				usiness Income Tax Return						OMB No 1545-0687			
Form O O O		(and proxy tax under section 6033(e))								2010			
	Department of the Treasury Internal Revenue Service ending For calendar year 2010 or other tax ending						ate instructi	Open to Public Inspection for 501(c)(3) Organizations Only					
A	Check box if address changed		Name of organization (Check box if name changed and see instructions) D En								entification number	_	
В	Exempt under section	D. :	NRA SPECIAL CO	ONTRIBUTIO	N FUN	ID			(Empic	iployees' trust, see instructions)			
	X 501 (c)(3)	501 (C) (3) Number, street, and room or suite no. If a P.O. box, see instructions								23-7367534			
	408(e) 220(e)	i i or i							E Unrelated business activity			s	
	408A 530(a)								(See in	(See instructions)			
	529(a)									153220			
С	Book value of all assets at	ook value of all assets at F Group exemption number (See instructions)											
	end of year 16,987,582	G Check	organization type	► X 501(d	c) corp	oration	501(c)	trust] 401(a) t	trust	Other trust		
<u>H</u>	Describe the organiz	Describe the organization's primary unrelated business activity. RETAIL SALES IN GIFT SHOP										_	
i	During the tax year, wa	as the corpor	ation a subsidiary in	an affiliated gr	oup or	a parent-si	ubsidiary cor	trolled grou	p? .	▶	Yes X No	0	
	If "Yes," enter the name												
J	The books are in car		IRA SPECIAL CON		FUND		Telephone	► 575-					
Р	art I Unrelated	Trade or E	Business Incom	e		(A) Income (B) Ex			xpenses		(C) Net		
1	a Gross receipts or s	_	63,960										
	b Less returns and allo			Balance -	1c		3,960					_	
2	Cost of goods sold	•	•		2		14,730						
3	•				3	1	19,230			_	19,230	—	
4	a Capital gain net incb Net gain (loss) (Form			rm /1797\	4a 4b			 -		+-		—	
	c Capital loss deduct				4c						-	_	
5	-			statement)	5								
6	Rent income (Sche	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '										_	
ជ្ជ 7	Unrelated debt-fina	nced incon	ne (Schedule E)		7								
乭 8	Interest, annuities,			rolled									
答.	organizations (Sch	•			8							_	
<u></u>	Investment income			(17)							1		
奶 10	organization (Sche	•			9 10					-		—	
10 11	Exploited exempt a Advertising income				11					+-	_	_	
12		•	•)	12	-				_			
13	Total. Combine line			•	13	1	19,230		0		19,230	_	
P			en Elsewhere (S		ons for	limitatio	ns on ded	uctions)(Except f	or cor	ntributions,		
			rectly connected						•				
14	Compensation of o	fficers, dire	ctors, and trustees	(Schedule K	() .				1	4		_	
15	•								. 1	5	6,457		
16	•		. /							6		_	
17			1. AFR					•		7		_	
18	Interest (attach sch Taxes and licenses	•	131 - 206						_	8		—	
19 20			Metruction estor lumi	tation rules) ·				_	20			
21	Depreciation (attac			204 70/	/ ·	. 2	1	5,281	. —				
22		claimed on	Schedule A and el	sewhere on r	eturn		2a			2b	5,281		
23			- QUEN	. 18/						3			
24	Contributions to de	ferred com	pensation plans							24			
25									_	25			
26										26			
27	·	•	•			٠			_	27	11.050		
28 29	•		•						_	28 29	11,859 23,597	_	
30			-					-	_	30			
31				-					_	11			
32	•				•				_	32	-4,367		
33			•							3		_	
34	Unrelated busines	ss taxable	income. Subtract l			•		nan line					
	32, enter the small	er of zero o	r line 32			<u>.</u>	<u>.</u>		3	34	-4,367		

	edule C—Rent Income et instructions)	(From Real Pro	perty a	nd Pers	onal P	roper	ty Leased	With Real Pro	perty)		
	escription of property											
(1)		···								-		
(2)												
(3)										-		
(4)												
		2. Rent received	or accrued									
(a) From personal property (if the percentage of rent for personal property is more than 10% but not percentage more than 50%) (b) From personal property (if the percentage of rent pe						property	y exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)												
(2)								,				
(3)												
(4)												
Total		0 To	tal				0	(h) T-4-1 d-destina				
here	otal income. Add totals of col and on page 1, Part I, line 6, c	column (A)	>	_			0	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)				
Sch	edule E—Unrelated De	bt-Financed Inc	come (se	e instruc	ctions)_							
	1. Description of debt-	financed property		2. Gross income from or allocable to debt-financed				to debt-finan	r ' ' ' ' ' 			
					property			line depreciation h schedule)	(b) Other deductions (attach schedule)			
(1)												
(2)												
(3)		· - - ·- ·- ·					_					
(4)				ļ								
	4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	acquisition debt on or of or allocable to debt-financed debt-financed property			i 4 nivinen i			icome renortable i		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)					%			0				
(2)					%				0			
(3)				<u> </u>		%		0	0			
(4)				% 0					0			
Totals							nd on page 1, , column (A) 0		here and on page 1, line 7, column (B)			
	dividends-received deducti							•				
<u>Sch</u>	edule F—Interest, Ann	<u>uities, Royalties</u>						zations (see in:	struction	ons)		
			Exen	npt Contr	olled O	rganız	ations	,				
	1. Name of controlled organization 2. Employ identification n		uei i		unrelated income (see instructions)		al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5		
(1)												
(2)												
(3)												
(4)								<u> </u>				
None	exempt Controlled Organiz	ations										
7. Taxable Income			8. Net unrelated income (loss) (see instructions)		9. Total of specified payments made			10. Part of column 9 included in the con organization's gross	trolling	11. Deductions directly connected with income in column 10		
(1)												
(2)												
(3)												
(4)							<u> </u>					
								Add columns 5 and Enter here and on part I, line 8, column	age 1,	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)		
Total	S	•					•		0	0		

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Schedule G—investment inco	me of a Section 5	501(c)			itic	on (see instruc	tions			
1. Description of income	2. Amount of incon	ne	dire	Deductions ectly connected ttach schedule)	4. Set-asides (attach schedu		5. Total deductions and set-asides (col. 3 plus col. 4)			
(1)					十			† -	0	
(2)					1			1	0	
(3)				•	T				0	
(4)					T			 	0	
	Enter here and on pa	age 1,			•			Enter her	e and on page 1,	
	Part I, line 9, column	(A)					Part I, line	e 9, column (B)		
Totals -		0							0	
Schedule I—Exploited Exempt	Activity Income	, Othe	r Than /	Advertising Inco	<u>om</u>	e (see instruc	tions	s)		
Description of exploited activity	2. Gross unrelated business income from trade or business	di conne prod uni	ected with uction of related ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		Trom activity to at 1		Expenses inbutable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				()				0	
(2)				(<u>) </u>				. 0	
(3)				()				0	
(4)				0					0	
	Enter here and on page 1, Part I, line 10, col (A)	page 1, Part I, line 10, col (B)							Enter here and on page 1, Part II, line 26	
Totals	> 0		0						0	
Schedule J—Advertising Incon										
Part I Income From Period	dicals Reported of	on a C	onsolid	ated Basis						
1. Name of periodical	2. Gross advertising income	advertising 3.		4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5. Circulation income	6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)				1						
(4)				1						
					T					
Totals (carry to Part II, line (5))	▶ 0		0		<u> </u>	0		0	0	
Part II Income From Period	dicals Reported o	on a S	eparate	Basis (For each	ı pe	eriodical liste	d ın	Part II, fill	in	
columns 2 through 7	on a line-by-line b	asıs)								
1. Name of periodical	2. Gross advertising income		Direct 4. Advertising gain or (loss) (c 2 minus col 3) a gain, compu cols 5 through			5. Circulation income		Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				(0	
(2)									0	
(3)					5				0	
(4)									0	
(5) Totals from Part I	0		0						0	
Totals, Part II (lines 1-5)	page	nere and on 1, Part I, 1, col (B)						Enter here and on page 1, Part II, line 27		
Schedule K—Compensation o	<u> </u>	ors a			ıor	e)			. 0	
1. Name	, u	2. Title			3. Percent of time devoted to business		•	tion attributable to		
(1)	\neg		Dadiness	%						
(2)					1	%				
(3)	\neg						/o			
(4)		\top			_	1	%		· · · · · ·	
Total Enter here and an age 1 Part II	lino 14			· · · · · · · · · · · · · · · · · · ·			70			

Form **990-T** (2010)

Form 990-T (2010) 23-7367534 Part III, **Tax Computation** 35 Organizations Taxable as Corporations, See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ (2) \$ (3)|\$ **b** Enter organization's share of (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000) c Income tax on the amount on line 34 35c Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the 36 amount on line 34 from Tax rate schedule or Schedule D (Form 1041). 36 37 Proxy tax. See instructions 37 38 Alternative minimum tax 38 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies Part IV **Tax and Payments** 40 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 40a **b** Other credits (see instructions). . 40b 40c General business credit Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) . 40d Total credits. Add lines 40a through 40d . 40e 41 Subtract line 40e from line 39 41 0 Other taxes Check if from: Form 4255 Form 8611 Form 8697 Other (attach schedule) 42 42 43 Total tax. Add lines 41 and 42 . 43 0 44 a Payments A 2009 overpayment credited to 2010. 44b **b** 2010 estimated tax payments c Tax deposited with Form 8868 44c d Foreign organizations Tax paid or withheld at source (see instructions). 44d e Backup withholding (see instructions) . . 44e f Credit for small employer health insurance premiums (Attach Form 8941) 44f g Other credits and payments. Form 2439 Form 4136 Other 45 Total payments. Add lines 44a through 44g . . . 45 0 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 46 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed . 47 0 0 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. 48 49 Enter the amount of line 48 you want Credited to 2011 estimated tax 49 0 Part V Statements Regarding Certain Activities and Other Information (see instructions) Yes No At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign country here ▶ 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? Х If YES, see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ Schedule A—Cost of Goods Sold. Enter method of inventory valuation ▶ 1 Inventory at beginning of year ... 1 61,021 Inventory at end of year . . . 61,489 2 2 45,198 Purchases . . Cost of goods sold. Subtract Cost of labor 3 line 6 from line 5 Enter here 4 a Additional section 263A costs and in Part I. line 2 44.730 (attach schedule) 4a Do the rules of section 263A (with respect to Yes No **b** Other costs (attach schedule) . 4b property produced or acquired for resale) Total. Add lines 1 through 4b 106,219 5 apply to the organization? Under penalties of perjur ve examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, axpayer) is based on all information of which preparer has any knowledge and complete De Sign May the IRS discuss this return with 9/26/2011 **TREASURER** the preparer shown below (see Here instructions)? X Yes Signature of officer Date Title Print/Type preparer's name Preparer's signatu Date Check Paid self-employed JAMES P SWEENEY 9/26/2011 P01263012 Preparer's Firm's EIN ► 41-1944416 Firm's name RSM MCGLADREY, INC **Use Only** Phone no Firm's address 8000 TOWERS CRESCENT DR STE 500, VIENNA VA 22184 703-336-6400