statement of Prog						_
	•	Check if Schedule C	contains a respon	se or note to any lin	ne in this Part III.			
1	Briefly d	escribe the organization's	mission.					
	To educa	ate Americans with respe	ct to their individual rig	ghts as citizens, with p	articular			
	emphasi	s on the Second Amendr	nent to the Constitutio	n of the United States	, and in			
		san voter registration and		l hu laur				
2	Did the c	organization undertake ar	y significant program	services during the ye	ear which were not li	sted on		
	the prior	Form 990 or 990-EZ?			<b></b> .		Yes	X No
	If "Yes,"	describe these new servi	ces on Schedule O.					
3	Did the c	organization cease condu	cting, or make signific	ant changes in how it	conducts, any progr	ram		
	services	-					Yes	X No
	lf "Yes,"	describe these changes of	on Schedule O.					
4		the organization's progra		hments for each of its	three largest progra	m services, as	measured by	
		s Section 501(c)(3) and						
		expenses, and revenue,			<b>J</b>		,	
			,,	•				
<b>4</b> a	(Code:	) (Expens	es \$ 736.24	1 including grants of	\$	) (Revenue \$		)
		edom Action Foundation	reaches out to all Am	ericans, without regard	to party affiliation c	) ( · · · · · · · · · · · · · · · · · ·		'
		prientation Through thes						
		all socioeconomic groups				and		
		rtance of voter registratio			Interest on wall			
		e campuses This charit						
		on through online and so						
		ncluding direct mail, ema						
		re nonpartisan Please e						
	NRAFAF							
4b	(Code	) (Expens	es \$	including grants of S	\$	) (Revenue \$	· · ·	)
	<b>、</b>	····· / ····						
		••••••						
		••••••••••••••••						· · · · · · · · · · · · · · ·
4c	(Code <sup>.</sup>	) (Expens	es \$	including grants of S		) (Revenue \$		)
	(	/(=			·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/
								· · · · · · · · · · · · · · · · · · ·
					•••••••••••••••			
					•••••••			
	Other er	ogram services (Describi						
4d	(Expense		0 including grants of	¢	0)(Revenue \$		0.)	
40					o Mirevenue a	,	0)	
_ <u>4e</u>	Total pro	gram service expenses		736,241				

۹

 $\mathbf{O}$ 26-1 277941 Page

om 990 (2017)	NRA Freedom Action	Foundation
---------------	--------------------	------------

ŝ,

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I.	3		<u>x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
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
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-3		
U	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,	<del>ا ت</del>		<u> </u>
'	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,"	μ		<u></u>
-	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV .	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable		7.40	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a		<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>x</u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			<u> </u>
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	x	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>x</u>
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		1	
	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		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			v
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Y
19	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<b>  ''  </b>		<u> </u>
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<u> </u>
	If "Yes," complete Schedule G, Part III.	19		x

Form 990 (2017)

120	1990 (2017) NRA Freedom Action Foundation	<u>26-1277941</u>	P	Page <b>4</b>
Par	Checklist of Required Schedules (continued)		<u> </u>	
		00-	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. <b>20b</b>		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
• •	employees? If "Yes," complete Schedule J.	. 23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24-		
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	· · 24a 24b		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary pende exception?	240		
L.	to defease any tax-exempt bonds?	. 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	· · -	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	· · <b></b>		<u> </u>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	. 25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	. <b>25b</b>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	. 28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	. 200		
-	Schedule L, Part IV	<b>28b</b>		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	. <b>28c</b>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.			Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M.	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
~~	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	20		
33	If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			Ê
••	III, or IV, and Part V, line 1.	. 34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<b>35b</b>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	. 36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			1
	VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	. 38	X	L

Form	990	(2017)
------	-----	--------

Form 9	90 (2017) NRA Freedom Action Foundation	26-1277941	Р	age <b>5</b>
- <b>P</b> ar				
	Check if Schedule O contains a response or note to any line in this Part V.	<u> </u>	•	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	0		
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	· · <u>1c</u>	X	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>	-	<u> </u>
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)		·	
3a ⊾	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	. 4a		x
b	If "Yes," enter the name of the foreign country	· ••a		
Ŭ	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		·	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	. <u>7c</u>		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
T -	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		X
g L	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require the organization file a form 10			
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	)98-C?. 7h		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	· · · •		1
a	Did the sponsoring organization make any taxable distributions under section 4966? .	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<u>9b</u>		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	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?	. 12a		
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. <b>13a</b>		ļ
	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	I		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		<u>_X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

4

Form 9	990 (2017) NRA Freedom Action Foundation	26-1277			age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b	elow, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in S				<u>)ns.</u>
	Check if Schedule O contains a response or note to any line in this Part VI				X
Sect	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	n			
-	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the dire	ect			
•	supervision of officers, directors, or trustees, or key employees to a management company or other perso		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?	· · · ·	6		X
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	• · · ·	Ť		
7a	one or more members of the governing body?	`	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	· · · · •	10		<u> </u>
b			76		v
•	stockholders, or persons other than the governing body?	· · · · · · · · · · · · · · · · · · ·	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	J			
-	the year by the following		9.0	X	
a	The governing body?	·	8a 8b	Ŷ	
b	Each committee with authority to act on behalf of the governing body?	•••	00	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		9		х
<u> </u>	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		-	<u> </u>	<u> </u>
Seci	tion B. Policies (This Section B requests information about policies not required by the Intern	<u>a Revenue C</u>	oue.	/ Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	Г	10a		X
10a		H	104		~
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes		10ь		
44-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		11a	x	
11a	• • • • • • • •		11a	<u>^</u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	-	12a	x	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12a 12b	Ŷ	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		120		
C			12c	x	
40		· · · · ·	13	Ŷ	
13	Did the organization have a written whistleblower policy? . Did the organization have a written document retention and destruction policy?	· · · •	14	Ŷ	
14	•			^	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and de	cision?			
-			15a		X
a L	····		15b		x
b	Other officers or key employees of the organization	•	130		
40-					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		160		Х
	with a taxable entity during the year?		<u>16a</u>		<u>^</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	-	465		
0	the organization's exempt status with respect to such arrangements?	<u>· · · · · · · · · · · · · · · · · · · </u>	16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed See Attached Statemen			·	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Se	CIIUTI OU I (C)(3)S	soniy	,	
	available for public inspection. Indicate how you made these available. Check all that apply.	Coherdula Ol			
	Own website Another's website X Upon request Other (explain in	•		_	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict	or interest polic	sy, an	u	
	financial statements available to the public during the tax year.	nd rocorda	-		
20	State the name, address, and telephone number of the person who possesses the organization's books a		-		
	Craig B. Spray 7 11250 Waples Mill Road, Fairfax, VA 22030-7400	03-267-1000			
	1200 trapics time toda, Lanax, VA22000-1400				

6

Form 990 (2017)	NRA Freedom Action Foundation	26-1277941	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compen	sated	
•	Employees, and Independent Contractors		
`	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete i	his table for all persons required to be listed. Report compensation for the calendar year ending with	h or within the	

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 hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) or director r Institutional trustee or director r Sate e e e e e e e e e e e e e e e e e e e			i an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) Chris W Cox	1.00				Į					
President, Chair of Board	58 00	X	<u> </u>	X	<u> </u>				1,099,762	91,432
Treasurer, Director	40.00	X	-	X					664,313	45,683
(3) David Lehman	1.00								440.040	00 705
Director	<u>50.00</u> 1.00	<u> </u>							446,613	29,795
(4) Mary Rose Adkins Director	40 00	x							246,391	58,871
(E) Dound Kasasa	1.00	<u> </u> ^-	┢	<u> </u>					240,391	
Constant, Durantes	1 00	x		x					32.000	0
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Form 990 (2017)

Form	990 (2017)		m Action Foundation									26-12		Page	8
Pa	art VII	Section A. Office	ers, Directors, Tru	istees, Key Em	ploye	es,			ghes	t Co	pmpensated Em	ployees (contil	nued)		
	•	(A) Name and title			box, office	unles er an	neck ss pe d a d	ition more rson irecto	than o is both pr/trust	) an ee)	(D) Reportable compensation	(E) Reportable compensation	ar	(F) stimated nount of	
				week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fr org an	other ipensation rom the anization d related anizations	
(15)															
(16)															
(17)															_
(18)															-
(19)															_
(20)															
(21)															
(22)															
(23)															
(24)															
(25)															
1b c		continuation she	ets to Part VII, Se					•			0	2,489,079 0 2,489,079		225,78	0
2	Total numb	lines 1b and 1c). her of individuals (in compensation from	ncluding but not lin					/ho	recei	ved	•			223,70	<u>+</u>
3	Did the org	anization list any f	ormer officer, dıre	ctor, or trustee,	-	-	oye	e, o	r hıgł	nest	compensated		3	Yes No	
4	•	lividual listed on lir ation and related of			•						•	ל 	4	x	
5		rson listed on line s rendered to the c					-					idual	5		
Sect	tion B. Inde	pendent Contrac	tors			_									_
1		his table for your f ion from the orgar											tax		
		N	(A) ame and business addr	ess							(B) Description of ser	vices	(C) Compen	sation	
		<u> </u>													0
				<u> </u>											<u>0</u> 0
		···· <u>- ···········</u>	 												0
2		er of independent			ed to	tho	se li	stec		ve)	who received				<u>0</u>
	more than	\$100,000 of comp	ensation from the	organization					0						

Form	990 (20 <sup>-</sup>	17), NRA Freedom Action Four	ndation				26-1277	941 Page <b>9</b>
Par	t VIII							<u> </u>
		Check if Schedule O contains	a response or r	note to any line in		· · · · · · · · · · · · · · · · · · ·	· · · · ·	
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
97 99	1a	Federated campaigns		0				
unt v	b	Membership dues	. <u>1b</u>	0				
And And	c	Fundraising events .	<u>1c</u>	0				
ar, Gift	d	Related organizations	<u>1d</u>	30,815		`		
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions		0				
utio Ter :	f	All other contributions, gifts, gran						
1 문 5		similar amounts not included abo						
and	g	Noncash contributions included in li	nes 1a-1f. \$	0	021.000			
	h	Total. Add lines 1a-1f .	•	Business Code	931,099			
Program Service Revenue	2a				0		·[	
Seve	b				0			
Ce F	c				0			
PV	d				0			1
S E	e				0			
ыĝo	f	All other program service revenu			0			
<u> </u>	g	Total. Add lines 2a-2f		. ►	0			
	3	Investment income (including div	idends, interest,	and				
		other similar amounts).	• •	. 🕨	9,539			9,539
	4	Income from investment of tax-ex	cempt bond proc	eeds 🕨	0		ļ	
	5	Royalties	 () De al		0			
		- ·	(ı) Real	(II) Personal				
	6a	Gross rents	·					
	b	Less. rental expenses . Rental income or (loss)	0	0				
	c d	Net rental income or (loss)	0	Ŭ	0		·	· /
	7a		(I) Securities	(II) Other			1	
		assets other than inventory	0	0				
	ь	Less cost or other basis						
		and sales expenses	0	0				
	с	Gain or (loss)	0	0		<u> </u>		
	d	Net gain or (loss) .		<b>&gt;</b>	0			
e	8a	Gross income from fundraising						
Other Revenue		events (not including \$	0					
Sev		of contributions reported on line	1c)					
erl		See Part IV, line 18	<b>a</b>	0				
Cth		Less <sup>.</sup> direct expenses .	b	0				. <u> </u>
0		Net income or (loss) from fundra	-	. ►	0			ļ
	9a	Gross income from gaming activi						
		See Part IV, line 19		0				
	b	Less direct expenses			0		·	. J
	C	Net income or (loss) from gaming Gross sales of inventory, less	<i>j</i> activities	🗲				
	IVa	returns and allowances .	а	0				
	b	Less: cost of goods sold .	b	0				
		Net income or (loss) from sales of			0			·  <u> </u>
		Miscellaneous Revenue		Business Code			1	
	11a				0		· · · · · · · · · · · · · · · · · · ·	·
	b				0		i	<u> </u>
	с				0			
	d	All other revenue			0			
	е			. 🕨	0			ļ
	12	Total revenue. See instructions	· · · ·		940,638	0	0	9,539

1

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	roanizations must c	omplete column (A).	
0000	Check if Schedule O contains a response or note				
	nòt 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,				
e	trustees, and key employees	0		0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o			
7		0			
8	Other salaries and wages				·····
0	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	0			
10	Payroll taxes	0	··		
11	Fees for services (non-employees)				
а	Management	o			
b	Legal	23,287		23,287	
с	Accounting	15,100		15,100	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	2,713		2,713	
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0		0	
12	Advertising and promotion	735,409	735,409		
13	Office expenses	10,932		1,229	9,703
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	o			
19	Conferences, conventions, and meetings	0			
20		2,157		2,157	· ·
21	Payments to affiliates	2,107		2,107	
22	Depreciation, depletion, and amortization	0	0	0	0
23		0			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Production printing for program services	832	832		
b		0			
С		0			
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e .	790,430	736,241	44,486	9,703
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720).				

Form 990 (2017)

9

### NRA Freedom Action Foundation

om 990 (20	NRA Freedom Action Foundation		
Part X	Balance Sheet	· · · · · · · · · · · · · · · · · · ·	
•	Check if Schedule O contains a response or note to any line in this Part X		
		<b>(A)</b> Beginning of year	
1	Cash—non-interest-bearing	0	1
2	Savings and temporary cash investments	684,731	2
3	Pledges and grants receivable, net	64,207	3
4	Accounts receivable, net	0	4

	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	. 0	5	······································
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ŝ		organizations (see instructions) Complete Part II of Schedule L	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			1
		other basis Complete Part VI of Schedule D 10a	0		
	ь	Less: accumulated depreciation 10b	0 0	10c	0
	11	Investmentspublicly 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	747,912	15	827,952
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,496,850	16	1,720,945
	17	Accounts payable and accrued expenses	0	17	
	18	Grants payable .	. 0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	. 0	21	· · · · · · · · · · · · · · · · · · ·
ŝ	22	Loans and other payables to current and former officers, directors,			1
itie		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0	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	· · · · · · · · · · · · · · · · · · ·		
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D.	110,056	25	101,512
	26	Total liabilities. Add lines 17 through 25	110,056		101,512
Balances		Organizations that follow SFAS 117 (ASC 958), check here ► X ar complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	280,347	27	468,650
Bal	28	Temporarily restricted net assets	1,106,447	28	1,150,783
	29	Permanently restricted net assets .	0	29	
or Fund		Organizations that do not follow SFAS 117 (ASC958), check here an complete lines 30 through 34.	d		
ន្ត	30	Capital stock or trust principal, or current funds .	0	30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund .	0	31	· · · · · · · · · · · · · · · · · · ·
t A	32	Retained earnings, endowment, accumulated income, or other funds .	. 0	32	
Ne	33	Total net assets or fund balances	1.386.794		1.619 433

32 Retained earnings, endowment, accumulated income, or other funds . 0 32 33 1,386,794 33 1,619,433 Total net assets or fund balances . . . . . . . . 34 Total liabilities and net assets/fund balances 1,496,850 34 1,720,945

Form 990 (2017)

(B) End of year

855,249 37,744

0

.

Form	990	(2017

	990 (2017) NRA Freedom Action Foundation	26-1	1 <u>277941</u>	Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI			•	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		94(	0,63
2	Total expenses (must equal Part IX, column (A), line 25).	2		790	0 <u>,4</u> 3
3	Revenue less expenses Subtract line 2 from line 1	3		150	0,20
L	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,386	6,79
5	Net unrealized gains (losses) on investments .	5	-	14	4,80
5	Donated services and use of facilities .	6			
,	Investment expenses	7		_	
3	Prior period adjustments .	8			
)	Other changes in net assets or fund balances (explain in Schedule O)	9		67	7,624
)	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		1,619	9,433
art	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII			•	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O		-	<u> </u>	·
la.	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		1	-	ł –
	Separate basis Consolidated basis Both consolidated and separate basis				· -
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	• •		<u>^</u>	
	separate basis, consolidated basis, or both				
			,	1	
				•	×
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			- <u></u>	
	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		1		
	Schedule O				<u> </u>
la	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?	•	<u>3a</u>		X
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		3b		

•

•

•

٠

1

t

SCHEDULE A

(Form	990	or	990-EZ)
-------	-----	----	---------

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

2017 Open to Public Inspection

OMB No 1545-0047

	al Revenue S		► Go	to www.irs.gov/Form	n990 for instructions a	nd the late	est informa	ation.	Inspection
	of the organ							Employer Identification	
	Freedom			14. 04-4			L		277941
Par					ganizations must co				<u> </u>
1 1			-	-	For lines 1 through 12, of churches described i		•	· .	1-
2					tach Schedule E (Form		• • • •		$)\uparrow$
2					zation described in sec			in 🗸	r I
3	=	•	-		nction with a hospital of			•	ntor the
4			e, city, and state	• •	inction with a nospital t	lescibed	in section		
5	An or	ganizatior		ne benefit of a collec	ge or university owned	or operate	ed by a go	vernmental unit des	cribed in
6					ntal unit described in s	ection 17	0(b)(1)(A)	( <b>v</b> ).	
7	X An or	ganizatior	that normally r	-	al part of its support fro				eral public
8	A con	nmunity tri	ust described in	section 170(b)(1)(	A)(vi). (Complete Part	II.)			
9		iversity or			section <b>170(b)(1)(A)(i</b> ) ture (see instructions)				
10	receip suppo	ots from a ort from gr	ctivities related of oss investment	to its exempt function income and unrelated	nan 33 1/3% of its supp ons—subject to certain ted business taxable in See <b>section 509(a)(2)</b> .	exception come (les	ns, and (2) as section	) no more than 33 1/3 511 tax) from busine	3% of its
11	An or	ganization	organized and	operated exclusive	ly to test for public safe	ety. See s	ection 50	∂(a)(4).	
12	of one	e or more	publicly suppor	ted organizations de	ly for the benefit of, to escribed in <b>section 50</b> 9 ibes the type of suppor	9(a)(1) or	section 5	09(a)(2). See section	n 509(a)(3).
а	the	e supporte	d organization(		pervised, or controlled l ularly appoint or elect a <b>tions A and B</b> .				
b	0	ntrol or ma	anagement of th		r controlled in connecti ization vested in the sa ections A and C.				
c					organization operated i				rated with,
đ					You must complete F ting organization opera				anization(s)
-	tha	at is not fu	nctionally integr	rated. The organizat	tion generally must sat	isfy a disti	ribution re	quirement and an att	
					plete Part IV, Sections				- 164
е	fur	ieck this b actionally i	ox if the organiz	zation received a wi	ritten determination from ally integrated supporting	m the IRS	rinat it is a ration	i type i, type ii, type	eIII
f			er of supported			.9			. 0
g				n about the support		<b>1</b>			
	(i) Name of	f supported o	rganization	(h) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)					· · · · · · · · · · · · · · · · · · ·				
(B)									
(C)									
(D)									
(E)									
Total							<u> </u>	0	0

#### Schedule A (Form 990 or 990-EZ) 2017 NRA Freedom Action Foundation

Part II

26-1277941 Page 2

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.)

<u> 260</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ") .	439,805	1,134,568	1,198,165	602,075	931,099	4,305,712
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		0
4	Total. Add lines 1 through 3 .	439,805	1,134,568	1,198,165	602,075	931,099	4,305,712
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) .						795,014
6	Public support. Subtract line 5 from line 4						3,510,698
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 📃 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	439,805	1,134,568	1,198,165	602,075	931,099	4,305,712
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	16,667	11,077	4,028	3,137	9,539	44,448
9	Net income from unrelated business						
	activities, whether or not the business is			-			
	regularly carried on	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
11	Total support. Add lines 7 through 10					1	4,350,160
12	Gross receipts from related activities, etc. (se		· · · · · · ·		· [	12	0
13	First five years. If the Form 990 is for the or	•		-	s a section 501(c)(	3)	
	organization, check this box and stop here .		• • • • • •		· ·	• • • •	· · • 🗖
	tion C. Computation of Public Sup				T		
	Public support percentage for 2017 (line 6, c			))		14	80.70%
	Public support percentage from 2016 Schedi				· [	15	58 78%
16a	33 1/3% support test-2017. If the organization				1/3% or more, cheo	k this box	
	and stop here. The organization qualifies as	a publicly supporte	d organization	•	• •	•••••	. ► 🗙
b	33 1/3% support test—2016. If the organization gualifier box and stop here. The organization gualifier				s 33 1/3% or more,	check this	
470	10%-facts-and-circumstances test—2017		•		or 46b, and line 44		
110	is 10% or more, and if the organization meets	•			•		
	Part VI how the organization meets the "facts						_
	organization						· · •
b	10%-facts-and-circumstances test-2016					ne	
	15 is 10% or more, and if the organization me						
	Explain in Part VI how the organization meet supported organization	s the macts-and-circ	cumstances" test.	i ne organization q	uaimes as a public	У	· 🗆
4.0		• • • •	•••••	•••••		•••••	· · 🕨 📘
18	Private foundation. If the organization did n	ot check a box on I	ine 13, 16a, 16b, 1	7a, or 17b, check	this box and see		. –
							. ►

Sche	dule A (Form 990 or 990-EZ) 2017 NRA Free	dom Action Found	lation			26-127794	1 Page <b>3</b>
Pa	rt III Support Schedule for Org			ion 509(a)(2)			
	(Complete only if you check					qualify under Pa	art JI.
	If the organization fails to qu	ualify under the	tests listed belo	ow, please com	plete Part II.)		
Sec	tion A. Public Support	<u> </u>					/
Cale	ndar year (or fiscal year beginning in) 📃 🕨 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	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		<b>\</b>				
	organization's tax-exempt purpose		<u>\</u>		/		00
3	Gross receipts from activities that are not an		$\backslash$				•
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's		$\setminus$				
	benefit and either paid to or expended on						0
5	Its behalf		<u>\</u>		/		0
5	furnished by a governmental unit to the		$\backslash$				
	organization without charge		$\langle \rangle$				0
6	Total. Add lines 1 through 5	0	0	0	0	o	0
-	Amounts included on lines 1, 2, and 3						
	received from disqualified persons			$\vee$			0
ь	Amounts included on lines 2 and 3		Å				
	received from other than disqualified			$\mathbf{h}$			
	persons that exceed the greater of \$5,000			N,			
	or 1% of the amount on line 13 for the year .			<b>N</b>			0
С	Add lines 7a and 7b	0	0	\ 0	0	0	0
8	Public support (Subtract line 7c from			$\mathbf{\lambda}$			
	line 6.)	l	/			1	0
	ction B. Total Support	(-) 2012	(5) 2014	(=) 2015	(4) 2016	(a) 2017	
- L COIO	ndar year (or fiscal year beginning in) 📃 🕨 🕨	(a) 2013 🖌	(b) 2014	(c) 2015 🔪	<b>(d)</b> 2016	(e) 2017	(f) Total
_				ò			
9	Amounts from line 6	0	0	Ò	0	0	0
_	Amounts from line 6			Ò	<b>0</b>	0	
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents,			Ò	0 ````````````````````````````````````	0	0
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources			Ò	0 ``\ 	0	
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents,			Ò	0 ```	0	0
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less			Ò		0	0
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses			<u>)</u> ) 0	0 ````````````````````````````````````	0	0
9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0				0 0
9 10a b c	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether	0	0				0 0
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .	0	0				0 0
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or	0	0				0 0 0 0
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income Do not include gain or loss from the sale of capital assets	0	0				0 0 0 0 0
9 10a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0				0 0 0 0
9 10a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) Total support. (Add lines 9, 10c, 11,	0	0	0		0	0 0 0 0 0
9 10a b c 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) Total support. (Add lines 9, 10c, 11, and 12 )	0	0	0		0	0 0 0 0 0
9 10a b c 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years/If the Form 990 is for the or	0	0	0 0 n, or fifth tax year a	) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	0	0 0 0 0 0
9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years If the Form 990 is for the corganization, check this box and stop here	0 0 0 0 0 0 0 0 0 0	0 0 0 econd, third, fourth	0 0 n, or fifth tax year a		0	0 0 0 0 0
9 10a b c 11 12 13 14 <u>Sec</u>	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years, If the Form 990 is for the co organization, check this box and stop here tion C. Computation of Public Sup	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 econd, third, fourth age	0 n, or fifth tax year a	) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )		
9 10a b c 11 12 13 14 <u>Sec</u> 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years If the Form 990 is for the corganization, eneck this box and stop here tion C. Computation of Public Sup	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 econd, third, fourth	0 0 n, or fifth tax year a	) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	0	0 0 0 0 0 0 0 0 0 0 0 0
9 10a b c 11 12 13 14 <u>Sec</u> 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) <b>Total support</b> . (Add lines 9, 10c, 11, and 12) <b>First five years</b> . If the Form 990 is for the corganization, eneck this box and <b>stop here</b> <b>tion C. Computation of Public Su</b> Public support percentage for 2017 (line 8, or Public support percentage from 2016 Schere	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 econd, third, fourth age y line 13, column (1	0 n, or fifth tax year a	) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	(3) 15	
9 10a b c 11 12 13 14 <u>Sec</u> 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years If the Form 990 is for the corganization, eneck this box and stop here tion C. Computation of Public Sup	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 econd, third, fourth age y line 13, column (fourth 15 eentage	0 0 n, or fifth tax year a	) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	(3) 15	0 0 0 0 0 0 0 0 0 0 0 0
9 10a b c 11 12 13 14 <u>Sec</u> 15 <u>16</u> <u>Sec</u>	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) <b>Total support.</b> (Add lines 9, 10c, 11, and 12 ) <b>First five years</b> If the Form 990 is for the corganization, check this box and stop here <b>tion C. Computation of Public Sup</b> Public support percentage for 2017 (line 8, 0 Public support percentage from 2016 Sched	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 eccond, third, fourth <b>age</b> y line 13, column (for 5 eentage vided by line 13, co	0 0 n, or fifth tax year a	0 0 0 1s a section 501(c)	(3) (3) (3) (15) (16) (15) (16) (16) (17) (17) (17) (17) (17) (17) (17) (17	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
9 10a b c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) <b>Total support</b> . (Add lines 9, 10c, 11, and 12 ) <b>First five years</b> ./If the Form 990 is for the corganization, check this box and <b>stop here</b> <b>tion C. Computation of Public Sur</b> Public support percentage from 2016 Scheet <b>tion D. Computation of Investment</b> Investment income percentage from 2016 S <b>33 1/3% support tests—2017</b> . If the organ	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 econd, third, fourth 15 e <b>entage</b> vided by line 13, cc line 17 k the box on line 1	0 0 n, or fifth tax year a 	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 (3) 15 16 17 18 18 17 18 18	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
9 10a b c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) <b>Total support.</b> (Add lines 9, 10c, 11, and 12 ) <b>First five years</b> / If the Form 990 is for the co organization, eneck this box and <b>stop here</b> <b>tion C. Computation of Public Su</b> Public support percentage from 2016 Scheet <b>tion D. Computation of Investment</b> Investment income percentage from 2016 S <b>33 1/3% support tests—2017.</b> If the organ not more than 33 1/3%, check this box and	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 econd, third, fourth 15 entage vided by line 13, cc line 17 k the box on line 1 anization qualifies	0 0 n, or fifth tax year a 	0 0 0 s a section 501(c)	0 0 (3) 15 16 17 18 18 18 17 18 18	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
9 10a b c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) <b>Total support</b> . (Add lines 9, 10c, 11, and 12 ) <b>First five years</b> . If the Form 990 is for the co organization, check this box and <b>stop here</b> <b>tion C. Computation of Public Su</b> Public support percentage for 2017 (line 8, 6 <u>Public support percentage from 2016 Scheet</u> <b>tion D. Computation of Investment</b> Investment income percentage for 2017 (line 33 1/3% support tests—2017. If the organ not more than 33 1/3%, check this box and 33 1/3% support tests—2016. If the organ	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 econd, third, fourth 15 entage vided by line 13, column (f 15 entage vided by line 13, column (f 15 k the box on line 14 anization qualifies k a box on line 14	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 (3) 15 16 17 18 and line 17 is  33 1/3%, and	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
9 10a b c 11 12 13 14 <u>Sec</u> 15 16 <u>Sec</u> 17 18 19a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) <b>Total support.</b> (Add lines 9, 10c, 11, and 12 ) <b>First five years</b> / If the Form 990 is for the co organization, eneck this box and <b>stop here</b> <b>tion C. Computation of Public Su</b> Public support percentage from 2016 Scheet <b>tion D. Computation of Investment</b> Investment income percentage from 2016 S <b>33 1/3% support tests—2017.</b> If the organ not more than 33 1/3%, check this box and	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 (3) 15 16 17 18 and line 17 is       	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

,

Schedule A (Form 990 or 990-EZ) 2017

Part	IV Supporting Organizations			
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	e Section	ons A	۱
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, c	omplet	e	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete I	Part V.)		
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		_	
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b	_	
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	ŀ		
-	(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	<u>3c</u>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			-
-	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination			
Ŭ	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		-	
	purposes	4c		المست
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			i
Ju	answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)		—	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			-
D	designated in the organization's organizing document?	5b		است
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			<u> </u>
0	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
1	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	_	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u> </u>		
0	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
0	Was the organization controlled directly or indirectly at any time during the tax year by one or more	- V		
9a	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
				<b>I</b>
F	In section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		i
Ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			l
~	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		i
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			]
40	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			i
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		L

Schedule A (Form 990 or 990-EZ) 2017

¢

Schedu	le A (Form 990 or 990-EZ) 2017 NRA Freedom Action Foundation	26-1277941	F	Page 5
Part	V Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1 1
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		_	
	below, the governing body of a supported organization?	<u>  11a</u>	-	
b	A family member of a person described in (a) above?	116	_	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Par	<i>t VI.</i> 11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	r		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the support	ed	.	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	<u> </u>	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Pai	rt		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	<u> </u>	-	
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations		-	
		·	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the pi			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of			لمسم
•	organization's governing documents in effect on the date of notification, to the extent not previously provide			<b> </b>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supporter			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			l
0	supported organizations played in this regard	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	r (see instruction	is)	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity Describe in Part VI how you supported a governmen	t entity (see instru	ctions	;)
2	<b>—</b> • • • • • • • • • • • • • • • • • • •			
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the superstant of activities during the tax year directly further in <b>Pert VI</b> identifies	זי		
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>		1	
	those supported organizations and explain how these activities directly furthered their exempt purpose.		1	
	how the organization was responsive to those supported organizations, and how the organization determine			ł
•.	that these activities constituted substantially all of its activities.	2a	<b> </b>	<b> </b> i
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or mo		<b>[</b>	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	э		
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u> </u>		نـــــا
-	activities but for the organization's involvement.	2b		<b>—</b> ,
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

trustees of each of the supported organizations? *Provide details in Part VI.* b Did the organization exercise a substantial degree of direction over the policies, programs, and activities

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in Part VI* the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2017

3a

3b

1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyir			
instructions. All other Type III non-functionally integrated supporting orga	nizations	must complete Sections	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		<u></u>
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	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	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			<b>.</b>
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		··· =
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	
e Discount claimed for blockage or other			·
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	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6 Multiply line 5 by 035	6	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)	1		(
2 Enter 85% of line 1	2		(
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
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		
7 Check here if the current year is the organization's first as a non-functiona		ated Type III supporting c	organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part_	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
- V	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemption			
`	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	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	he organization is respor	nsive	
	(provide details in Part VI). See instructions	-		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			0 00
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
	Underdistributions, if any, for years prior to 2017			
2	(reasonable cause required—explain in <b>Part VI</b> ) See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				_
þ	From 2013 0			
С	From 2014 0			-
d	From 2015 . 0			
е	From 2016 0			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4	Distributions for 2017 from			
	Section D, line 7 \$ 0			
<u>a</u>	Applied to underdistributions of prior years		0	
b	Applied to 2017 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4	0		
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions		0	
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j and 4c	0		
8	Breakdown of line 7			
a	<b>-</b>	· · · · · · · · · · · · · · · · · · ·		
 b	Excess from 2014 0			
	Excess from 2015 0			
d	Excess from 2016 0			
	Excess from 20170			

4

Schedule A (Form 990 or 990-EZ) 2017

Şchedule A (Fo Part <sub>s</sub> VI	Supplemental 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,lines 2, 5, and 6Also complete this part for any additional information (See instructions.)	Section 1c, 2a, 2b,	Page <b>8</b>
<u> </u>			
		·····	

							OMB No 1545-0047		
(Form 990) Supplemental Financial Statements								201 <b>4 7</b>	
Complete if the organization answered "Yes" on Form 990,									
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.									Open to Public
Department of the Treasury       ► Attach to Form 990.         Internal Revenue Service       ► Go to www.irs.gov/Form990 for instructions and the latest information.									Inspection
Name	of the organization							ification	number
NRA	Freedom Action								77941
Par		ations Maintaining Donor					r Acco	ounts.	
	Complete	e if the organization answer	ed tes on Form 990 (a) Donor advise			T	(b) E	unde and	other accounts
1	Total number a	t end of year			5	<del> </del>	(0) (		
2		of contributions to (during year)							
3		of grants from (during year)							
4	Aggregate valu	e at end of year							
5	-	ation inform all donors and don					r advise	ed	
•		rganization's property, subject t	-		-		•••	•••	Yes No
6	-	ation inform all grantees, donor haritable purposes and not for t							
	-	ring impermissible private bene		UUIN	Ur auvisur, c	n ior any	youner		☐ Yes ☐ No
Par		ation Easements.						·	
		e if the organization answer	ed "Yes" on Form 990	. Par	t IV, line 7				
1		conservation easements held by							
	Preservati	on of land for public use (e g , r	ecreation or education)		Preservati	on of a h	nistorica	ally imp	ortant land area
	Protection	of natural habitat			Preservati	on of a c	ertified	historie	c structure
	Preservati	on of open space							
2		2a through 2d if the organization	on held a qualified consei	vatio	n contributio	on in the	form o	of a cons	servation
	easement on th	ne last day of the tax year.					1.45° 1. 	Held a	t the End of the Tax Year
а		f conservation easements			•		2a		
b	-	estricted by conservation easer					2b		
c d		servation easements on a certif			• •	•	<u>2c</u>		
u		er of conservation easements included in (c) acquired after 7/25/06, and not on a c structure listed in the National Register .							
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during								
	the tax year 🕨								
4		es where property subject to co							
5	-	nization have a written policy reg		-	g, inspectior	n, handlı	ng of		
6		enforcement of the conservatio eer hours devoted to monitoring, in				consen/	ation ea	sements	
U			specting, nationing of violation	0115, 8		Conserva	auonea	Sementa	s during the year
7	Amount of exper	nses incurred in monitoring, inspec	ting, handling of violations,	and e	nforcing con	servation	easem	ents dur	ing the year
	▶ \$				-				
8	Does each con	servation easement reported or	n line 2(d) above satisfy t	he re	quirements	of section	on 170(	h)(4)(B)	)(I)
•	and section 17						•		
9		scribe how the organization repo					•		
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements									
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.									
		e if the organization answere							
1a	If the organizat	ion elected, as permitted under	SFAS 116 (ASC 958), no	ot to r	eport in its r	evenue	statem	ent and	l balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance								
<b>F</b>	of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.								
D	<b>b</b> If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet								
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:								
	-	Revenue included on Form 990, Part VIII, line 1							
	••							▶ \$	
2	If the organizat	ion received or held works of ar					nancial	gain, p	rovide the
following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.									
a									
	-	d in Form 990, Part X tion Act Notice, see the Instruct			;	<u>*</u>	<u>-</u> -	▶ \$	chedule D (Form 990) 2017
HTA	aperwork Reduc	aon Au notice, see the instruct						50	Lineadue D (Form 990) 2017

-

.

Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: Complete if the organization and program         c       Beginning balance .       1d       Amount         d       Additions during the year       1d       1d         e       Distributions during the year       1d       1d       1d         a       Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       if "res," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Previde the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Previde the astimated provide on Part XIII       Provide the astimated provide on Part XIII         1a       Beginning of year balance       (a) Current year       (b) Pour year 1(V, line 10.       (c) Four yean back         1a       Beginning of year balance       (b) Current year end balance (line 10, column (a)) held as:       and losses         1a       Beginning of year balance. <t< th=""><th>Sched</th><th>ule D (Form 990) 2017 NRA Freedom Act</th><th>on Foundation</th><th></th><th></th><th></th><th></th><th>26-127</th><th>7941</th><th></th><th>Page 2</th></t<>	Sched	ule D (Form 990) 2017 NRA Freedom Act	on Foundation					26-127	7941		Page 2
3       Using the organization's accussion, accession, and other records, check any of the following that are a significant use of its collection times (check all that apply)         a       Public exhibition       d       Loan or exchange programs         b       Scholarly research       e       Other	Par	Organizations Maintaining	Collections of A	rt, Historio	cal Tre	asures, or (	Other	Similar Asset	s (conti	nued)	)
a       Public exhibition       d       Loan or exchange programs         b       Scholarly research       a       Other         c       Preservation for future generations       Other       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII       Sumplete year, did the organization solicit or receive donations of art, histonical treasures, or other similar assets to be soid to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table       Amount       Id         c       Beginning balance.       Id       Id <t< td=""><td></td><td>Using the organization's acquisition, a</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-</td></t<>		Using the organization's acquisition, a									-
b       Scholarly research       c       Other         c       Preservation for future generations       Complete functions       Other         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII         5       During the year, dot the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       No         6       Beginning balance.       Image: Complete file organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X?       Image: Complete file organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X?         1a       Is the organization angement in Part XIII and complete the following table       Image: Complete file organization angement in Part XIII and complete the following table         1       Tress: explain the arrangement in Part XIII and complete the following table       Image: Complete file organization answered "Yes" on Form 990, Part IV, line 21, for escrew or custodial account liability?       Yes X       No         2a       Did the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete file organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete file organization answered "Yes" on Form 990, Part IV, line 10.         2a       Did the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete file organization answered "Yes" on Form 990, Part IV, line 10.	2			4 🗂	Loan	or exchance i	oroaran	ne			
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part IV       Escrow and Custodial Arrangements.       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21.       Is is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21.       Is is the organization include, an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Yes       No         b       If "res," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       The explaint bear arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Pert V       Endowment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       The second account liability?       Yes is an ad losses.         1a       Beginning of year balance.       0       0       0				• 🖂		-	program	13			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part     Xill     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar     assets to be solid to raise funds rather than to be maintained as part of the organization's collection?     Yes No     No     Part IV Escrow and Custodial Arrangements.     Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form     900, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not     included on Form 990, Part X?.     H "Yes," explain the arrangement in Part XIII and complete the following table     If											
XIII         5       Dung the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collecton?       Yes       No         20011       Scorew and Custodial Arrangements.       Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not includee on Form 90, Part X2,       Yes       No         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 90, Part X2,       Yes       No         b       If "Yes," explain the arrangement in Part XIII. and complete the following table       Amount       Edit         c       Beginning balance.       1d       1s       Is the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Intermost back. (0) Four years back. (0) Four years back. (0) Four years back.       (0) Three years back. (0) Four years back.       (0) Three years back. (0) Four years back.         a       Board neganization answered "Yes" on Form 990, Part IV, line 10.       Image: Solid account liability?       Yes       No <t< td=""><td></td><td></td><td></td><td>t ovolojo bov</td><td>u thou fi</td><td>uthor the ered</td><td>onuzatio</td><td>n'a avamat aura</td><td>oco in Pi</td><td>ort</td><td></td></t<>				t ovolojo bov	u thou fi	uthor the ered	onuzatio	n'a avamat aura	oco in Pi	ort	
essets to be sold to raise funds rather than to be maintained as part of the organization? Yes No   Part IV Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.   1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes   1a is the organization and gent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21, for escrow or custodial account liability? Yes   1a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes   2a Did the organization include an amount on Form 990, Part IV, line 10.   2a Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   2a Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   2a Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   2a Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   2a Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   3a Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   3a Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   3a Complete if the organization answered "Yes" on Form 99	4	XIII			-	-			ose in Fa		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Image: The set of the	5								<b>Y</b>	es 🗌	] No
included on Form 990, Part X?       □       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table       Amount         c       Beginning balance.       1d       1d         d       Additions during the year       1d       1d         e       Distributions during the year       1d       1d         d       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: State Sta	Part	Complete if the organization a	-	on Form 99	0, Part	IV, line 9, o	r repor	ted an amoun	t on For	m	
b       If "Yes," explain the arrangement in Part XIII and complete the following table       Image: Complete if the organization and the second seco	1a	Is the organization an agent, trustee, o	custodian or other ii	ntermediary	for conti	ributions or of	her ass	ets not			_
c       Beginning balance .       Ic         d       Additions during the year .       Ic         f       Ending balance .       Id         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       X       No         b       If "	ь	-	 art XIII and complet	e the followi	na table				Y	es 🗌	] No
d       Additions during the year       1d         e       Distributions during the year       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         2a       Did the organization answered "Yes" on Form 990, Part IV, line 10.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       0       0       0       0       0         b       Contributions       (a) Current year       (c) Two years back       (d) Twree years back       (e) Four years back       (d) Tore years back       (d) Tore years back       (d) Four years back       (d) Tore years back       (					0				Amount		
d       Additions during the year       1d         e       Distributions during the year       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         2a       Did the organization answered "Yes" on Form 990, Part IV, line 10.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       0       0       0       0       0         b       Contributions       (a) Current year       (c) Two years back       (d) Twree years back       (e) Four years back       (d) Tore years back       (d) Tore years back       (d) Four years back       (d) Tore years back       (	с	Beginning balance .					1c				0
e       Distributions during the year.       1e         7       Ending balance.       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes X         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       0       0       0       0         b       Contributions       (e) Current year       (e) Pror year back       (e) Four years back       (e) Four years back         1a       Beginning of year balance       0       0       0       0       0         c       Not investment earnings, gains, and losses	-										
f       Ending balance.       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       0       0       0       0         b       Contributions       (a) Current year       (b) Pror years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       0       0       0       0       0         c       Net investment earnings, gains, and losses	e						1e				
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       X       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (a) Current year       (b) Pror year       (c) Two years back       (a) Three years back       (a) Four years back         1a       Beginning of year balance       0       0       0       0       0         c       Not investment earnings, gains, and losses	f						1f				0
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       0       0       0         b       Contributions       0       0       0       0         c       Net investment earnings, gains, and losses       0       0       0       0       0         c       Other expenditures for facilities and programs       0       0       0       0       0       0       0         g       End of year balance       0	22		t on Form 990 Pa	rt X line 21	for oscr	ow or custod		unt liability?			
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       0       0       0       0       0         b       Contributions       (a) Current year       (b) Pror year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (d) Three years back         c       Other expenditures for facilities and programs       (c) Two years       (d) Three years back       (d) Three years back         f       Administrative expenses.       (c) Three years back       (d) Three years back       (d) Three years back         g End of year balance       (c) The product start start start expenses.       (d) Three years back       (d) Three years back         g End of year balance       (f) Got or other types       (f) Cothor other types       (f) Three ye		-						-			
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         a Beginning of year balance       0       0       0       0         b Contributions       0       0       0       0       0         c Net investment earnings, gains, and losses       0       0       0       0       0       0         c Other expenditures for facilities and programs       0<	_		art XIII. Check here	If the explan	lation na	as been provi	aea on	Part XIII	••••		]
a       Beginning of year balance       0       0       0       0       0       0         b       Contributions       0       0       0       0       0       0       0         c       Net investment earnings, gains, and losses       0	Part										
1a       Beginning of year balance       0       0       0       0       0         b       Contributions		Complete if the organization a	answered "Yes" o	1							
b       Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         e       Other expenditures for facilities and programs       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Co						(c) Two years		(d) Three years back	(e) Fo	our years	s back
c       Net investment earnings, gains, and losses	1a		0	)	0		0		0		0
and losses	b								_		
d       Grants or scholarships	С	Net investment earnings, gains,									
e       Other expenditures for facilities and programs		and losses							_		
and programs       0       0       0       0         g End of year balance       0       0       0       0       0         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment	d								_		
f       Administrative expenses .       0       0       0       0       0         g       End of year balance .       0       0       0       0       0       0         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment      %         b       Permanent endowment      %      %      %         c       Temporarily restricted endowment      %      %         The percentages on lines 2a, 2b, and 2c should equal 100%       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by	е	Other expenditures for facilities									
g       End of year balance       0		and programs									
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment         b       Permanent endowment         c       Temporarily restricted endowment         m       %         c       Temporarily restricted endowment funds         a       M         fill       nrelated organizations         if       "Yes" on line 3a(ii), are the related organization's endowment funds         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a)	f	Administrative expenses									
a       Board designated or quasi-endowment      %         b       Permanent endowment      %         c       Temporarily restricted endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations listed as required on Schedule R?</li> <li>4</li> <li>Describe in Part XIII the intended uses of the organization's endowment funds</li> </ul> <li>Part VI Land, Buildings, and Equipment.         <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> </ul> </li>	g							<u></u>	0		0
a       Dotate designation of quality interview         b       Permanent endowment      %         c       Temporarily restricted endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) are the related organizations listed as required on Schedule R?</li> <li>(iii) ab</li> <li>(iii) Part XIII the intended uses of the organization's endowment funds</li> </ul> 3b	2	Provide the estimated percentage of the	ne current year end	i balance (lın	e 1g, co	olumn (a)) hel	d as:				
c       Temporarily restricted endowment       %         The percentages on lines 2a, 2b, and 2c should equal 100%         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by	а	Board designated or quasi-endowmen	t 🕨	%							
The percentages on lines 2a, 2b, and 2c should equal 100%         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by       Yes No         (i) unrelated organizations .         (ii) related organizations .       Second colspan="2">Yes No         3a(i)       3a(i)         (ii) related organizations .       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds         Part VI Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property         (a) Cost or other basis       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       0       0       0       0	b	Permanent endowment	%								
3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by       Yes       No         (i)       unrelated organizations       3a(i)       3a	С	Temporarily restricted endowment	▶ %	<u> </u>							
organization by       Yes       No         (i)       unrelated organizations       3a(i)       3		The percentages on lines 2a, 2b, and	2c should equal 10	0%							
(i)       unrelated organizations       3a(i)         (ii)       related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       0       0       0	3a	Are there endowment funds not in the	possession of the o	organization	that are	held and adr	ninister	ed for the			
(ii) related organizations .       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       0       0       (d) Book value		organization by								Yes	No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (ther)       (c) Accumulated depreciation         1a       Land       0       0		(i) unrelated organizations							3a(i)		
4       Describe in Part XIII the intended uses of the organization's endowment funds         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (c) Accumulated depreciation         1a       Land       0       0		(ii) related organizations .							3a(ii)		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       0       0       0       0       0	b	If "Yes" on line 3a(ii), are the related of	ganizations listed a	as required o	n Sche	dule R?			3b		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       0       0       0       0       0	4	Describe in Part XIII the intended uses	of the organization	n's endowme	ent funds	5					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       0       0       0       0       0       0	Part							•			
Description of property     (a) Cost or other basis (investment)     (b) Cost or other basis (other)     (c) Accumulated depreciation     (d) Book value       1a     Land				on Form 99	0. Part	IV. line 11a.	. See F	Form 990. Part	X. line	10.	
(investment)     basis (other)     depreciation       1a     Land     0     0											 e
							• •		(-, 0		-
	1a	Land		0		0					0
	b	Buildings		0		0		0			0
		•	·						· · · · ·		0
	_	-				·					0
	-		<u>├</u>								0
			nust equal Form 9	-	olumn (E				-		0

Schedule D (Form 990) 2017 NRA Freedom Action Foundation
Part VII Investments—Other Securities.

Complete if the organization answ		D, Part IV, line <u>11b. See Form</u> (c) Method of val	
(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year m	
(1) Financial derivatives	0		
(2) Closely-held equity interests	0		
(3) Other			
<u>(A)</u>			
<u>(B)</u>			
(C)			
(D)			
(E)			· · · · ·
(F)		[·	······
( <u>G)</u> (H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ►	•	,	
Part VIII Investments—Program Related.		I	<u> </u>
Complete if the organization answ		). Part IV. line 11c. See Form	990. Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of val Cost or end-of-year m	uation
(1)			· · ·
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ►	0		
Part IX Other Assets. Complete if the organization answ	orod "Vos" on Form 00	D Part IV line 11d See Form	000 Port V line 15
	Description	J, Part IV, line Thu: See Form	(b) Book value
(1) Due from affiliate			215,654
(2) Receivable from split interest agreement		1	612,298
(3)		· · · · · · · · · · · · · · · · · · ·	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			<u></u>
Total. (Column (b) must equal Form 990, Part X, col (B) li	ne 15)	<b>.</b> .	827,952
Part X Other Liabilities.			
Complete if the organization answ	ered "Yes" on Form 99	D, Part IV, line 11e or 11f. See	⊢orm 990, Part X,
line 25.		r	
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	0		
(2) Annuities payable	101,512		
(3)			
(4)		4	
(5)		4	
(6)	+	4	
(7)		4	
(8)	+	1	
(ອ) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25 ) ►	101,512	1	
2. Liability for uncertain tax positions. In Part XIII, provide th		<u> </u>	

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

X

Sched	Jule D (Form 990) 2017 NRA Freedom Action Foundation	26-1277941	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		4 000 000
1	Total revenue, gains, and other support per audited financial statements		1,023,069
2	, Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments   14,807	4	
b	Donated services and use of facilities     2b       Recoveries of prior year grants     2c	4	
C J		4	
d		2e	82,431
е 3	Add lines 2a through 2d	3	940,638
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		340,000
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 revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	940,638
	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	790,430
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		
С	Other losses		
d	Other (Describe in Part XIII).		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1.	3	790,430
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4	
b	Other (Describe in Part XIII.).		
c		4c 5	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		790,430
	t XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa	rt V line 4. Der	t V line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		t A, inte
Pan	X Line 2 This response provides the text of the footnote to the organization's		
audit	ted financial statements in accordance with FASB ASC 740 Management evaluated the		
Free	dom Action Foundation's tax positions and concluded that the Freedom Action Foundation		
had	taken no uncertain tax positions that require adjustment to the financial statements		<b>.</b>
	make with the measurement of the surdames. Concreding the Freedom Action Foundation		
10 00	mply with the provisions of this guidance Generally, the Freedom Action Foundation		
is no	longer subject to income tax examinations by the U.S. federal, state, or local tax		
			•••••
auth	orities for years before 2014.		
Part	XI Line 2d Includes \$67,624 change in value of split interest agreement		

,

Schedule D (Form 990) 2017 NRA Freedom Action Foundation	26-1277941	Page 5
Schedule D (Form 990) 2017 NRA Freedom Action Foundation Part XIII Supplemental Information (continued)		
·		
、	•••••	
		•••••
· · · · ·		
		•••••

Schedule D (Form 990) 2017

	SCHEDULE <sup>-</sup> J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees				омв № 1545-0047 20 <b>17</b>		
Depart	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.     Attach to Form 990.						
	al Revenue Service	Go to www.irs.gov/Former	orm990 for instructions and the latest inform	ation. Employer identification		ectio	n
	of the organization			• •			
Par	Freedom Action Fo			20-12	77941		
Fai	Question	s Regarding Compensation				Yes	No
1a			rovided any of the following to or for a perso o provide any relevant information regarding				
	First-class or	charter travel	Housing allowance or residence for	r personal use			
	Travel for con	npanions	Payments for business use of pers	onal residence			
	Tax indemnifie	cation and gross-up payments	Health or social club dues or initiat	ion fees			
	=	spending account	Personal services (such as, maid,	chauffeur, chef)			
b	If any of the boxe	es on line 1a are checked, did the c	organization follow a written policy regarding s described above? If "No," complete Part II	) payment	 1b		
2	directors, trustee		embursing or allowing expenses incurred b Executive Director, regarding the items cher				
	1a?				2		
3	organization's CE related organizati	EO/Executive Director Check all th ion to establish compensation of th	nization used to establish the compensation at apply Do not check any boxes for metho ine CEO/Executive Director, but explain in Pa Written employment contract	ds used by a			
		compensation consultant	Compensation survey or study				
	Form 990 of c	other organizations	Approval by the board or compens	ation committee			
4	organization or a	related organization:	Part VII, Section A, line 1a, with respect to	the filing			
а		ance payment or change-of-control			<u>4a</u>		<u> </u>
b C	b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       4c         if "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III       4c       4c					×	
5	For persons lister		organizations must complete lines 5–9. Ine 1a, did the organization pay or accrue	any			
а	The organization				5a		X
b	Any related organ If "Yes" on line 5a	nization? a or 5b, describe in Part III	· ·		5b		×
6	compensation co	ntingent on the net earnings of:	line 1a, did the organization pay or accrue	any			
a b	The organization Any related organ				6a 6b		<u> </u>
U		nization?		• •			
_				<b>c</b>			
7		d on Form 990, Part VII, Section A, scribed on lines 5 and 6? If "Yes," (	, line 1a, did the organization provide any no describe in Part III	DUIIXEQ	7		х
8	Were any amoun	ts reported on Form 990, Part VII,	paid or accrued pursuant to a contract that Regulations section 53.4958-4(a)(3)? If "Ye				
	in Part III			· .	8		x
9		-	e rebuttable presumption procedure describ	ed in			]
	Regulations sections	on 53.4958-6(c)?	· · · · · · · · · · · · · · · · · · ·	·	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $_{\mbox{\scriptsize HTA}}$ 

.

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

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

Note: The sum of columns (B)(1)-(111) 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

(A) Name and Title			W-2 and/or 1099-MIS						
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (8)(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)	911,095	166,667	22,000	30,000	61,432	1,191,194		
Wilson H Phillips Jr	(i)						0		
2 Treasurer, Director	(ii)	525,942	100,000	38,371	19,680	26,003	709,996		
David Lehman	(i)						0		
3 Director	(ii)	377,000	0	69,613	15,900	13,895	476,408		
Mary Rose Adkins	(i)						0		
4 Director	(ii)	238,867	0	7,524	18,500	40,371	305,262		
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
_7	(ii)								
	(i)								
8	<u>(ii)</u>								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
	(ii)								
	(i)								
12	(ii)							<u>.</u>	
	(i)							••••	
13	(ii)								
	(i)								
14	(ii)					a.			
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2017

26-1277941 Page 2

Schedule J (Form 990) 2017 NRA Freedom Action Foundation	26-1277941	Page <b>3</b>
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.	t II. Also complete	this part
Part I Line 3 The related organization paid the individuals who are employed at the related organization while serving as officers		·
and directors of the filing organization. The related organization utilized a compensation committee, independent compensation		
consultants, compensation surveys and studies, comparability data, and ultimate approval by the board or compensation committee.		
All decision are properly documented		
Part I Line 4b The related organization has deferred compensation retirement plans for certain employees and nonqualified		
supplemental executive retirement plans for certain employees. For nonqualified plans, the related organization decides the		
benefit amount and timeframe for vesting of each participant using different factors particular to each relevant individual and		
his specific circumstances. Payouts are properly included in taxable wages and reported in W-2 income		
Part II Line Column B(III) Other reportable copmensation within taxable wages for Mr Cox included \$18,000 457(b) plan, \$2,610		
group life insurance, and \$1,390 taxable personal expenses. Other reportable compensation within taxable wages for Mr. Phillips		
included \$18,000 457(b) plan, \$16,002 group life insurance, and \$4,369 taxable personal expenses. Other reportable compensation		
within taxable wages for Mr. Lehman included \$50,263 457(f) payout (including \$263 interest), \$18,000 457(b) plan, and \$1,350		
group life insurance. Other reportable compensation within taxable wages for Ms. Adkins included \$7,524 group life insurance		
Part II Line Column C Employer deposits toward benefits that will not be paid until a future date are shown in Column C The		
amount for Mr. Cox included \$15,900 401(k), \$10,320 457(f), and \$3,780 pension plan The amount for Mr Phillips included \$15,900		
401(k) and \$3,780 pension plan. The amount for Mr Lehman included \$15,900 401(k). The amount for Ms Adkins included \$15,000		
401(k) and \$3,500 pension plan.		
Part II Line Column D Nontaxable benefits are provided to employees consistent with association industry standards and best		
practices. Standard nontaxable benefits include employee benefits such as the employer paid portions of medical and dental plans		

Schedule J (Form 990) 2017

-

Schedule J (Form 990) 2017	NRA Freedom Action Foundation

#### Part III Supplemental Information

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

and long-term and short-term disability plans.	
· · · · · · · · · · · · · · · · · · ·	

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

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. 

Go to	www.irs.gov/Form990 for the lates	t information
-------	-----------------------------------	---------------

OMB No 1545-0047
2017
Open to Public

Name of the organization	Employer identification number 26-1277941
NRA Freedom Action Foundation	]20-12//941
Form 990, Part I, Line 1: The 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 affiliated with the NRA are NRA Civil Rights Defense Fund, NRA	
Foundation Inc, NRA Freedom Action Foundation, and NRA Special Contribution Fund DBA	
Whittington Center. The political action committee 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 on the uncompensated volunteer service by members of the filing	
organization's board Although four of the five board members are compensated by a related	
organization, none of that compensation relates to the volunteer aspects of the board service.	
Form 990, Part VI, Section A, Line 1b Minimal independence on the NRA Freedom Action	
Foundation board is due to charitable board service by four employees of a related	
organization.	
Form 990, Part VI, Section 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, Section 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 corporate policies, annual filings must be provided to the NRA Office of	
the Secretary and General Counsel and reviewed regularly and consistently	
Form 990, Part VI, Section B, Line 15 The filing organization relied on the processes of a	
related organization to establish compensation of top management officials. The related	
Form 990, Part VI, Section C, Line 19 Governing documents, audited financial statements, and	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
NRA Freedom Action Foundation	26-1277941
section 6104(d) The organization does not make internal operating policies available to the	
general public.	
Form 990, Part XI, Line 9: The figure of \$67,624 represents the change in value of split	
interest agreement	
	· · · · · · · · · · · · · · · · · · ·
·	
, 	
·	

- -----

.

ł

•

.

.

SCHEDULE R (Form 990)	<b>Related Organizations and Unrelated Partnerships</b>	OMB No 1545-0047
· /	Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	2017
	Attach to Form 990.	Open to Public
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
Name of the organization		Employer identification number
NRA Freedom Action Fo	pundation	26-1277941

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(2)			· · · · · · · · · · · · · · · · · · ·		
(3)			,,,, <u>,</u> , ,		
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr ent	512(b)(13)
						Yes	No
(1) NATIONAL RIFLE ASSOCIATION OF AMERICA 53-0116130	MEMBERSHIP						
11250 WAPLES MILL RD FAIRFAX, VA 22030-7400		NY	501(c)(4)		N/A		X
(2) NRA FOUNDATION INC 52-1710886	CHARITABLE						
11250 WAPLES MILL RD FAIRFAX, VA 22030-7400		DC	501(c)(3)	LINE 7	NRA		x
(3) NRA SPECIAL CONTRIBUTION FUND 23-7367534	CHARITABLE		ļ				
PO BOX 700 RATON, NM 87740	]	NM	501(c)(3)	LINE 7	NRA		x
(4) NRA CIVIL RIGHTS DEFENSE FUND 52-1136665	CHARITABLE						
11250 WAPLES MILL RD FAIRFAX, VA 22030-7400		VA	501(c)(3)	LINE 7	NRA		x
(5) NRA POLITICAL VICTORY FUND 52-1083020	PAC/SSF			l			
11250 WAPLES MILL RD FAIRFAX, VA 22030	]	VA	527		NRA		X
(6)	]						
(7)							
							Ĺ

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

c

Schedule R (Form 990) 2017

NRA Freedom Action Foundation

26-1277941

-

Page 2

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) ortionate tions?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)		<u>↓</u>										
(4)							<u> </u>					
(5)	***											
(6)												
(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	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Section 5 contr enti	rolled
								Yes	No
_(1)									
(2)			-						
(3)									
(4)									
(5)									
(6)							<u> </u>		

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017	NRA Freedom Action Foundation
	NICAT REGULTI ACTION FOUNDATION

#### Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related	organizations listed in	Parts II–IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			<u>1a</u>		X
b	Gift, grant, or capital contribution to related organization(s)		• • • •	1b		X
С	Gift, grant, or capital contribution from related organization(s)			1c	X	
d	Loans or loan guarantees to or for related organization(s)			1d		X
е	Loans or loan guarantees by related organization(s)			1e		X
						1
f	Dividends from related organization(s)			1f		X
g	Sale of assets to related organization(s)			1g		X
ĥ	Purchase of assets from related organization(s)			1h		X
i	Exchange of assets with related organization(s)			<b>1</b> i		X
i	Lease of facilities, equipment, or other assets to related organization(s)			1j		X
-						
k	Lease of facilities, equipment, or other assets from related organization(s)			1k		X
1	Performance of services or membership or fundraising solicitations for related organization(s)			11		X
m	Performance of services or membership or fundraising solicitations by related organization(s).			1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).			1n	X	
0	Sharing of paid employees with related organization(s).			10	X	T
p	Reimbursement paid to related organization(s) for expenses			1p		X
q	Reimbursement paid by related organization(s) for expenses			10		X
•						
r	Other transfer of cash or property to related organization(s)			1r		
S	Other transfer of cash or property from related organization(s)			1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,			on thresh	holds.	
	(a)	(b)	(c)		(d)	
	Name of related organization	Transaction	Amount involved	Method of		
		type (a-s)		amou	nt involv	ea
(1)						
(2)						
(3)						
(4)						
(5)			 			
(0)						
(6)			1			

#### 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all sec	e) partners tion (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	1) ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	20 managing -1 partner?		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing		General or managing partner?		General or managing partner?		General or managing		General or managing		General or managing		General or managing		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	]																																																						
(1)																																																																			
(2)																																																																			
(3)													<u>†</u>																																																						
(4)													<u> </u>																																																						
(5)													+																																																						
(6)													+																																																						
.(?)													<u> </u>																																																						
(8)													+																																																						
(9)													+																																																						
(10) ·							·····	+					+																																																						
(11)													+																																																						
(12)			1										+																																																						
(13)																																																																			
(14)													1																																																						
(15)													<u> </u>																																																						
(16)		<b>-</b> · · · · · · · · · · · · · · · · · · ·											†																																																						

Schedule R (Form 990) 2017

Schedule R (Fo	rm 990) 2017 NRA Freedom Action Foundation	26-1277941 Page <b>5</b>
Part VII	Supplemental Information. Provide additional information for responses to questions on Schedule R. See I	Instructions.
Part V Line	2 Pursuant to 990 form instructions, although there were transactions noted in	
line 1 of this	Schedule R Part V between related organizations, such transactions were not	
reguired to I	pe 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 not generally required to be listed on		
this schedul	e.	
••••••	·	<u>.</u>
		··