|                                                | print - DO NOT PROCESS As Filed Data -                                                                                                                   |                  |                           |              | 325900502                 |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------|--------------|---------------------------|
| <b>990</b>                                     | Return of Organization Exempt From I                                                                                                                     |                  |                           |              |                           |
|                                                | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coo<br>foundations)                                                                     |                  |                           |              | 2014                      |
| artment of the Treasury<br>nal Revenue Service | <ul> <li>Do not enter social security numbers on this form as it ma</li> <li>Information about Form 990 and its instructions is at <u>www</u></li> </ul> |                  |                           |              | en to Public<br>nspection |
| For the 2014 cal                               | endar year, or tax year beginning 01-01-2014 , and ending 12-31-2014                                                                                     |                  |                           |              |                           |
| Check if applicable                            | C Name of organization<br>NRA SPECIAL CONTRIBUTION FUND                                                                                                  |                  | D Employer                | identifica   | tion number               |
| ddress change<br>Iame change                   |                                                                                                                                                          |                  | 23-7367                   | 534          |                           |
| nitial return                                  | Doing business as<br>WHITTINGTON CENTER                                                                                                                  |                  |                           |              |                           |
| inal                                           | Number and street (or P O box if mail is not delivered to street address) Room/suite                                                                     | 2                | E Telephone               | number       |                           |
| eturn/terminated                               | PO BOX 700                                                                                                                                               |                  | (575)44                   | 5-3615       |                           |
| mended return<br>pplication pending            | City or town, state or province, country, and ZIP or foreign postal code<br>RATON, NM 87740                                                              |                  | <b>G</b> Gross recei      | pts \$ 9,112 | 2,572                     |
|                                                | <b>F</b> Name and address of principal officer<br>WILSON H PHILLIPS JR                                                                                   | H(a) Is this     | ; a group ret<br>linates? | urn for      | ┌ Yes ✔ No                |
|                                                | 11250 WAPLES MILL RD<br>FAIRFAX,VA 22030                                                                                                                 | H(b) Are al      |                           | es           | TYes ∏ No                 |
| ax-exempt status                               | ▼ 501(c)(3)                                                                                                                                              | includ<br>If "No |                           | ist (see     | Instructions)             |
|                                                |                                                                                                                                                          |                  |                           |              |                           |
| Website: 🕨 www                                 |                                                                                                                                                          | H(c) Group       | exemption                 |              |                           |
| orm of organization                            | Corporation 🔽 Trust 🔽 Association 🔽 Other 🍉                                                                                                              | L Year of for    | nation 1974               | M State      | of legal domicile         |
| art I Sum                                      | mary                                                                                                                                                     |                  |                           |              |                           |
| <b>2</b> Check th                              | us box 🖛 if the organization discontinued its operations or disposed of                                                                                  | more than 25     | 5% of its ne              | tassets      |                           |
|                                                |                                                                                                                                                          |                  | 5 70 OF ICS HE            | assets       |                           |
| 3 Number                                       | of voting members of the governing body (Part VI, line 1a)                                                                                               |                  | :                         | 3            |                           |
|                                                | of independent voting members of the governing body (Part VI, line 1b)                                                                                   |                  | · –                       | 4            |                           |
|                                                | mber of individuals employed in calendar year 2014 (Part V, line 2a) .<br>mber of volunteers (estimate if necessary)                                     |                  |                           | 5            | 12.0                      |
|                                                | related business revenue from Part VIII, column (C), line 12                                                                                             |                  |                           | a            | 12,0                      |
|                                                | lated business taxable income from Form 990-T, line 34                                                                                                   |                  |                           |              | - 5                       |
|                                                |                                                                                                                                                          | Prior            | Year                      | C            | urrent Year               |
| <b>8</b> Contri                                | butions and grants (Part VIII, line 1h)                                                                                                                  |                  | 1,845,016                 |              | 2,170,2                   |
| <b>9</b> Progra                                | m service revenue (Part VIII, line 2g)                                                                                                                   |                  | 1,328,785                 |              | 1,247,0                   |
|                                                | ment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                  |                  | 597,355                   |              | 216,7                     |
|                                                | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)<br>evenue—add lines 8 through 11 (must equal Part VIII, column (A), line              |                  | 595,245                   |              | 1,532,7                   |
|                                                |                                                                                                                                                          |                  | 4,366,401                 |              | 5,166,8                   |
| 13 Grants                                      | and similar amounts paid (Part IX, column (A ), lines 1–3 $)$                                                                                            |                  |                           |              |                           |
|                                                | ts paid to or for members (Part IX, column (A), line 4)                                                                                                  |                  |                           |              |                           |
| <b>15</b> Salarie<br>5-10)                     | es, other compensation, employee benefits (Part IX, column (A), lines                                                                                    |                  | 1,443,626                 |              | 1,321,3                   |
| 16a Profes                                     | sional fundraising fees (Part IX, column (A), line 11e)                                                                                                  |                  |                           |              | 87,5                      |
| <b>b</b> Total fu                              | ndraısıng expenses (Part IX, column (D), lıne 25) 🌬 646,580                                                                                              |                  |                           |              |                           |
| 17 Other                                       | expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                                                   |                  | 2,187,885                 | ;            | 2,098,6                   |
| 18 Total e                                     | expenses Add lines 13-17 (must equal Part IX, column (A), line 25)                                                                                       |                  | 3,631,511                 |              | 3,507,5                   |
|                                                | ue less expenses Subtract line 18 from line 12                                                                                                           |                  | 734,890                   |              | 1,659,23                  |
| 20 Totala<br>21 Totall                         |                                                                                                                                                          | Ýe               | of Current<br>ar          |              | nd of Year                |
| 20 Total a                                     | assets (Part X, line 16)                                                                                                                                 |                  | 17,776,548                |              | 18,730,04                 |
| 21 Totall<br>22 Net as                         | Iabilities (Part X, line 26)       Image: sets or fund balances         Sets or fund balances       Subtract line 21 from line 20                        |                  | 8,332,893                 |              | 7,635,30                  |
|                                                | ature Block                                                                                                                                              |                  | כס,נדד,נ                  | 1            | 11,094,/1                 |
| er penalties of                                | perjury, I declare that I have examined this return, including accompany pelief, it is true, correct, and complete Declaration of preparer (other tha    | -                |                           |              |                           |
| <br>                                           |                                                                                                                                                          |                  |                           |              |                           |
|                                                | ture of officer                                                                                                                                          | 201<br>Dat       | .5-09-18                  |              |                           |

| Sign<br>Here     | Signature of officer<br>WILSON H PHILLIPS JR TREASURER<br>Type or print name and title |                                                |                    | Date                           |         |  |
|------------------|----------------------------------------------------------------------------------------|------------------------------------------------|--------------------|--------------------------------|---------|--|
| Doid             | Print/Type preparer's name<br>JAMES P SWEENEY                                          | Preparer's signature<br>JAMES P SWEENEY        | Date<br>2015-09-18 | Check if PTIN<br>self-employed |         |  |
| Paid<br>Preparer | Firm's name 🕨 MCGLADREY LLP                                                            | Firm's EIN 🕨                                   |                    |                                |         |  |
| Use Only         | Firm's address > 1861 INTERNATION                                                      | Firm's address I 1861 INTERNATIONAL DR STE 400 |                    |                                |         |  |
| May the IRS d    | iscuss this return with the prepare                                                    |                                                | ıs) <b></b>        | ।<br>                          | es 🗌 No |  |

| May the IRS discuss this return with the preparer shown above? (see instructions) | • | • | •  | •  | •   | •  | •   | • | • | • | º tes   No           |    |
|-----------------------------------------------------------------------------------|---|---|----|----|-----|----|-----|---|---|---|----------------------|----|
| For Paperwork Reduction Act Notice, see the separate instructions.                |   |   | Сa | tΝ | o 1 | 12 | 82Y | , |   |   | Form <b>990</b> (201 | 4) |

| Form       | 1990 (20                                | 14)                                                                                                                                                 |                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                  | Page <b>2</b>                                                                                              |
|------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Par        |                                         | Statement of Program S<br>Check If Schedule O contains                                                                                              |                                                                                                               |                                                                                                                       | III                                                                                                                                                                                                                                                              | <br>                                                                                                       |
| 1          | Briefly                                 | describe the organization's mi                                                                                                                      | ssion                                                                                                         |                                                                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                            |
|            |                                         | Contribution Fund provides ed<br>enter near Raton, New Mexico                                                                                       |                                                                                                               | ın fırearms safety, ma                                                                                                | arksmanship and wildlife conserv                                                                                                                                                                                                                                 | vation through the NRA                                                                                     |
| 2          | the prio                                | organization undertake any si<br>r Form 990 or 990-EZ? .                                                                                            |                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                  | ∏ Yes 🔽 No                                                                                                 |
| 2          |                                         | " describe these new services                                                                                                                       |                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                            |
| 3          | service                                 | organization cease conductin<br>s?                                                                                                                  |                                                                                                               |                                                                                                                       | onducts, any program                                                                                                                                                                                                                                             | ∏Yes 🔽 No                                                                                                  |
| 4          | Describ<br>expense                      |                                                                                                                                                     | ervice accomplishn<br>. (c )(4 ) organizations                                                                | s are required to repor                                                                                               | nree largest program services, a<br>rt the amount of grants and alloc                                                                                                                                                                                            |                                                                                                            |
| 4a         | (Code                                   | ) (Expenses \$                                                                                                                                      | 2,435,264                                                                                                     | including grants of \$                                                                                                | ) (Revenue \$                                                                                                                                                                                                                                                    | 1,415,022 )                                                                                                |
|            | named<br>Mexico,<br>Willa Ey<br>youth a | in honor of George R Whittington, a<br>warmly welcomes all members of th<br>man Research Library Special event<br>dventure camps The Whittington Ce | champion rifle shooter a<br>le public The Whittington<br>s include womens events<br>nter is widely recognized | nd past NRA President Th<br>n Center grounds also inclu<br>s, training clinics, tourname<br>as a world-class shooting | and wildlife conservation by means of t<br>e Whittington Center, covering 33,000 a<br>ide the Frank Brownell Museum of the 3<br>ents, matches, guided and unguided hu<br>facility and host to scores of competitiv<br>or exciting information including training | acres near Raton, New<br>Southwest and the Bud and<br>nts, nature trail rides, and<br>re, educational, and |
| 4b         | (Code                                   | ) (Expenses \$                                                                                                                                      |                                                                                                               | including grants of \$                                                                                                | ) (Revenue \$                                                                                                                                                                                                                                                    | )                                                                                                          |
|            |                                         |                                                                                                                                                     |                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                            |
| <b>4</b> c | (Code                                   | ) (Expenses \$                                                                                                                                      |                                                                                                               | including grants of \$                                                                                                | ) (Revenue \$                                                                                                                                                                                                                                                    | )                                                                                                          |
|            |                                         |                                                                                                                                                     |                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                            |
|            |                                         |                                                                                                                                                     |                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                  |                                                                                                            |
| 4d         | Other<br>(Exper                         | program services (Describe ir<br>nses \$                                                                                                            | Schedule O)<br>Including grants o                                                                             | f\$                                                                                                                   | ) (Revenue \$                                                                                                                                                                                                                                                    | )                                                                                                          |
| <b>4</b> e |                                         | program service expenses 🕨                                                                                                                          | 2,435,264                                                                                                     |                                                                                                                       |                                                                                                                                                                                                                                                                  | <u> </u>                                                                                                   |
|            |                                         | - •                                                                                                                                                 |                                                                                                               |                                                                                                                       |                                                                                                                                                                                                                                                                  | Form <b>990</b> (2014)                                                                                     |

| Par | t IV Checklist of Required Schedules                                                                                                                                                                                                                                                                             |     |            |    |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i>                                                                                                                                                                                             |     | Yes<br>Yes | No |
|     | complete Schedule A 😼                                                                                                                                                                                                                                                                                            | 1   |            |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐲 🔒 🚬 .                                                                                                                                                                                                        | 2   | Yes        |    |
| 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   |            | No |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>                                                                                                       | 4   |            | No |
| 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? <i>If "Yes," complete Schedule C, Part III</i>                                                                               | 5   |            | No |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>                                                    | 6   |            | No |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                                                                            | 7   |            | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"<br>complete Schedule D, Part III 😨                                                                                                                                                           | 8   | Yes        |    |
| 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? <i>If "Yes," complete Schedule D, Part IV</i>             | 9   |            | No |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                                      | 10  | Yes        |    |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                                                                                   |     |            |    |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10?<br>If "Yes," complete Schedule D, Part VI. 🕏                                                                                                                                                                        | 11a | Yes        |    |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of<br>its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>                                                                                                  | 11b |            | No |
| с   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of<br>its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII                                                                                                         | 11c | Yes        |    |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>                                                                                                                      | 11d |            | No |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏                                                                                                                                                                                          | 11e | Yes        |    |
| 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)? <i>If "Yes," complete Schedule D, Part X</i>                                                            | 11f | Yes        |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year?<br>If "Yes," complete Schedule D, Parts XI and XII 😼                                                                                                                                                            | 12a | Yes        |    |
| Ь   | Was the organization included in consolidated, independent audited financial statements for the tax year? If<br>"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 😼                                                                             | 12b | Yes        |    |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E $\ldots$ .                                                                                                                                                                                                     | 13  |            | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? $\ldots$ $\ldots$ $\ldots$                                                                                                                                                                                           | 14a |            | No |
| Ь   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b |            | No |
| 15  | Dıd the organızatıon report on Part IX, column (A), lıne 3, more than \$5,000 of grants or other assıstance to or<br>for any foreıgn organızatıon? <i>If "Yes," complete Schedule F, Parts II and IV</i>                                                                                                         | 15  |            | No |
| 16  | Did the organization report on Part IX, column (A ), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>                                                                                                     | 16  |            | No |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part<br>IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)                                                                                          | 17  | Yes        |    |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part<br>VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>                                                                                                                         | 18  |            | No |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i><br>"Yes," complete Schedule G, Part III                                                                                                                                                   | 19  |            | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                                                                                                                                                                                                      | 20a |            | No |

 ${f b}$  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

### Page **3**

Form **990** (2014)

20b

| Par       | t IV Checklist of Required Schedules (continued)                                                                                                                                                                                                                                                                 |     |     |    |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i>                                                                                             | 21  |     | No |
| 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  |     | No |
| 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? <i>If "Yes," complete Schedule J</i>                                                      | 23  | Yes |    |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>                            | 24a |     | No |
| b         | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                                                                                                                                                                                                                | 24b |     |    |
| с         | Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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? $\ldots$ .                                                                                                                                                                                               | 24d |     |    |
| 25a       | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                                                                                       | 25a |     | No |
| 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? <i>If "Yes," complete Schedule L, Part I</i>                                       | 25b |     | No |
| 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? <i>If "Yes," complete Schedule L, Part II</i>                                 | 26  |     | No |
| 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 entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27  |     | No |
| 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)                                                                                                                     |     |     |    |
| а         | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part</i><br>IV                                                                                                                                                                                                | 28a |     | No |
| b         | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                                                                                                                | 28b |     | No |
| 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? <i>If "Yes," complete Schedule L, Part IV</i>                                                                                    | 28c |     | No |
| <b>29</b> | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔒 🥵                                                                                                                                                                                                     | 29  | Yes |    |
| 30        | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M                                                                                                                                         | 30  |     | No |
| 31        | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i><br>Part I                                                                                                                                                                                     | 31  |     | No |
| 32        | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>                                                                                                                                                                      | 32  |     | No |
| 33        | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>                                                                                                                      | 33  |     | No |
| 34        | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1                                                                                                                                                                         | 34  | Yes |    |
| 35a       | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                          | 35a |     | No |
| b         | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>                                                                                         | 35b |     |    |
| 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  | Yes |    |
| 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? <i>If "Yes," complete Schedule R, Part VI</i>                                                                             | 37  |     | No |
| 38        | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O                                                                                                                           | 38  | Yes |    |

| Form | 990 (2014)                                                                                                                                                                                                                         |            |     | Page <b>5</b> |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|---------------|
| Pa   | rt V Statements Regarding Other IRS Filings and Tax Compliance                                                                                                                                                                     |            |     |               |
|      | Check if Schedule O contains a response or note to any line in this Part V                                                                                                                                                         |            |     |               |
|      |                                                                                                                                                                                                                                    |            | Yes | No            |
|      | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable . 1a 57                                                                                                                                               | -          |     |               |
|      | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0                                                                                                                                                   |            |     |               |
| с    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                                                                           | 1c         | Yes |               |
| 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                                                                                                                                                                                                                     |            |     |               |
| Ь    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b         | Yes |               |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                      | 3a         | Yes |               |
| b    | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O                                                                                                                        | 3b         | Yes |               |
| 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<br>account)?                                                                                                        | 4a         |     | No            |
| b    | If "Yes," enter the name of the foreign country 🕨                                                                                                                                                                                  |            |     |               |
|      | 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? $$ . $$ .                                                                                                                    | 5a         |     | No            |
| b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                   | 5b         |     | No            |
| с    | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                 |            |     |               |
|      |                                                                                                                                                                                                                                    | 5c         |     |               |
|      | 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         |     | No            |
| Ь    | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                      | 6b         |     |               |
|      | 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         |     | No            |
|      | If "Yes," did the organization notify the donor of the value of the goods or services provided? $\ldots$ . $\ldots$                                                                                                                | 7b         |     |               |
| С    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                               | 7c         |     | No            |
| d    | If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                  |            |     | 110           |
| e    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit                                                                                                                              |            |     | D.            |
| f    | contract?                                                                                                                                                                                                                          | 7e<br>7f   |     | No<br>No      |
|      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                   |            |     |               |
| h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a                                                                                                              | - 3        |     |               |
| 8    | Form 1098-C?                                                                                                                                                                                                                       | 7h         |     |               |
| 0    | Did a donor advised fund maintaining donor advised runds.<br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time<br>during the year?                                      | 8          |     |               |
| 9a   | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                 | 9a         |     |               |
|      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                  | 9b         |     | <u> </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                                                                                                                                        |            |     |               |
| 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 )                                                                                                       |            |     |               |
| 4.5  |                                                                                                                                                                                                                                    | 1          |     |               |
|      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?<br>If "Yes," enter the amount of tax-exempt interest received or accrued during the                                     | 12a        |     |               |
| 40   | year                                                                                                                                                                                                                               |            |     |               |
|      | Section 501(c)(29) qualified nonprofit health insurance issuers.<br>Is the organization licensed to issue qualified health plans in more than one state?                                                                           | 13a        |     |               |
| Ь    | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O<br>Enter the amount of reserves the organization is required to maintain by the states                                     |            |     |               |
| r    | In which the organization is licensed to issue qualified health plans <b>13b</b><br>Enter the amount of reserves on hand <b>13c</b>                                                                                                |            |     |               |
|      | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                         | <br>  1/-  |     | No            |
|      | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>                                                                                                                   | 14a<br>14b |     |               |
| D    | in res, has it med a round zo to report these payments (if ivo, provide an explanation in Schedule U                                                                                                                               | 140        |     |               |

| orm        | 990 (2014)                                                                                                                                                                                                                                                                                         |               |       | Page <b>6</b> |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------|---------------|
| Par        | <b>t VI Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7<br>"No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or chang<br>See instructions.                                                                               |               |       | ule O.        |
|            | Check if Schedule O contains a response or note to any line in this Part VI                                                                                                                                                                                                                        | •             | •••   | <u>.</u>      |
| Se         | ection A. Governing Body and Management                                                                                                                                                                                                                                                            |               |       |               |
|            |                                                                                                                                                                                                                                                                                                    |               | Yes   | No            |
| <b>1</b> a | Enter the number of voting members of the governing body at the end of the tax year                                                                                                                                                                                                                |               |       | l             |
|            | If there are material differences in voting rights among members of the governing<br>body, or if the governing body delegated broad authority to an executive committee<br>or similar committee, explain in Schedule O                                                                             |               |       |               |
| b          | Enter the number of voting members included in line 1a, above, who are independent       1b       14                                                                                                                                                                                               |               |       |               |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?                                                                                                                              | 2             |       | No            |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?                                                                                | 3             |       | No            |
| 4          | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                                                                                                   | 4             |       | No            |
| 5          | Did the organization become aware during the year of a significant diversion of the organization's assets? $$ .                                                                                                                                                                                    | 5             |       | No            |
| 6          | Did the organization have members or stockholders?                                                                                                                                                                                                                                                 | 6             |       | No            |
| 7a         | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?                                                                                                                                                 | 7a            |       | No            |
| b          | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                                                                                                          | 7b            |       | No            |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                                                                                                   |               |       |               |
| а          | The governing body?                                                                                                                                                                                                                                                                                | 8a            | Yes   |               |
| b          | Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                              | 8b            | Yes   |               |
| 9          | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>                                                                                | 9             |       | No            |
| Se         | ection B. Policies (This Section B requests information about policies not required by the Internal R                                                                                                                                                                                              | <u>even</u> ı |       | <u>e.)</u>    |
|            |                                                                                                                                                                                                                                                                                                    |               | Yes   | No            |
|            | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                                 | 10a           |       | No            |
|            | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?                                                                         | 10b           |       |               |
|            | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                        | 11a           | Yes   | ļ             |
|            | 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           | Yes   |               |
|            | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give<br>rise to conflicts?                                                                                                                                                             | 12b           | Yes   | L             |
| С          | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>                                                                                                                                          | 12c           | Yes   |               |
| 13         | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                          | 13            | Yes   |               |
| 14         | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                                     | 14            | Yes   |               |
| 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 decision?                                                                               |               |       |               |
|            | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                             | 15a           |       | No            |
| b          | O ther officers or key employees of the organization                                                                                                                                                                                                                                               | 15b           |       | No            |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)                                                                                                                                                                                                                 |               |       |               |
|            | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                              | 16a           |       | No            |
| Ь          | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its<br>participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the<br>organization's exempt status with respect to such arrangements? | 16b           |       |               |
| Se         | ection C. Disclosure                                                                                                                                                                                                                                                                               |               |       | <u> </u>      |
| 17         |                                                                                                                                                                                                                                                                                                    | NH,N          | IJ,NM | ,NY,          |
| 18         | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)                                                                                                                                                                                        |               | .,,   |               |

(3)s only) available for public inspection Indicate how you made these available. Check all that apply Own website Another's website V pon request Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 ►NRA SPECIAL CONTRIBUTION FUND
 10 MILES SOUTH OF
 RATON, NM 877400700 (575)445-3615

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 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, or 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)<br>Name and Title                                    | (B)<br>A verage<br>hours per<br>week (list<br>any hours<br>for related<br>organizations<br>below<br>dotted line) | more<br>pers | than<br>on is | one<br>bot<br>ecto | not<br>box<br>h an<br>or/tr | check; office Highest compensated | ess<br>er<br>e) | (D)<br>Reportable<br>compensation<br>from the<br>organization<br>(W- 2/1099-<br>MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------|---------------|--------------------|-----------------------------|-----------------------------------|-----------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| (1) RONALD L SCHMEITS                                    | 1 00                                                                                                             | x            |               | х                  |                             |                                   |                 | 0                                                                                     | 0                                                                                          | 0                                                                                                                  |
| CHAIR, BOARD OF TRUSTEES                                 | 1 00                                                                                                             |              |               |                    |                             |                                   |                 |                                                                                       |                                                                                            |                                                                                                                    |
| (2) DAVID E BENNETT III<br>VICE CHAIR, BOARD OF TRUSTEES | 1 00<br><br>1 00                                                                                                 | х            |               | х                  |                             |                                   |                 | 0                                                                                     | 0                                                                                          | 0                                                                                                                  |
| (3) THOMAS P ARVAS                                       | 1 00                                                                                                             |              |               |                    |                             |                                   |                 |                                                                                       |                                                                                            |                                                                                                                    |
|                                                          | 1 00                                                                                                             | X            |               |                    |                             |                                   |                 | 0                                                                                     | 0                                                                                          | 0                                                                                                                  |
| (4) M CAROL BAMBERY                                      | 1 00                                                                                                             |              |               |                    |                             |                                   |                 |                                                                                       |                                                                                            |                                                                                                                    |
| TRUSTEE                                                  | 2 00                                                                                                             | х            |               |                    |                             |                                   |                 | 0                                                                                     | 0                                                                                          | 0                                                                                                                  |
| (5) CRAIG BODDINGTON                                     | 1 00                                                                                                             | x            |               |                    |                             |                                   |                 | 0                                                                                     | 0                                                                                          | 0                                                                                                                  |
| TRUSTEE                                                  |                                                                                                                  |              |               |                    |                             |                                   |                 |                                                                                       |                                                                                            |                                                                                                                    |
| (6) ROBERT K BROWN                                       | 1 00                                                                                                             | x            |               |                    |                             |                                   |                 | 0                                                                                     | 0                                                                                          | 0                                                                                                                  |
|                                                          | 1 00                                                                                                             |              |               |                    |                             |                                   |                 |                                                                                       |                                                                                            |                                                                                                                    |
| (7) FRANK R BROWNELL III<br><br>TRUSTEE                  | 1 00                                                                                                             | х            |               |                    |                             |                                   |                 | 0                                                                                     | 0                                                                                          | 0                                                                                                                  |
| (8) J WILLIAM CARTER                                     | 1 00                                                                                                             |              |               |                    |                             |                                   |                 |                                                                                       |                                                                                            |                                                                                                                    |
| TRUSTEE                                                  | 1 00                                                                                                             | X            |               |                    |                             |                                   |                 | 0                                                                                     | 0                                                                                          | 0                                                                                                                  |
| (9) JOHN L CUSHMAN                                       | 1 00                                                                                                             |              |               |                    |                             |                                   |                 |                                                                                       |                                                                                            | -                                                                                                                  |
| TRUSTEE                                                  | 1 00                                                                                                             | X            |               |                    |                             |                                   |                 | 0                                                                                     | 0                                                                                          | 0                                                                                                                  |
| (10) WILLIAM H DAILEY<br><br>TRUSTEE                     | 1 00                                                                                                             | x            |               |                    |                             |                                   |                 | 0                                                                                     | 0                                                                                          | 0                                                                                                                  |
| (11) JAMES W PORTER II                                   | 1 00                                                                                                             |              |               |                    |                             |                                   |                 |                                                                                       |                                                                                            |                                                                                                                    |
| TRUSTEE                                                  | 21 00                                                                                                            | х            |               |                    |                             |                                   |                 | 0                                                                                     | 0                                                                                          | 0                                                                                                                  |
| (12) KAYNE ROBINSON                                      | 1 00                                                                                                             |              |               |                    |                             |                                   |                 | _                                                                                     | _                                                                                          | _                                                                                                                  |
| TRUSTEE                                                  |                                                                                                                  | х            |               |                    |                             |                                   |                 | 0                                                                                     | 0                                                                                          | 0                                                                                                                  |
| (13) JOHN C SIGLER<br>TRUSTEE                            | 1 00                                                                                                             | x            |               |                    |                             |                                   |                 | 0                                                                                     | 0                                                                                          | 0                                                                                                                  |
| (14) JOHN H THOMPSON                                     | 1 00                                                                                                             |              |               |                    |                             |                                   |                 |                                                                                       |                                                                                            |                                                                                                                    |
| TRUSTEE                                                  |                                                                                                                  | X            |               |                    |                             |                                   |                 | 0                                                                                     | 0                                                                                          | 0                                                                                                                  |
|                                                          |                                                                                                                  |              |               |                    |                             |                                   |                 |                                                                                       |                                                                                            | Form <b>990</b> (2014)                                                                                             |

### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and Title                              | (B)<br>A verage<br>hours per<br>week (list<br>any hours<br>for related<br>organizations<br>below<br>dotted line) | more<br>pers | than<br>on is | one<br>bot<br>recto | not<br>box<br>h ar<br>or/tr | check, unle<br>c, unle<br>ruste Highest compensated | ess<br>er | <b>(D)</b><br>Reportable<br>compensation<br>from the<br>organization<br>(W- 2/1099-<br>MISC) | <b>(E)</b><br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------|---------------|---------------------|-----------------------------|-----------------------------------------------------|-----------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| (15) ROBERT L VIDEN JR<br>TRUSTEE                  | 1 00<br>1 00                                                                                                     | x            |               |                     |                             |                                                     |           | 0                                                                                            | 0                                                                                                 | 0                                                                                                               |
| (16) EMILY CUMMINS<br>SECRETARY                    | 1 00<br>                                                                                                         |              |               | x                   |                             |                                                     |           | 0                                                                                            | 180,040                                                                                           | 27,624                                                                                                          |
| (17) WILSON H PHILLIPS JR<br>TREASURER             | 1 00<br>                                                                                                         |              |               | x                   |                             |                                                     |           | 0                                                                                            | 564,783                                                                                           | 40,970                                                                                                          |
| (18) WAYNE ARMACOST<br>WHITTINGTON CENTER DIRECTOR | 45 00                                                                                                            |              |               | x                   |                             |                                                     |           | 108,832                                                                                      | 0                                                                                                 | 43,265                                                                                                          |

| 1b | Sub-Total                                             | • |         |         |         |
|----|-------------------------------------------------------|---|---------|---------|---------|
| С  | Total from continuation sheets to Part VII, Section A | • |         |         |         |
| d  | Total (add lines 1b and 1c)                           | ► | 108,832 | 744,823 | 111,859 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►1

|   |                                                                                                                                                                                                                                     |   | Yes | No |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-----|----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee<br>on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                     | 3 |     | No |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | Yes |    |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                              | 5 |     | No |

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address                                                                                                              | (B)<br>Description of services | <b>(C)</b><br>Compensation |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------|
| AcuSport Corporation<br>One Hunter Place<br>Bellefontaine, OH 43311                                                                           | Products and supplies          | 329,433                    |
| Shamrock Foods Company<br>PO Box 910219<br>Denver, CO 80291                                                                                   | Dining facilities supplies     | 124,880                    |
|                                                                                                                                               |                                |                            |
|                                                                                                                                               |                                |                            |
|                                                                                                                                               |                                |                            |
| 2 Total number of independent contractors (including but not limited to those listed above \$100,000 of compensation from the organization ►2 | ) who received more than       |                            |

| Form 99                                                   |         |                                                 |                                                        |                        |                      |                                                           |                                         | Page <b>9</b>                                                       |
|-----------------------------------------------------------|---------|-------------------------------------------------|--------------------------------------------------------|------------------------|----------------------|-----------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|
| Part \                                                    | /111    |                                                 | o <b>f Revenue</b><br>ule O contains a respo           | unse or note to any lu | e in this Part VIII  |                                                           |                                         | Г                                                                   |
|                                                           |         |                                                 |                                                        |                        | (A)<br>Total revenue | <b>(B)</b><br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |
| s S                                                       | 1a      | Federated cam                                   | paıgns 1a                                              | ۱                      |                      |                                                           |                                         |                                                                     |
| Contributions, Giffs, Grants<br>and Other Similar Amounts | Ь       | Membership du                                   | les 11                                                 |                        |                      |                                                           |                                         |                                                                     |
| ΰĝ                                                        | с       | Fundraising ev                                  | ents 10                                                |                        |                      |                                                           |                                         |                                                                     |
| τa,                                                       | d       | Related organiz                                 | zations 10                                             | 125,979                |                      |                                                           |                                         |                                                                     |
| nila                                                      | e       | Government grant                                |                                                        |                        |                      |                                                           |                                         |                                                                     |
| Sin's                                                     |         | _                                               |                                                        |                        |                      |                                                           |                                         |                                                                     |
| utio<br>er                                                | f       | All other contributions and similar amounts no  | ons, gifts, grants, and <b>11</b><br>ot included above | 2,044,227              |                      |                                                           |                                         |                                                                     |
| i e e                                                     | g       | Noncash contributi<br>1a-1f \$                  | ons included in lines                                  | 883,425                | ĺ                    | İ                                                         |                                         |                                                                     |
| nd t                                                      | h       | <b>Total.</b> Add line:                         | s 1a-1f                                                |                        | 2,170,206            |                                                           |                                         |                                                                     |
| ы С                                                       |         |                                                 |                                                        |                        | , ,                  |                                                           |                                         |                                                                     |
| lle                                                       | 2a      | PROGRAM FEES                                    |                                                        | Business Code          | 1 247 000            | 1 247 000                                                 |                                         |                                                                     |
| rer                                                       | b       | PROGRAM FEES                                    |                                                        | 813000                 | 1,247,069            | 1,247,069                                                 |                                         |                                                                     |
| <u>ل</u> تر<br>م                                          | c       |                                                 |                                                        |                        |                      |                                                           |                                         |                                                                     |
| С.<br>М                                                   | d       |                                                 |                                                        |                        |                      |                                                           |                                         |                                                                     |
| Sei                                                       | e       |                                                 |                                                        |                        |                      |                                                           |                                         |                                                                     |
| Program Service Revenue                                   | f       | All other progra                                | am service revenue                                     |                        |                      |                                                           |                                         |                                                                     |
| الم<br>مح                                                 | -       |                                                 |                                                        |                        |                      |                                                           |                                         |                                                                     |
|                                                           | g       |                                                 | s 2a-2f                                                |                        | 1,247,069            |                                                           |                                         |                                                                     |
|                                                           | 3       |                                                 | ome (including dividei<br>ar amounts)                  |                        | 155,176              |                                                           |                                         | 155,176                                                             |
|                                                           | 4       | Income from inves                               | stment of tax-exempt bond                              | proceeds 🕨             |                      |                                                           |                                         |                                                                     |
|                                                           | 5       | Royalties .                                     |                                                        | ►                      |                      |                                                           |                                         |                                                                     |
|                                                           |         |                                                 | (I) Real<br>23,410                                     | (11) Personal          |                      |                                                           |                                         |                                                                     |
|                                                           | 6a<br>b | Gross rents<br>Less rental                      | 23,410                                                 |                        |                      |                                                           |                                         |                                                                     |
|                                                           |         | expenses<br>Rental income                       | 22.410                                                 |                        |                      |                                                           |                                         |                                                                     |
|                                                           | С       | or (loss)                                       | 23,410                                                 |                        |                      |                                                           |                                         |                                                                     |
|                                                           | d       | Net rental inco                                 | me or (loss)                                           |                        | 23,410               |                                                           |                                         | 23,410                                                              |
|                                                           | 7a      | Gross amount                                    | (I) Securities                                         | (II) Other             |                      |                                                           |                                         |                                                                     |
|                                                           |         | from sales of<br>assets other<br>than inventory | 3,307,000                                              | 62,262                 |                      |                                                           |                                         |                                                                     |
|                                                           | Ь       | Less cost or other basis and                    | 3,307,671                                              |                        |                      |                                                           |                                         |                                                                     |
|                                                           | c       | sales expenses<br>Gaın or (loss)                | -671                                                   | 62,262                 |                      |                                                           |                                         |                                                                     |
|                                                           | d       | Net gain or (los                                | s)                                                     | · · · · · •            | 61,591               | 62,262                                                    |                                         | -671                                                                |
| ane                                                       | 8a      | Gross income f<br>events (not inc<br>\$         |                                                        |                        |                      |                                                           |                                         |                                                                     |
| Other Revenue                                             |         |                                                 | s reported on line 1c)<br>ne 18<br>a                   |                        |                      |                                                           |                                         |                                                                     |
| the                                                       | b       |                                                 | penses Ł                                               |                        |                      |                                                           |                                         |                                                                     |
| 0                                                         | С       |                                                 | (loss) from fundraising                                | events 🕨               |                      |                                                           |                                         |                                                                     |
|                                                           | 9a      |                                                 | rom gamıng actıvıtıes<br>ne 19                         |                        |                      |                                                           |                                         |                                                                     |
|                                                           | Ь       | Less dırectex                                   | penses Ł                                               |                        |                      |                                                           |                                         |                                                                     |
|                                                           | с       | Net income or                                   | (loss) from gaming act                                 | ivities                |                      |                                                           |                                         |                                                                     |
|                                                           | 10a     | Gross sales of returns and allo                 |                                                        | 723,388                |                      |                                                           |                                         |                                                                     |
|                                                           | Ь       | Less costofa                                    | oodssold b                                             | 638,086                |                      |                                                           |                                         |                                                                     |
|                                                           | с       |                                                 | (loss) from sales of inv                               |                        | 85,302               | -20,389                                                   | 105,691                                 |                                                                     |
|                                                           |         | Mıscellaneou                                    | s Revenue                                              | Business Code          |                      |                                                           |                                         |                                                                     |
|                                                           | 11a     | Mineral rights,                                 | net                                                    | 212000                 | 1,424,061            |                                                           |                                         | 1,424,061                                                           |
|                                                           | b       |                                                 |                                                        |                        |                      |                                                           |                                         |                                                                     |
|                                                           | с       |                                                 |                                                        |                        |                      |                                                           |                                         |                                                                     |
|                                                           | d       |                                                 | ue                                                     |                        |                      |                                                           |                                         |                                                                     |
|                                                           | e       | Total. Add line:                                |                                                        | · · · •                | 1,424,061            |                                                           |                                         |                                                                     |
|                                                           | 12      | Total revenue.                                  | See Instructions .                                     | · · · · •              | 5,166,815            | 1,288,942                                                 | 105,691                                 | 1,601,976                                                           |

Part IX Statement of Functional Expenses

|    | Check if Schedule O contains a response or note to any line in this<br>of include amounts reported on lines 6b,<br>o, 9b, and 10b of Part VIII.<br>Grants and other assistance to domestic organizations and              | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service | (C)<br>Management and | (D)                     |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------|-----------------------|-------------------------|
|    |                                                                                                                                                                                                                           |                              | expenses                      | general expenses      | Fundraising<br>expenses |
| 2  | domestic governments See Part IV, line 21                                                                                                                                                                                 | 0                            |                               |                       |                         |
|    | Grants and other assistance to domestic individuals See Part IV , line 22                                                                                                                                                 | 0                            |                               |                       |                         |
| 3  | Grants and other assistance to foreign organizations, foreign<br>governments, and foreign individuals See Part IV, lines 15<br>and 16                                                                                     | 0                            |                               |                       |                         |
| 4  | Benefits paid to or for members                                                                                                                                                                                           | 0                            |                               |                       |                         |
| 5  | Compensation of current officers, directors, trustees, and key employees                                                                                                                                                  | 152,097                      | 120,765                       | 16,579                | 14,753                  |
| 6  | Compensation not included above, to disqualified persons<br>(as defined under section 4958(f)(1)) and persons<br>described in section 4958(c)(3)(B)                                                                       | 0                            |                               |                       |                         |
| 7  | Other salaries and wages                                                                                                                                                                                                  | 867,295                      | 688,714                       | 94,411                | 84,170                  |
| 8  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                                        | 106,299                      | 82,776                        | 12,365                | 11,158                  |
| 9  | Other employee benefits                                                                                                                                                                                                   | 118,982                      | 92,653                        | 13,840                | 12,489                  |
| 10 | Payroll taxes                                                                                                                                                                                                             | 76,704                       | 59,730                        | 8,922                 | 8,052                   |
| 11 | Fees for services (non-employees)                                                                                                                                                                                         |                              |                               |                       |                         |
| а  | Management                                                                                                                                                                                                                | 0                            |                               |                       |                         |
| b  | Legal                                                                                                                                                                                                                     | 1,592                        | 1,474                         | 59                    | 59                      |
| с  | Accounting                                                                                                                                                                                                                | 13,500                       |                               | 13,500                |                         |
| d  | Lobbying                                                                                                                                                                                                                  | 0                            |                               |                       |                         |
| е  | Professional fundraising services See Part IV, line 17                                                                                                                                                                    | 87,500                       |                               |                       | 87,500                  |
| f  | Investment management fees                                                                                                                                                                                                | 0                            |                               |                       |                         |
| g  | Other (If line 11g amount exceeds 10% of line 25, column (A)<br>amount, list line 11g expenses on Schedule O).....                                                                                                        | 0                            |                               |                       |                         |
| 12 | Advertising and promotion                                                                                                                                                                                                 | 322,870                      | 3,886                         | 16,125                | 302,859                 |
| 13 | Office expenses                                                                                                                                                                                                           | 14,126                       | 10,368                        | 3,758                 |                         |
| 14 | Information technology                                                                                                                                                                                                    | 18,746                       | 9,105                         | 8,790                 | 851                     |
| 15 | Royalties                                                                                                                                                                                                                 | 0                            |                               |                       |                         |
| 16 | Occupancy                                                                                                                                                                                                                 | 51,640                       | 47,814                        | 1,913                 | 1,913                   |
| 17 | Travel                                                                                                                                                                                                                    | 41,554                       | 7,925                         | 30,904                | 2,725                   |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                            | 0                            |                               |                       |                         |
| 19 | Conferences, conventions, and meetings                                                                                                                                                                                    | 0                            |                               |                       |                         |
| 20 | Interest                                                                                                                                                                                                                  | 121,477                      | 112,478                       | 4,499                 | 4,500                   |
| 21 | Payments to affiliates                                                                                                                                                                                                    | 0                            |                               |                       |                         |
| 22 | Depreciation, depletion, and amortization                                                                                                                                                                                 | 362,373                      | 312,407                       | 31,023                | 18,943                  |
| 23 | Insurance                                                                                                                                                                                                                 | 105,612                      | 68,284                        | 5,833                 | 31,495                  |
| 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  | Ranch, range and program supplies                                                                                                                                                                                         | 565,110                      | 476,022                       | 85,207                | 3,881                   |
| b  | Equipment and equipment maintenance                                                                                                                                                                                       | 290,565                      | 243,934                       | 10,624                | 36,007                  |
| с  | Whittington Center utilities                                                                                                                                                                                              | 104,004                      | 96,300                        | 3,852                 | 3,852                   |
| d  | Postage and shipping                                                                                                                                                                                                      | 26,188                       | 629                           | 4,186                 | 21,373                  |
| e  | All other expenses                                                                                                                                                                                                        | 59,297                       |                               | 59,297                |                         |
| 25 | Total functional expenses. Add lines 1 through 24e                                                                                                                                                                        | 3,507,531                    | 2,435,264                     | 425,687               | 646,580                 |
| 26 | Joint costs. Complete this line only if the organization<br>reported in column (B) joint costs from a combined<br>educational campaign and fundraising solicitation Check<br>here ▶ ┌ if following SOP 98-2 (ASC 958-720) |                              |                               |                       |                         |

Part X Balance Sheet

|              |     | Check if Schedule O contains a response or note to any line in this Part X                                                                                                                                                                                                                                                        | · · · · ·                |     | · · · ·//                 |
|--------------|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----|---------------------------|
|              |     |                                                                                                                                                                                                                                                                                                                                   | (A)<br>Beginning of year |     | <b>(B)</b><br>End of year |
|              | 1   | Cash-non-interest-bearing                                                                                                                                                                                                                                                                                                         |                          | 1   |                           |
|              | 2   | Savings and temporary cash investments                                                                                                                                                                                                                                                                                            | 2,216,259                | 2   | 1,893,318                 |
|              | 3   | Pledges and grants receivable, net                                                                                                                                                                                                                                                                                                | 9,743                    | 3   | 70,524                    |
|              | 4   | Accounts receivable, net                                                                                                                                                                                                                                                                                                          | 1,073,167                | 4   | 1,138,277                 |
|              | 5   | Loans and other receivables from current and former officers, directors, trustees, kee<br>employees, and highest compensated employees Complete Part II of<br>Schedule L                                                                                                                                                          | 2y                       | 5   |                           |
| Assets       | 6   | Loans and other receivables from other disqualified persons (as defined under secti<br>4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employe<br>and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary<br>organizations (see instructions) Complete Part II of Schedule L | rs                       | 6   |                           |
| ŝ            | 7   | Notes and loans receivable, net                                                                                                                                                                                                                                                                                                   |                          | 7   |                           |
| Ξ.           | 8   | Inventories for sale or use                                                                                                                                                                                                                                                                                                       | 448,884                  | 8   | 769,083                   |
|              | 9   | Prepaid expenses and deferred charges                                                                                                                                                                                                                                                                                             | 37,764                   | -   | 5,124                     |
|              | 10a | Land, buildings, and equipment cost or other basis Complete                                                                                                                                                                                                                                                                       |                          |     |                           |
|              |     | Part VI of Schedule D 16,156,2                                                                                                                                                                                                                                                                                                    | 204                      |     |                           |
|              | Ь   | Less accumulated depreciation <b>10b</b> 6,746,7                                                                                                                                                                                                                                                                                  | 9,434,495                | 10c | 9,409,462                 |
|              | 11  | Investments—publicly traded securities                                                                                                                                                                                                                                                                                            | 3,791,307                | 11  | 3,833,162                 |
|              | 12  | Investments—other securities See Part IV, line 11                                                                                                                                                                                                                                                                                 |                          | 12  |                           |
|              | 13  | Investments—program-related See Part IV, line 11                                                                                                                                                                                                                                                                                  | 764,929                  | 13  | 1,611,098                 |
|              | 14  | Intangible assets                                                                                                                                                                                                                                                                                                                 |                          | 14  |                           |
|              | 15  | Other assets See Part IV, line 11                                                                                                                                                                                                                                                                                                 |                          | 15  |                           |
|              | 16  | Total assets. Add lines 1 through 15 (must equal line 34)                                                                                                                                                                                                                                                                         | 17,776,548               | 16  | 18,730,048                |
|              | 17  | Accounts payable and accrued expenses                                                                                                                                                                                                                                                                                             | 870,480                  | 17  | 206,484                   |
|              | 18  | Grants payable                                                                                                                                                                                                                                                                                                                    |                          | 18  |                           |
|              | 19  | Deferred revenue                                                                                                                                                                                                                                                                                                                  | 114,100                  | 19  | 139,877                   |
|              | 20  | Tax-exempt bond liabilities                                                                                                                                                                                                                                                                                                       |                          | 20  |                           |
|              | 21  | Escrow or custodial account liability Complete Part IV of Schedule D                                                                                                                                                                                                                                                              |                          | 21  |                           |
| lities       | 22  | Loans and other payables to current and former officers, directors, trustees,<br>key employees, highest compensated employees, and disqualified                                                                                                                                                                                   |                          |     |                           |
| Lìabìl       |     | persons Complete Part II of Schedule L                                                                                                                                                                                                                                                                                            |                          | 22  |                           |
| Ë            | 23  | Secured mortgages and notes payable to unrelated third parties                                                                                                                                                                                                                                                                    | 59,028                   | 23  | 40,336                    |
|              | 24  | Unsecured notes and loans payable to unrelated third parties                                                                                                                                                                                                                                                                      |                          | 24  |                           |
|              | 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                                                                                                                                                                                                                                                                                                                                 | 7,289,285                | 25  | 7,248,606                 |
|              | 26  | Total liabilities. Add lines 17 through 25                                                                                                                                                                                                                                                                                        | 8,332,893                | 26  | 7,635,303                 |
| ол<br>du     |     | Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔽 and complete                                                                                                                                                                                                                                                         |                          |     |                           |
| ЪÇ           | 27  | lines 27 through 29, and lines 33 and 34.                                                                                                                                                                                                                                                                                         | 9 574 202                |     | 10 100 103                |
| <u>0</u>     | 27  | Unrestricted net assets                                                                                                                                                                                                                                                                                                           | 8,574,303                |     | 10,100,103                |
| Fund Balance | 28  | Temporarily restricted net assets                                                                                                                                                                                                                                                                                                 | 759,268                  |     | 884,558                   |
| JUL          | 29  | Permanently restricted net assets                                                                                                                                                                                                                                                                                                 | 110,084                  | 29  | 110,084                   |
| Ę            |     | Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🦵 and complete lines 30 through 34.                                                                                                                                                                                                                             |                          |     |                           |
| Assets or    | 30  | Capital stock or trust principal, or current funds                                                                                                                                                                                                                                                                                |                          | 30  |                           |
| ets          | 31  | Paid-in or capital surplus, or land, building or equipment fund                                                                                                                                                                                                                                                                   |                          | 31  | <u> </u>                  |
| ۲S S         | 32  | Retained earnings, endowment, accumulated income, or other funds                                                                                                                                                                                                                                                                  |                          | 32  | <u> </u>                  |
|              | 33  | Total net assets or fund balances                                                                                                                                                                                                                                                                                                 | 9,443,655                |     | 11,094,745                |
| Net          |     |                                                                                                                                                                                                                                                                                                                                   |                          |     | · · ·                     |
|              | 34  | Total liabilities and net assets/fund balances                                                                                                                                                                                                                                                                                    | 17,776,548               |     | 18,730,048                |
|              |     |                                                                                                                                                                                                                                                                                                                                   |                          |     | Form <b>990</b> (2014)    |

| Form | 990 | (2014) |  |
|------|-----|--------|--|
|------|-----|--------|--|

| Par | <b>t XI</b> Reconcilliation of Net Assets<br>Check if Schedule O contains a response or note to any line in this Part XI                                                                                              |          |    |      |         |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|------|---------|
|     |                                                                                                                                                                                                                       |          |    |      |         |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)       1                                                                                                                                                     |          |    | 5,1  | L66,815 |
| 2   | Total expenses (must equal Part IX, column (A), line 25)                                                                                                                                                              |          |    | 2 1  | 507,531 |
| 3   | Revenue less expenses Subtract line 2 from line 1                                                                                                                                                                     | -        |    | 5,5  |         |
|     | 3                                                                                                                                                                                                                     | _        |    | 1,6  | 559,284 |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                                                                                                                             |          |    | 9,4  | 143,655 |
| 5   | Net unrealized gains (losses) on investments       5                                                                                                                                                                  |          |    |      | -8,194  |
| 6   | Donated services and use of facilities                                                                                                                                                                                | +        |    |      |         |
| 7   | 6           Investment expenses                                                                                                                                                                                       | +        |    |      |         |
|     | 7                                                                                                                                                                                                                     | $\perp$  |    |      |         |
| 8   | Prior period adjustments                                                                                                                                                                                              |          |    |      |         |
| 9   | Other changes in net assets or fund balances (explain in Schedule O)                                                                                                                                                  |          |    |      |         |
| 10  | 9<br>Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,                                                                                                                | +        |    |      |         |
|     | column (B)) 10                                                                                                                                                                                                        |          |    | 11,0 | 94,745  |
|     | t XII         Financial Statements and Reporting           Check If Schedule O contains a response or note to any line in this Part XII                                                                               | <u> </u> |    |      | . ୮     |
|     |                                                                                                                                                                                                                       | Г        |    | Yes  | No      |
| 1   | Accounting method used to prepare the Form 990  Cash  Accrual Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in<br>Schedule O                            |          |    |      |         |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?                                                                                                                       | L        | 2a |      | No      |
|     | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed a separate basis, consolidated basis, or both                                                         | on       |    |      |         |
|     | Separate basis Consolidated basis Both consolidated and separate basis                                                                                                                                                |          |    |      | ĺ       |
| b   | Were the organization's financial statements audited by an independent accountant?                                                                                                                                    | L        | 2b | Yes  |         |
|     | If Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate<br>basis, consolidated basis, or both                                                                 |          |    |      |         |
|     | 두 Separate basis 🛛 🔽 Consolidated basis 🖉 Both consolidated and separate basis                                                                                                                                        |          |    |      | ĺ       |
| с   | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? | the      | 2c | Yes  |         |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in<br>Schedule O                                                                                           |          |    |      |         |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the<br>Single Audit Act and OMB Circular A-133?                                                           |          | 3a |      |         |
| b   | If "Yes," dıd the organızatıon 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 |      |         |

| efi    | le GF  | RAPHIC pr                            | int - DO I                        | NOT PROCES                              | SS As File                                                                    | d Data -                     |                                 |                                  | DLN: 93                                                                           | 3493259005025                                          |
|--------|--------|--------------------------------------|-----------------------------------|-----------------------------------------|-------------------------------------------------------------------------------|------------------------------|---------------------------------|----------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------|
| (Fori  | n 990  | OULE A<br>or 990EZ)                  | Comple                            |                                         |                                                                               | tion 501(c)<br>empt charit   | (3) organi<br>able trust        | ization or a sec                 | O <b>rt</b><br>tion 4947(a)(1)                                                    | 2014<br><b>2014</b>                                    |
| Treasu |        | of the<br>enue Service               | •                                 | Information al                          | out Schedule A                                                                | (Form 990                    | or 990-EZ                       |                                  | uctions is at                                                                     | Open to Public<br>Inspection                           |
|        |        |                                      | ian                               |                                         | <u>w w w</u>                                                                  | /.irs.gov/f                  | <u>orm990</u> .                 |                                  | Employer ident if ic                                                              | ation number                                           |
|        |        | <b>he organizat</b><br>L CONTRIBUTIO |                                   |                                         |                                                                               |                              |                                 |                                  | 23-7367534                                                                        |                                                        |
| Ра     | rt I   | Reason                               | for Publi                         | c Charity S                             | tatus (All org                                                                | anizations                   | s must co                       | omplete this i                   | part.) See instruction                                                            | ons.                                                   |
|        |        | _                                    |                                   |                                         | useitis (Forli                                                                |                              |                                 |                                  |                                                                                   |                                                        |
| 1      | Γ      | A church,                            | convention                        | of churches, o                          | association of                                                                | churches d                   | escribed i                      | n section 170(                   | b)(1)(A)(i).                                                                      |                                                        |
| 2      | Γ      | A schoold                            | escribed in                       | section 170(b)                          | )(1)(A)(ii). (Att                                                             | ach Sched                    | ule E)                          |                                  |                                                                                   |                                                        |
| 3      | Г      | A hospital                           | or a cooper                       | ative hospital                          | service organiza                                                              | atıon descr                  | ibed in <b>se</b> e             | ction 170(b)(1                   | )(A)(iii).                                                                        |                                                        |
| 4      | Г      | A medical                            | research or                       | ganization ope                          | rated in conjunc                                                              | ction with a                 | hospital d                      | described in <b>se</b>           | ction 170(b)(1)(A)(ii                                                             | i). Enter the                                          |
|        | •      | hospital's                           | name, city,                       | and state                               | -                                                                             |                              | -                               |                                  |                                                                                   | -                                                      |
| 5      | Γ      | An organız                           | atıon opera                       | ted for the ben                         | efit of a college                                                             | or universi                  | ty owned o                      | or operated by                   | a governmental unit d                                                             | lescribed in                                           |
|        |        | section 17                           | D(b)(1)(A)                        | (iv). (Complete                         | e Part II )                                                                   |                              |                                 |                                  |                                                                                   |                                                        |
| 6      | Γ      | A federal,                           | state, or loc                     | al government:                          | or governmenta                                                                | al unıt desc                 | rıbed ın <b>s</b> e             | ection 170(b)(                   | 1)(A)(v).                                                                         |                                                        |
| 7      | 고<br>- | described                            | in section 1                      | 70(b)(1)(A)(v                           | <b>i).</b> (Complete Pa                                                       | art II )                     |                                 | -                                | ental unit or from the g                                                          | general public                                         |
| 8      |        |                                      |                                   |                                         | ion 170(b)(1)(A                                                               |                              |                                 |                                  |                                                                                   | _                                                      |
| 9      | ļ      | -                                    |                                   | -                                       |                                                                               |                              |                                 |                                  | butions, membership                                                               |                                                        |
|        |        |                                      |                                   |                                         | •                                                                             | -                            |                                 |                                  | and (2) no more than i                                                            |                                                        |
|        |        | its support                          | from gross                        | investment in                           | come and unrela                                                               | ated busine                  | ess taxabl                      | e income (less                   | section 511 tax) from                                                             | n businesses                                           |
|        |        | acquired b                           | y the organ                       | ızatıon after Ju                        | ne 30,1975 Se                                                                 | ee <b>section</b> !          | 509(a)(2)                       | . (Complete Pa                   | rtIII)                                                                            |                                                        |
| 10     | Γ      | An organız                           | atıon organ                       | ized and opera                          | ted exclusively                                                               | to test for                  | public safe                     | ety See <b>sectio</b>            | n 509(a)(4).                                                                      |                                                        |
| 11     | Г      | one or mor                           | e publicly s                      | upported orga                           | nizations descri                                                              | bed in sect                  | ıon 509(a                       | )(1) or section                  | ctions of, or to carry of<br>509(a)(2) See <b>sectio</b><br>complete lines 11e, 3 | on 509(a)(3). Check                                    |
| а      | Г      | <b>Type I.</b> A s<br>supported      | upporting o<br>organizatioi       | organization op<br>n(s) the power       | erated, supervis                                                              | sed, or cont<br>ount or elec | trolled by                      | its supported o                  | rganization(s), typica<br>fors or trustees of the                                 | lly by giving the                                      |
| b      | Г      | <b>Type II.</b> A manageme           | supporting<br>nt of the su        | organization s                          | upervised or con<br>ization vested in                                         | ntrolled in c                |                                 |                                  | orted organızatıon(s),<br>manage the supported                                    |                                                        |
| с      | Г      | Type III f                           | <b>inctionally</b> i              |                                         |                                                                               |                              |                                 |                                  | , and functionally inte                                                           | grated with, its                                       |
| d      | Г      | Type III n                           | on-function                       | ally integrated                         | I. A supporting o                                                             | organization                 | n operated                      | I in connection                  | with its supported org<br>ement and an attentive                                  |                                                        |
| e      | Г      | (see instru<br>Check this            | ctions) <b>Yo</b><br>box if the c | <b>u must comple</b><br>organization re | te Part IV, Sect                                                              | ions A and<br>determinat     | <b>D, and Pa</b><br>tion from t | <b>rt V.</b><br>he IRS that it i | is a Type I, Type II, T                                                           |                                                        |
| £      |        |                                      |                                   |                                         | ally integrated s                                                             |                              |                                 |                                  |                                                                                   |                                                        |
| f      |        |                                      |                                   |                                         | izations                                                                      |                              |                                 |                                  |                                                                                   |                                                        |
| g      |        | Provide the                          | e rollowing i                     | nformation abo                          | out the supporte                                                              | a organizat                  | lion(s)                         |                                  |                                                                                   |                                                        |
|        |        | ame of supp<br>organızatıor          |                                   | <b>(ii)</b> EIN                         | (iii) Type o<br>organizatio<br>(described on l<br>1-9 above or<br>section (se | n liste<br>lines<br>IRC<br>e |                                 | ganization<br>governing<br>ent?  | (v) A mount of<br>monetary support<br>(see instructions)                          | (vi) A mount of<br>other support (see<br>instructions) |
|        |        |                                      |                                   |                                         | Instructions                                                                  |                              | Yes                             | No                               | ]                                                                                 |                                                        |
|        |        |                                      |                                   |                                         |                                                                               |                              |                                 |                                  | 1                                                                                 | 1                                                      |

| Schedule A | (Form | 990 | or 99 | 0-E7 | 2014   |
|------------|-------|-----|-------|------|--------|
| Schedule A |       | 990 | 01 99 | U-EZ | ) 2014 |

| Sch | edule A (Form 990 or 990-EZ) 2014                                                                                                                                           |                                                                 |                                                            |                                                |                                                 |                                   | Page <b>2</b>     |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|-----------------------------------|-------------------|
| Ра  | Art II Support Schedule fo<br>(Complete only if you of<br>Part III. If the organization                                                                                     | checked the box                                                 | x on line 5, 7, c                                          | or 8 of Part I or                              | if the organizat                                | tion failed to                    | qualify under     |
| S   | ection A. Public Support                                                                                                                                                    |                                                                 |                                                            |                                                | <u>, p.e</u>                                    |                                   | /                 |
|     | endar year (or fiscal year beginning<br>in) ►                                                                                                                               | (a) 2010                                                        | <b>(b)</b> 2011                                            | (c) 2012                                       | ( <b>d</b> ) 2013                               | <b>(e)</b> 2014                   | (f) Total         |
| 1   | Gifts, grants, contributions, and<br>membership fees received (Do not<br>include any "unusual<br>grants ")                                                                  | 1,559,104                                                       | 1,344,807                                                  | 1,115,108                                      | 1,845,016                                       | 2,170,20                          | 6 8,034,241       |
| -   | Tax revenues levied for the<br>organization's benefit and either<br>paid to or expended on its<br>behalf                                                                    |                                                                 |                                                            |                                                |                                                 |                                   |                   |
| 3   | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge                                                               |                                                                 |                                                            |                                                |                                                 |                                   |                   |
| 4   | Total. Add lines 1 through 3                                                                                                                                                | 1,559,104                                                       | 1,344,807                                                  | 1,115,108                                      | 1,845,016                                       | 2,170,20                          | 6 8,034,241       |
| 5   | The portion of total contributions<br>by each person (other than a<br>governmental unit or publicly<br>supported organization) included<br>on line 1 that exceeds 2% of the |                                                                 |                                                            |                                                |                                                 |                                   | 1,048,837         |
|     | amount shown on line 11, column<br>(f)                                                                                                                                      |                                                                 |                                                            |                                                |                                                 |                                   |                   |
| 6   | Public support. Subtract line 5 from line 4                                                                                                                                 |                                                                 |                                                            |                                                |                                                 |                                   | 6,985,404         |
|     | ection B. Total Support                                                                                                                                                     |                                                                 |                                                            |                                                |                                                 |                                   |                   |
| Cal | endar year (or fiscal year<br>beginning in) ►                                                                                                                               | <b>(a)</b> 2010                                                 | <b>(b)</b> 2011                                            | (c) 2012                                       | (d) 2013                                        | <b>(e)</b> 2014                   | (f) Total         |
| 7   | Amounts from line 4                                                                                                                                                         | 1,559,104                                                       | 1,344,807                                                  | 1,115,108                                      | 1,845,016                                       | 2,170,206                         | 8,034,241         |
| 8   | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar<br>sources                                  | 462,850                                                         | 131,582                                                    | 169,460                                        | 164,209                                         | 178,586                           | 1,106,687         |
| 9   | Net income from unrelated<br>business activities, whether or<br>not the business is regularly<br>carried on                                                                 |                                                                 |                                                            |                                                |                                                 |                                   |                   |
| 10  | Other income Do not include<br>gain or loss from the sale of<br>capital assets (Explain in Part<br>VI)                                                                      | 188,566                                                         | 244,377                                                    | 527,694                                        | 426,554                                         | 1,424,061                         | . 2,811,252       |
| 11  | <b>Total support</b> Add lines 7 through 10                                                                                                                                 |                                                                 |                                                            |                                                |                                                 |                                   | 11,952,180        |
| 12  | Gross receipts from related activiti                                                                                                                                        | es, etc (see instr                                              | ructions)                                                  |                                                |                                                 | 12                                | 5,768,478         |
| 13  | First five years. If the Form 990 is                                                                                                                                        | for the organization                                            | on's first, second                                         | , thırd, fourth, or fi                         | fth tax year as a s                             | section 501(c)                    | (3)               |
|     | organization, check this box and <b>st</b>                                                                                                                                  |                                                                 |                                                            |                                                |                                                 |                                   | <b>▶</b> <u> </u> |
|     | ection C. Computation of Pub                                                                                                                                                |                                                                 |                                                            |                                                |                                                 |                                   |                   |
| 14  | Public support percentage for 2014                                                                                                                                          |                                                                 |                                                            | 11, column (f))                                |                                                 | 14                                | 58 440 %          |
| 15  | Public support percentage for 2013                                                                                                                                          | -                                                               |                                                            |                                                |                                                 | 15                                | 66 610 %          |
| b   | 33 1/3% support test—2014. If the<br>and stop here. The organization qua<br>33 1/3% support test—2013. If the<br>box and stop here. The organization                        | alifies as a publicl<br>organization did<br>n qualifies as a pu | y supported organ<br>not check a box o<br>blicly supported | nızatıon<br>on lıne 13 or 16a,<br>organızatıon | and line 15 is 33                               | 1/3% or more,                     |                   |
|     | 10%-facts-and-circumstances test<br>is 10% or more, and if the organization<br>in Part VI how the organization meet<br>organization                                         | tion meets the "fa<br>ets the "facts-and                        | acts-and-cırcums<br>I-cırcumstances"                       | tances" test, che<br>test The organız          | ck this box and <b>si</b><br>ation qualifies as | op here. Expla<br>a publicly supp |                   |
| D   | <b>10%-facts-and-circumstances test</b><br>15 is 10% or more, and if the organ<br>Explain in Part VI how the organiza                                                       | nization meets the                                              | e "facts-and-circu                                         | ımstances" test,                               | check this box an                               | d stop here.                      |                   |
| 18  | supported organization<br><b>Private foundation.</b> If the organizat                                                                                                       | tion did not check                                              | a box on line 13,                                          | 16a, 16b, 17a, o                               | r 17b, check this                               | box and see                       | ▶┌                |
|     | Instructions                                                                                                                                                                |                                                                 |                                                            |                                                |                                                 |                                   | ▶                 |

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

 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

|      | ction A. Public Support                                              |                         | adiny anaci an        |                     |                     | inplace rune   |                      |
|------|----------------------------------------------------------------------|-------------------------|-----------------------|---------------------|---------------------|----------------|----------------------|
|      | ndar year (or fiscal year beginning                                  |                         |                       |                     |                     |                |                      |
| care | in) <b>F</b>                                                         | <b>(a)</b> 2010         | <b>(b)</b> 2011       | (c) 2012            | (d) 2013            | (e) 2014       | <b>(f)</b> Total     |
| 1    | Gifts, grants, contributions, and                                    |                         |                       |                     |                     |                |                      |
| -    | membership fees received (Do not                                     |                         |                       |                     |                     |                |                      |
|      | include any "unusual grants ")                                       |                         |                       |                     |                     |                |                      |
| 2    | Gross receipts from admissions,                                      |                         |                       |                     |                     |                |                      |
|      | merchandise sold or services                                         |                         |                       |                     |                     |                |                      |
|      | performed, or facilities furnished in                                |                         |                       |                     |                     |                |                      |
|      | any activity that is related to the                                  |                         |                       |                     |                     |                |                      |
|      | organization's tax-exempt                                            |                         |                       |                     |                     |                |                      |
| 3    | purpose<br>Gross receipts from activities that                       |                         |                       |                     |                     |                |                      |
| 5    | are not an unrelated trade or                                        |                         |                       |                     |                     |                |                      |
|      | business under section 513                                           |                         |                       |                     |                     |                |                      |
| 4    | Tax revenues levied for the                                          |                         |                       |                     |                     |                |                      |
|      | organization's benefit and either                                    |                         |                       |                     |                     |                |                      |
|      | paid to or expended on its                                           |                         |                       |                     |                     |                |                      |
|      | behalf                                                               |                         |                       |                     | -                   |                |                      |
| 5    | The value of services or facilities                                  |                         |                       |                     |                     |                |                      |
|      | furnished by a governmental unit to the organization without charge  |                         |                       |                     |                     |                |                      |
| 6    | Total. Add lines 1 through 5                                         |                         |                       |                     |                     |                |                      |
|      | Amounts included on lines 1, 2,                                      |                         |                       |                     |                     |                |                      |
| 74   | and 3 received from disqualified                                     |                         |                       |                     |                     |                |                      |
|      | persons                                                              |                         |                       |                     |                     |                |                      |
| b    | Amounts included on lines 2 and 3                                    |                         |                       |                     |                     |                |                      |
|      | received from other than                                             |                         |                       |                     |                     |                |                      |
|      | disqualified persons that exceed the greater of \$5,000 or 1% of the |                         |                       |                     |                     |                |                      |
|      | amount on line 13 for the year                                       |                         |                       |                     |                     |                |                      |
| с    | Add lines 7a and 7b                                                  |                         |                       |                     |                     |                |                      |
| 8    | Public support (Subtract line 7c                                     |                         |                       |                     |                     |                |                      |
|      | from line 6)                                                         |                         |                       |                     |                     |                |                      |
| Se   | ction B. Total Support                                               |                         |                       |                     |                     |                |                      |
| Cale | ndar year (or fiscal year beginning                                  | <b>(a)</b> 2010         | <b>(b)</b> 2011       | (c) 2012            | (d) 2013            | (e) 2014       | (f) Total            |
|      | in) 🏲                                                                | (=) = = = = =           | (-)                   | (-)                 | (=) = = = = =       | (-,            | (1) 100              |
| 9    | Amounts from line 6                                                  |                         |                       |                     |                     |                |                      |
| 10a  | Gross income from interest,                                          |                         |                       |                     |                     |                |                      |
|      | dividends, payments received on securities loans, rents, royalties   |                         |                       |                     |                     |                |                      |
|      | and income from similar                                              |                         |                       |                     |                     |                |                      |
|      | sources                                                              |                         |                       |                     |                     |                |                      |
| b    | Unrelated business taxable                                           |                         |                       |                     |                     |                |                      |
|      | income (less section 511 taxes)                                      |                         |                       |                     |                     |                |                      |
|      | from businesses acquired after                                       |                         |                       |                     |                     |                |                      |
|      | June 30, 1975                                                        |                         |                       |                     |                     |                |                      |
| с    | Add lines 10a and 10b                                                |                         |                       |                     |                     |                |                      |
| 11   | Net income from unrelated<br>business activities not included        |                         |                       |                     |                     |                |                      |
|      | in line 10b, whether or not the                                      |                         |                       |                     |                     |                |                      |
|      | business is regularly carried on                                     |                         |                       |                     |                     |                |                      |
| 12   | Other income Do not include                                          |                         |                       |                     |                     |                |                      |
|      | gain or loss from the sale of                                        |                         |                       |                     |                     |                |                      |
|      | capital assets (Explain in Part                                      |                         |                       |                     |                     |                |                      |
| 13   | VI)<br>Total support. (Add lines 9, 10c,                             |                         |                       |                     |                     |                |                      |
| 13   | 11, and 12)                                                          |                         |                       |                     |                     |                |                      |
| 14   | First five years. If the Form 990 is for                             | or the organizati       | on's first, second    | , thırd, fourth, or | fifth tax year as a | a section 501  | (c)(3) organization, |
|      | check this box and <b>stop here</b>                                  |                         |                       |                     |                     |                | ▶                    |
| -    | ction C. Computation of Publi                                        |                         |                       |                     |                     |                |                      |
| 15   | Public support percentage for 2014                                   | (line 8, column i       | (f) divided by line   | 13, column (f))     |                     | 15             | 0 %                  |
| 16   | Public support percentage from 2013                                  | 3 Schedule A, P         | art III, line 15      |                     |                     | 16             |                      |
| Se   | ction D. Computation of Inve                                         |                         |                       |                     |                     |                |                      |
| 17   | Investment income percentage for 2                                   | <b>014</b> (line 10c, c | olumn (f) dıvıded     | by line 13, colum   | חח (f))             | 17             | 0 %                  |
| 18   | Investment income percentage from                                    | 2013 Schedule           | A , Part III , line 1 | .7                  |                     | 18             |                      |
| 19a  | <b>33 1/3% support tests—2014.</b> If the                            |                         |                       |                     | line 15 is more     |                | , and line 17 is not |
|      | more than 33 1/3%, check this box a                                  |                         |                       |                     |                     |                |                      |
| b    | 33 1/3% support tests-2013. If the                                   |                         |                       |                     |                     |                |                      |
| 20   | 18 is not more than 33 1/3%, check                                   |                         |                       |                     |                     |                |                      |
| 20   | Private foundation. If the organization                              | Shi ulu not check       | a bux un nne 14       | , 199' OL TAD' CU   | eck uns box and     | see instructio | 115 <b>F</b>         |

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V )

#### Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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 designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI*.
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.* 
  - **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).
- 11 Has the organization accepted a gift or contribution from any of the following persons?
  - **a** 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?
  - **b** A family member of a person described in (a) above?
  - c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

No

Yes

1

2

3a

Зb

3c

4a

4b

**4**c

5a

5b

**5**c

6

7

8

9a

9b

**9**c

10a

10b

11a 11b

**11c** 

#### Part IV Supporting Organizations (continued)

#### Section B. Type I Supporting Organizations

- 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 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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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 **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

#### Section C. Type II Supporting Organizations

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).

|   | Yes | No |
|---|-----|----|
|   |     |    |
|   |     |    |
|   |     |    |
| 1 |     |    |

Yes

No

Yes

1

2

#### Section 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 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 Part VI the role the organization's supported organizations played 3 in this regard.

#### Section 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 (see instructions)
- a 🔽 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
- c  $\Gamma$  The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)
- 2 <u>Activities Test</u> Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those** supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations Answer (a) and (b) below.
- a 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 of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

No

2a

2b

3a

Зb

#### Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 — Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

|   | Section A - Adjusted Net Income                                                                                                                                                                          |   | (A) Prior Year | (B) Current Year<br>(optional) |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------------|--------------------------------|
| 1 | Net short-term capital gain                                                                                                                                                                              | 1 |                |                                |
| 2 | Recoveries of prior-year distributions                                                                                                                                                                   | 2 |                |                                |
| 3 | Other gross income (see instructions)                                                                                                                                                                    | 3 |                |                                |
| 4 | Add lines 1 through 3                                                                                                                                                                                    | 4 |                |                                |
| 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 |                |                                |

#### Section B - Minimum Asset Amount

- 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- **a** Average monthly value of securities
- **b** Average monthly cash balances
- **c** Fair market value of other non-exempt-use assets
- d Total (add lines 1a, 1b, and 1c)
- e Discount claimed for blockage or other factors (explain in detail in Part VI)
- 2 Acquisition indebtedness applicable to non-exempt use assets
- 3 Subtract line 2 from line 1d
- 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6 Multiply line 5 by 035
- 7 Recoveries of prior-year distributions
- 8 Minimum Asset Amount (add line 7 to line 6)

#### **Section C - Distributable Amount**

- 1 Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- **3** Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- Check here if the current year is the organization's first as a non-functionally-integrated
   Type III supporting organization (see instructions)

|    | (A) Prior Year | (B) Current Year<br>(optional) |
|----|----------------|--------------------------------|
| 1  |                |                                |
| 1a |                |                                |
| 1b |                |                                |
| 1c |                |                                |
| 1d |                |                                |
|    |                |                                |
| 2  |                |                                |
| 3  |                |                                |
| 4  |                |                                |
| 5  |                |                                |
| 6  |                |                                |
| 7  |                |                                |
| 8  |                |                                |

|   | Current Year |
|---|--------------|
| 1 |              |
| 2 |              |
| 3 |              |
| 4 |              |
| 5 |              |
| 6 |              |

Schedule A (Form 990 or 990-EZ) 2014

| Section D - Distributions                                                                                                                  | Current Year |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes                                                                    |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations                                                    |              |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                         |              |
| 5 Qualified set-aside amounts (prior IRS approval required)                                                                                |              |
| 6 Other distributions (describe in Part VI) See instructions                                                                               |              |
| 7 Total annual distributions. Add lines 1 through 6                                                                                        |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| <b>9</b> Distributable amount for 2014 from Section C, line 6                                                                              |              |
| <b>10</b> Line 8 amount divided by Line 9 amount                                                                                           |              |

| Pre-2014 Amount for 2                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Distributable amount for 2014 from Section C, line     6                                                                                                  |
| 2 Underdistributions, if any, for years prior to 2014<br>(reasonable cause requiredsee instructions)                                                      |
| 3 Excess distributions carryover, if any, to 2014                                                                                                         |
| <b>a</b> From 2009                                                                                                                                        |
| <b>b</b> From 2010                                                                                                                                        |
| <b>c</b> From 2011                                                                                                                                        |
| <b>d</b> From 2012                                                                                                                                        |
| e From 2013                                                                                                                                               |
| f Total of lines 3a through e                                                                                                                             |
| g Applied to underdistributions of prior years                                                                                                            |
| <b>h</b> Applied to 2014 distributable amount                                                                                                             |
| i Carryover from 2009 not applied (see<br>instructions)                                                                                                   |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                         |
| Distributions for 2014 from Section D, line 7     s                                                                                                       |
| a Applied to underdistributions of prior years                                                                                                            |
| <b>b</b> Applied to 2014 distributable amount                                                                                                             |
| c Remainder Subtract lines 4a and 4b from 4                                                                                                               |
| 5 Remaining underdistributions for years prior to<br>2014, if any Subtract lines 3g and 4a from line 2<br>(if amount greater than zero, see instructions) |
| 6 Remaining underdistributions for 2014 Subtract<br>lines 3h and 4b from line 1 (if amount greater than<br>zero, see instructions)                        |
| 7 Excess distributions carryover to 2015. Add lines<br>31 and 4c                                                                                          |
| 8 Breakdown of line 7                                                                                                                                     |
| a From 2010                                                                                                                                               |
| <b>b</b> From 2011                                                                                                                                        |
| <b>c</b> From 2012                                                                                                                                        |
| <b>d</b> From 2013                                                                                                                                        |
| e From 2014                                                                                                                                               |

Schedule A (Form 990 or 990-EZ) (2014)

Page **8** 

Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;<br/>Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV,<br/>Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines<br/>1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part<br/>V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

#### Facts And Circumstances Test

Part II Section B Line 10 This response explains 2014 other income of 1,424,061 This figure includes 1,424,061 mineral rights income stream generated by an estate gift

Return Reference

Explanation

Schedule A (Form 990 or 990-EZ) 2014

| efil | e GRAPHIC p                            | orint - DO NOT PROCESS As F                                                                                                         | iled Data -            |                                                       |          | DLN:                       | 93493259                | 005025     |
|------|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------|----------|----------------------------|-------------------------|------------|
|      | <b>IEDULE D</b><br>n 990)              |                                                                                                                                     |                        | al Statements                                         |          |                            | омв № 15<br><b>20</b> 1 |            |
|      |                                        | Part IV, line 6, 7, 8, 9, 1                                                                                                         |                        | ered "Yes," to Form 990<br>, 11d, 11e, 11f, 12a, or 1 |          |                            | 20                      |            |
|      | ent of the Treasury<br>Revenue Service | ►<br>Information about Schedule D (Form                                                                                             | Attach to Form         |                                                       | 5.00V/1  | form990.                   | Open to<br>Inspec       |            |
|      | ne of the organiz                      | -                                                                                                                                   |                        |                                                       |          |                            | ification num           |            |
|      | SPECIAL CONTRIBU                       |                                                                                                                                     |                        |                                                       | _        | -                          |                         |            |
| Par  | rt I Organi                            | izations Maintaining Donor Adv                                                                                                      | vised Funds            | or Other Similar F                                    |          | 7367534<br><b>or Accou</b> | nts. Comple             | ete if the |
|      |                                        | ation answered "Yes" to Form 990                                                                                                    | <u>, Part IV, line</u> | 6.                                                    | _        |                            | -                       |            |
|      | <b>-</b>                               |                                                                                                                                     | <b>(a)</b> Dor         | or advised funds                                      | _        | (b) Funds a                | and other acco          | ounts      |
|      | Total number at                        | t end of year<br>e of contributions to (during year)                                                                                |                        |                                                       |          |                            |                         |            |
|      |                                        | e of grants from (during year)                                                                                                      |                        |                                                       |          |                            |                         |            |
|      | Aggregate valu                         |                                                                                                                                     |                        |                                                       |          |                            |                         |            |
| 5    | Did the organiz                        | ation inform all donors and donor adviso<br>rganization's property, subject to the or                                               | 5                      |                                                       | nor advı | sed                        | ∏ Yes                   | ∏ No       |
| 6    | used only for cl                       | ation inform all grantees, donors, and d<br>haritable purposes and not for the benef<br>ermissible private benefit?                 |                        |                                                       |          |                            | ∏ Yes                   | ∏ No       |
| Par  |                                        | rvation Easements. Complete if                                                                                                      |                        |                                                       | o Forn   | n 990, Par                 | t IV, line 7.           |            |
| 1    | ☐ Preservatio                          | onservation easements held by the org<br>on of land for public use (e g , recreation<br>of natural habitat                          |                        | <pre>c all that apply)</pre>                          |          |                            |                         | 3          |
|      | Preservatio                            | n of open space                                                                                                                     |                        |                                                       |          |                            |                         |            |
| 2    |                                        | 2a through 2d If the organization held a<br>ne last day of the tax year                                                             | a qualified conse      | ervation contribution in f                            | the form |                            |                         |            |
| _    | Total number o                         | f conservation easements                                                                                                            |                        |                                                       | 20       | Held at                    | the End of th           | e Year     |
| -    |                                        | restricted by conservation easements                                                                                                |                        |                                                       | 2a<br>2b |                            |                         |            |
|      |                                        | servation easements on a certified histo                                                                                            | oric structure in      | cluded in (a)                                         | 20<br>2c |                            |                         |            |
| -    | Number of cons                         | servation easements included in (c) acq<br>ire listed in the National Register                                                      |                        | . ,                                                   | 20<br>2d |                            |                         |            |
| 3    |                                        | servation easements modified, transferr                                                                                             | ed, released, ex       | tinguished, or terminate                              | ed by th | ie organizat               | ion during              |            |
| 4    | Number of state                        | es where property subject to conservat                                                                                              | ion essement is        |                                                       |          |                            |                         |            |
| 5    | Does the organ                         | ization have a written policy regarding t<br>the conservation easements it holds?                                                   |                        |                                                       |          | violations,                | and<br><b>Yes</b>       | ∏ No       |
| 6    | Staff and volun                        | teer hours devoted to monitoring, inspe                                                                                             | cting, and enfor       | cing conservation easer                               | ments d  | luring the y               | ear                     |            |
| 7    | A mount of expe                        | enses incurred in monitoring, inspecting                                                                                            | ı, and enforcıng       | conservation easement                                 | s durınç | g the year                 |                         |            |
| 8    |                                        | servation easement reported on line 2((                                                                                             | d) above satisfy       | the requirements of sec                               | ction 17 | 70(h)(4)(B)                | (⊨)<br>ΓYes             | ∏ No       |
| 9    | balance sheet,                         | escribe how the organization reports cor<br>and include, if applicable, the text of the<br>n's accounting for conservation easeme   | e footnote to the      |                                                       |          |                            |                         |            |
| Part | Organi                                 | izations Maintaining Collection                                                                                                     | s of Art, His          |                                                       | or Ot    | her Simil                  | ar Assets.              |            |
|      |                                        | ete if the organization answered "Y                                                                                                 |                        |                                                       |          |                            |                         |            |
| 1a   | works of art, his                      | tion elected, as permitted under SFAS 1<br>storical treasures, or other similar asse<br>e, in Part XIII, the text of the footnote t | ts held for publi      | c exhibition, education,                              | or rese  | arch ın furt               |                         |            |
| _    | works of art, his                      | tion elected, as permitted under SFAS 1<br>storical treasures, or other similar asse<br>e the following amounts relating to thes    | ts held for publi      |                                                       |          |                            |                         | blıc       |
|      | (i) Revenue inc                        | cluded in Form 990, Part VIII, line 1                                                                                               |                        |                                                       |          | ►\$                        |                         |            |
|      | (ii) Assets Incl                       | uded in Form 990, Part X                                                                                                            |                        |                                                       |          |                            |                         |            |
| 2    | If the organizat                       | non received or held works of art, histor<br>nts required to be reported under SFAS                                                 |                        |                                                       |          |                            |                         |            |
| а    | Revenue includ                         | led in Form 990, Part VIII, line 1                                                                                                  |                        |                                                       |          | ►\$                        |                         |            |
| b    | Assets include                         | d ın Form 990, Part X                                                                                                               |                        |                                                       |          | ►\$                        |                         |            |

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

| Sche | dule D (Fo  | rm 990) 2014                                                                   |                         |          |             |         |                |          |                      |                  | Page <b>2</b> |
|------|-------------|--------------------------------------------------------------------------------|-------------------------|----------|-------------|---------|----------------|----------|----------------------|------------------|---------------|
| Part | Or          | ganizations Maintaining Co                                                     | llections of Art, H     | listor   | ical Tr     | easu    | ires, or Ot    | her S    | Similar Asse         | e <b>ts</b> (cc  | ntinued)      |
| 3    |             | eorganization's acquisition, access<br>n items (check all that apply)          | ion, and other records, | check    | any of t    | he foll | owing that ar  | e a sig  | gnificant use of     | fits             |               |
| а    | 🔽 Publi     | c exhibition                                                                   | c                       | ч Г      | Loan        | orexc   | hange progra   | ms       |                      |                  |               |
| b    | 🔽 Scho      | larly research                                                                 | e                       | a L      | Other       |         |                |          |                      |                  |               |
| с    | ✓ Prese     | ervation for future generations                                                |                         |          |             |         |                |          |                      |                  |               |
| 4    |             | description of the organization's co                                           | llections and explain h | how th   | ey furthe   | r the o | organızatıon's | s exem   | ıpt purpose ın       |                  |               |
| 5    |             | e year, dıd the organızatıon solıcıt o<br>be sold to raıse funds rather than t |                         |          |             |         |                |          |                      | Yes              | ∏ No          |
| Par  |             | crow and Custodial Arrang<br>rt IV, line 9, or reported an an                  |                         |          |             |         | n answered     | "Yes     | " to Form 990        | Э,               |               |
| 1a   | Is the org  | ganization an agent, trustee, custod<br>on Form 990, Part X?                   |                         |          |             |         | or other asse  | ts not   |                      | Yes              | ∏ No          |
| b    | If"Yes,"    | explain the arrangement in Part XII                                            | I and complete the fol  | lowing   | table       |         |                |          |                      |                  |               |
|      |             |                                                                                |                         |          |             |         |                |          | Amo                  | unt              |               |
| С    | Beginning   | g balance                                                                      |                         |          |             |         | 1              | lc       |                      |                  |               |
| d    | Additions   | s during the year                                                              |                         |          |             |         | 1              | .d       |                      |                  |               |
| е    | Dıstrıbut   | ions during the year                                                           |                         |          |             |         | 1              | .e       |                      |                  |               |
| f    | Ending ba   | alance                                                                         |                         |          |             |         | 1              | lf       |                      |                  |               |
| 2a   | Did the oi  | rganization include an amount on Fo                                            | orm 990, Part X, line 2 | 1, for e | escrowo     | rcust   | odial account  | t lıabıl | ity?                 | Yes              | ∏ No          |
| b    | If "Yes "   | explain the arrangement in Part XII                                            | I Check here if the ex  | nlanat   | ion has     | heen r  | provided in Pa | art XII  | (T                   |                  | Г             |
| Pa   |             | ndowment Funds. Complete                                                       |                         |          |             |         |                |          |                      | <u> </u>         |               |
|      |             |                                                                                |                         | (b)Prio  |             |         |                |          | ree years back (e    | <b>∋)</b> Four y | ears back     |
| 1a   | Beginning   | gofyearbalance                                                                 | 136,153                 |          | 118,420     |         | 101,692        |          |                      |                  |               |
| b    | Contribut   | nons                                                                           |                         |          |             |         |                |          |                      |                  |               |
| с    | Netinves    | tment earnings, gains, and losses                                              | 3,831                   |          | 17,733      |         | 16,728         |          |                      |                  |               |
| d    | Grants or   | scholarships                                                                   | 5,051                   |          | 17,755      |         | 10,720         |          |                      |                  |               |
| e    |             | penditures for facilities                                                      |                         |          |             |         |                |          |                      |                  |               |
| -    |             | ams                                                                            | 12,728                  |          |             |         |                |          |                      |                  |               |
| f    | Administ    | rative expenses                                                                |                         |          |             |         |                |          |                      |                  |               |
| g    | End of ye   | arbalance                                                                      | 127,256                 |          | 136,153     |         | 118,420        |          |                      |                  |               |
| 2    | Provide tl  | he estimated percentage of the cur                                             | rent year end balance ( | (line 1  | g, colum    | n (a))  | held as        |          |                      |                  |               |
| а    | Board des   | signated or quasi-endowment 🕨                                                  |                         |          |             |         |                |          |                      |                  |               |
| b    |             | ntendowment 🕨 87 000 %                                                         |                         |          |             |         |                |          |                      |                  |               |
|      |             |                                                                                | 000 %                   |          |             |         |                |          |                      |                  |               |
| С    | -           | entages in lines 2a, 2b, and 2c sho                                            |                         |          |             |         |                |          |                      |                  |               |
| 3a   |             | endowment funds not in the posse                                               |                         | on that  | are held    | land a  | administered   | for the  | 2                    | Yes              | No            |
|      | -           | ted organizations                                                              |                         |          |             |         |                |          | 3a(i)                |                  | No            |
|      | (ii) relate | d organizations                                                                |                         |          |             |         |                |          | 3a(ii)               | Yes              |               |
| b    |             | o 3a(11), are the related organizatio                                          | -                       |          |             |         |                |          | 3b                   | Yes              |               |
| 4    |             | In Part XIII the Intended uses of th                                           |                         |          |             |         |                |          |                      |                  |               |
| Par  |             | nd, Buildings, and Equipme                                                     |                         | orga     | nızatıor    | n ansv  | wered 'Yes'    | to Fo    | rm 990, Part         | IV, lu           | าย            |
|      | 11          | a. See Form 990, Part X, line :<br>Description of property                     | 10.                     | 6        | a) Cost or  | other   | (b)Cost or oth | ner 1    | c) Accumulated       | ( <b>d</b> ) Bc  | ok value      |
|      |             |                                                                                |                         |          | sis (invest |         | basis (other)  |          | depreciation         | (_, _0           |               |
| 12   | Land        |                                                                                |                         |          |             |         | 2,491,1        | 70       |                      |                  | 2,491,170     |
|      |             |                                                                                |                         | $\vdash$ |             |         | 6,806,3        |          | 2,290,508            |                  | 4,515,873     |
|      | -           | Improvements                                                                   |                         | $\vdash$ |             |         | 1,715,9        |          | 2,290,308<br>961,739 |                  | 754,189       |
| C    | Leasenoid   | improvements                                                                   |                         | 1        |             |         | 1 1,/10,5      | 20       | 901,739              |                  | 104,109       |

| <br>4,923,721 | 3,494,495 |
|---------------|-----------|
| <br>219,004   |           |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

**d** Equipment . .

.

. . . . . . .

**e** Other .

• •

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•

1,429,226

219,004

9,409,462

| See Form 990, Part X, line 12.                                                  | ete if the organization a | answered 'Yes' to Form 990, Part IV, line 11                   |
|---------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------|
| (a) Description of security or category                                         | (b)Book value             | (c) Method of valuation                                        |
| (including name of security)<br>)Financial derivatives                          |                           | Cost or end-of-year market value                               |
| )Closely-held equity interests                                                  |                           |                                                                |
| )Other                                                                          |                           |                                                                |
| ) Financial derivatives and other financial products                            |                           |                                                                |
| ) Closely-held equity interests                                                 |                           |                                                                |
|                                                                                 |                           |                                                                |
|                                                                                 |                           |                                                                |
|                                                                                 |                           |                                                                |
|                                                                                 |                           |                                                                |
|                                                                                 |                           |                                                                |
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|                                                                                 |                           |                                                                |
|                                                                                 |                           |                                                                |
|                                                                                 |                           |                                                                |
| tal. (Column (b) must equal Form 990, Part X, col (B) line 12 )                 |                           |                                                                |
| art VIII Investments-Program Related. Comp                                      | plete if the organization | answered 'Yes' to Form 990, Part IV, line 1                    |
| See Form 990, Part X, line 13. (a) Description of investment                    | (b) Book value            | (c) Method of valuation                                        |
|                                                                                 |                           | Cost or end-of-year market value                               |
| ) MISC GEM                                                                      | 400                       | F                                                              |
| ) 1,409 ACRES IN MAXWELL NM                                                     | 96,706                    | F                                                              |
| ) 320 ACRES IN FISHER COUNTY NM                                                 | 70,855                    | F                                                              |
| ) 5 ACRES IN EL PASO COUNTY TX<br>) 3 LOTS IN BELEN NM                          | 3,500<br>4,500            | г<br>                                                          |
| ) DONATED FIREARMS OTHER IN-KIND                                                | 4,500                     |                                                                |
| ONTRIBUTIONS                                                                    | 1,435,137                 | F                                                              |
|                                                                                 |                           |                                                                |
|                                                                                 |                           |                                                                |
|                                                                                 |                           |                                                                |
|                                                                                 |                           |                                                                |
| otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )                | 1,611,098                 |                                                                |
| Part IX Other Assets. Complete if the organization ar<br>(a) Description        |                           | Part IV, line 11d See Form 990, Part X, line 15 (b) Book value |
| (a) Description                                                                 |                           |                                                                |
|                                                                                 |                           |                                                                |
|                                                                                 |                           |                                                                |
|                                                                                 |                           |                                                                |
|                                                                                 |                           |                                                                |
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|                                                                                 |                           |                                                                |
|                                                                                 |                           |                                                                |
|                                                                                 |                           |                                                                |
|                                                                                 |                           |                                                                |
|                                                                                 |                           |                                                                |
| otal. (Column (b) must equal Form 990, Part X, col.(B) line 15.)                | ation answered West to    | Form 990 Dort IV line 11e or 11f Cor                           |
| Part X Other Liabilities. Complete if the organiz<br>Form 990, Part X, line 25. | ation answered 'Yes' to   | - FOTTH 990, Part IV, line 11e or 11f. See                     |
| (a) Description of liability                                                    | (b) Book value            |                                                                |
| ederal income taxes                                                             |                           |                                                                |
| ederal income taxes                                                             |                           |                                                                |
| NNUITIES PAYABLE                                                                | 609,533                   |                                                                |
| AYABLE TO NRA ON RATON LAND                                                     | 6,639,073                 |                                                                |
|                                                                                 |                           |                                                                |
|                                                                                 | I                         |                                                                |
|                                                                                 |                           |                                                                |
|                                                                                 |                           |                                                                |
|                                                                                 |                           |                                                                |

 Total. (Column (b) must equal Form 990, Part X, col (B) line 25)
 7,248,606

 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 🔽

| Sched | ule D (Form 990) 2014                                                                                                                               |            | Page <b>4</b>     |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|
| Part  | XI Reconciliation of Revenue per Audited Financial Statements With Revenue p<br>the organization answered 'Yes' to Form 990, Part IV, line 12a.     | er R       | eturn Complete If |
| 1     | Total revenue, gains, and other support per audited financial statements                                                                            | 1          | 5,796,706         |
| 2     | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                                                                  |            |                   |
| а     | Net unrealized gains (losses) on investments 2a -8,194                                                                                              |            |                   |
| b     | Donated services and use of facilities                                                                                                              |            |                   |
| С     | Recoveries of prior year grants                                                                                                                     |            |                   |
| d     | Other (Describe in Part XIII )                                                                                                                      |            |                   |
| е     | Add lines 2a through 2d                                                                                                                             | 2e         | -8,194            |
| 3     | Subtract line <b>2e</b> from line <b>1</b>                                                                                                          | 3          | 5,804,900         |
| 4     | Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$                                                                           |            |                   |
| а     | Investment expenses not included on Form 990, Part VIII, line 7b . 4a                                                                               |            |                   |
| b     | Other (Describe in Part XIII )                                                                                                                      |            |                   |
| С     | Add lines <b>4a</b> and <b>4b</b>                                                                                                                   | 4c         | -638,085          |
| 5     | Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)                                                         | 5          | 5,166,815         |
| Part  | XII Reconciliation of Expenses per Audited Financial Statements With Expenses<br>if the organization answered 'Yes' to Form 990, Part IV, line 12a. | per        | Return. Complete  |
| 1     | Total expenses and losses per audited financial statements                                                                                          | 1          | 4,145,616         |
| 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         | 638,085           |
| 3     | Subtract line <b>2e</b> from line <b>1</b>                                                                                                          | 3          | 3,507,531         |
| 4     | Amounts included on Form 990, Part IX, line 25, but not on line <b>1:</b>                                                                           |            |                   |
| а     | Investment expenses not included on Form 990, Part VIII, line 7b 4a                                                                                 |            |                   |
| b     | Other (Describe in Part XIII )                                                                                                                      |            |                   |
| с     | Add lines <b>4a</b> and <b>4b</b>                                                                                                                   | <b>4</b> c |                   |
| 5     | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)                                                                      | 5          | 3,507,531         |

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

**Return Reference** Explanation III 4 The Frank Brownell Museum of the Southwest and the Bud and Willa Eyman Research Library display gifts and other educational items donated and loaned by supporters The NRA Museums, including the Frank Brownell Museum of the Southwest at the Whittington Center in Raton, New Mexico, promote gun collecting and the preservation of history through the heritage of firearms To make the NRA Museums the finest possible resource for the public, the NRA and its affiliated charities, including the Frank Brownell Museum of the Southwest at the Whittington Center, rely on generous supporters to build the exhibition and research collections through contributions of historically significant firearms As individuals grow older and make plans for their loved ones and special treasures, all firearms owners must eventually answer the question, What will happen to my guns when I am gone For many supporters, the answer can be found in the NRA Museums, including the Frank Brownell Museum of the Southwest at the Whittington Center, V 4 The NRA Whittington Center endowment supports Whittington Center program services X 2 This response provides the text of the footnote to the organizations financial statements in accordance with FASB ASC 740 Management evaluated the Funds tax positions and concluded that the Fund had taken no uncertain tax positions that require adjustment to the financial statements to comply with the provisions of this guidance Generally, the Fund is no longer subject to income tax examinations by the U S federal, state or local tax authorities for years before 2011 XI4b Includes cost of promotional items XII 2d Includes cost of promotional items

| Part XIII Supplemental Info | ormation (continued) |
|-----------------------------|----------------------|
| Return Reference            | Explanation          |
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|                             | 1                    |

Schedule D (Form 990) 2014

| e                           | file GRAPHIC print - DO                                                                                       | O NOT PROCESS                                                                                   | As Fil                                | ed Data                                            | -                                                                                                                               | DLN:                                                                                               | 93493259005025                                                  |
|-----------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
|                             | HEDULE G<br>orm 990 or 990-EZ)                                                                                | Fund                                                                                            | raisin                                | g or G                                             | mation Regard<br>aming Activitie                                                                                                | S                                                                                                  | омв № 1545-0047<br><b>2014</b>                                  |
|                             | artment of the Treasury<br>nal Revenue Service                                                                | organizati                                                                                      | on entered<br>Attac                   | more than \$<br>h to Form 99                       | Torm 990, Part IV, lines I7, 1<br>15,000 on Form 990-EZ, line (<br>0 or Form 990-EZ.<br>(Z) and its instructions is at <i>w</i> | ja.                                                                                                | Open to Public<br>Inspection                                    |
|                             | me of the organization<br>A SPECIAL CONTRIBUTIO                                                               |                                                                                                 |                                       |                                                    | -                                                                                                                               |                                                                                                    | tification number                                               |
| Pa                          |                                                                                                               | ivities. Complete in<br>ired to complete thi                                                    |                                       | janizatio                                          | n answered "Yes" to                                                                                                             | Form 990, Part IV,                                                                                 | lıne 17. Form 990-EZ                                            |
| 1<br>b<br>c<br>d<br>2a<br>b | <ul> <li>✓ Internet and email sol</li> <li>✓ Phone solicitations</li> <li>✓ In-person solicitation</li> </ul> | lıcıtatıons<br>s<br>a written or oral agree<br>Form 990, Part VII)<br>est paid individuals or o | ment with<br>or entity<br>entities (1 | e<br>f<br>g<br>n any ındı<br>ın connec             | Solicitation of non<br>Solicitation of gove<br>Special fundraising<br>vidual (including officer<br>tion with professional fu    | -government grants<br>ernment grants<br>g events<br>s, directors, trustees<br>undraising services? | <b>∀ Yes                                   </b>                 |
|                             | (i) Name and address of<br>ındıvıdual<br>or entity (fundraıser)                                               | (ii) Activity                                                                                   | fundrai<br>cust<br>cont               | ) Did<br>ser have<br>ody or<br>crol of<br>outions? | (iv) Gross receipts<br>from activity                                                                                            | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i)                          | <b>(vi)</b> A mount paid to<br>(or retained by)<br>organization |
| 1                           | ALLEGIANCE<br>11250 WAPLES MILL RD<br>FAIRFAX, VA 22030                                                       | PAID SOLICITOR                                                                                  | Yes                                   | No<br>No                                           | 166,001                                                                                                                         | 87,500                                                                                             | 78,501                                                          |
| ź                           |                                                                                                               |                                                                                                 |                                       |                                                    |                                                                                                                                 |                                                                                                    |                                                                 |
|                             | 3                                                                                                             |                                                                                                 |                                       |                                                    |                                                                                                                                 |                                                                                                    |                                                                 |
| 5                           |                                                                                                               |                                                                                                 |                                       |                                                    |                                                                                                                                 |                                                                                                    |                                                                 |
| 6                           | 5                                                                                                             |                                                                                                 |                                       |                                                    |                                                                                                                                 |                                                                                                    |                                                                 |
| 7                           | ,                                                                                                             |                                                                                                 |                                       |                                                    |                                                                                                                                 |                                                                                                    |                                                                 |
| 8                           | 3                                                                                                             |                                                                                                 |                                       |                                                    |                                                                                                                                 |                                                                                                    |                                                                 |
| 9                           | )                                                                                                             |                                                                                                 |                                       |                                                    |                                                                                                                                 |                                                                                                    |                                                                 |
| 10                          | )                                                                                                             |                                                                                                 |                                       |                                                    |                                                                                                                                 |                                                                                                    |                                                                 |
| Tot                         | al                                                                                                            |                                                                                                 |                                       | •                                                  | 166,001                                                                                                                         | 87,500                                                                                             | 78,501                                                          |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AK, AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

\_\_\_\_\_

| Pa                    |                                          | G (Form 990 or 990-EZ) 2014                                                             |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   | Page 2                                               |
|-----------------------|------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------|
|                       | rt II                                    | Fundraising Events. Com<br>more than \$15,000 of fundr<br>events with gross receipts of | aising event contribu                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                      |
|                       |                                          |                                                                                         | (a) Event #1                                                                                                            | <b>(b)</b> Event #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (c) O ther events | (d) Total events<br>(add col (a) through<br>col (c)) |
|                       |                                          |                                                                                         | (event type)                                                                                                            | (event type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (total number)    |                                                      |
| Revenue               | 1                                        | Gross receipts                                                                          |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                      |
| θÂ                    | 2                                        | Less Contributions                                                                      |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                      |
| <u> </u>              | 3                                        | Gross income (line 1<br>minus line 2)                                                   |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                      |
|                       | 4                                        | Cash prizes                                                                             |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                      |
| ഗ                     | 5                                        | Noncash prizes                                                                          |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                      |
| ЭSС<br>Ц              | 6                                        | Rent/facility costs                                                                     |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                      |
| Expenses              | 7                                        | Food and beverages .                                                                    |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                      |
| ы<br>Б<br>Ц<br>Ф<br>ป | 8                                        | Entertainment                                                                           |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                      |
| ž                     | 9                                        | Other direct expenses                                                                   |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                      |
|                       | 10                                       | Direct expense summary Add lir                                                          | Les 4 through 9 in colum                                                                                                | an (d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                 | (                                                    |
|                       | 11                                       | Net income summary Subtract li                                                          | -                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                      |
| Heven ue              | t III                                    | \$15,000 on Form 990-EZ, li                                                             |                                                                                                                         | (b) Pull tabs/Instant<br>bingo/progressive bingo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (c) Other gaming  | (d) Total gaming (add<br>col (a) through col<br>(c)) |
| Ŷ                     | 1                                        | Gross revenue                                                                           |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                      |
|                       |                                          |                                                                                         |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                      |
| ses                   | 2                                        | Cash prizes                                                                             |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                      |
| cpenses               |                                          | Cash prizes<br>Non-cash prizes                                                          |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                      |
|                       | 3                                        |                                                                                         |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                      |
|                       | 3<br>4                                   | Non-cash prizes<br>Rent/facility costs                                                  |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |                                                      |
|                       | 3<br>4<br>5                              | Non-cash prizes                                                                         |                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | └ Yes%_<br>└ No   |                                                      |
|                       | 3<br>4<br>5<br>6                         | Non-cash prizes<br>Rent/facility costs<br>Other direct expenses                         | ∏ No                                                                                                                    | ∏ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _                 |                                                      |
|                       | 3<br>4<br>5<br>6<br>7                    | Non-cash prizes<br>Rent/facility costs<br>Other direct expenses<br>Volunteer labor      | s 2 through 5 in column                                                                                                 | <b>┌ №</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Γ No<br>►         |                                                      |
|                       | 3<br>4<br>5<br>6<br>7<br>8               | Non-cash prizes                                                                         | <b>No</b><br>s 2 through 5 in column<br>tract line 7 from line 1,                                                       | Image: No       n (d)       .       .       .       .       .       .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | No ▶              |                                                      |
|                       | 3<br>4<br>5<br>6<br>7<br>8<br>Ent        | Non-cash prizes                                                                         | <b>No</b><br>s 2 through 5 in column<br>tract line 7 from line 1,<br>ation conducts gaming                              | Image: No         n (d)       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       . | No ▶              | <b>Г</b> Yes <b>Г</b> No                             |
|                       | 3<br>4<br>5<br>6<br>7<br>8<br>Ent<br>Ist | Non-cash prizes                                                                         | <b>No</b><br>s 2 through 5 in column<br>tract line 7 from line 1,<br>ation conducts gaming<br>t gaming activities in ea | Image: No         n (d)       .       .         column (d)       .       .         activities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | No ▶ ▶            |                                                      |

| Sche    | edule G (Form 990 or 990-EZ) 2014        |                        |                                                                                                    | Page <b>3</b>                    |
|---------|------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------|----------------------------------|
| 11      | Does the organization conduct gaming     | activities with nonn   | nembers?                                                                                           | Yes   No                         |
| 12      | Is the organization a grantor, beneficia | ry or trustee of a tru | ust or a member of a partnership or other entity                                                   |                                  |
|         | formed to administer charitable gaming   | j <sup>,</sup>         |                                                                                                    | Г <u>үе</u> я Г <sub>№</sub>     |
| 13      | Indicate the percentage of gaming act    |                        |                                                                                                    |                                  |
| а       | The organization's facility              |                        | 13a                                                                                                | %                                |
| b       | An outside facility                      |                        |                                                                                                    | %                                |
| 14      | Enter the name and address of the per    | son who prepares th    | e organization's gaming/special events books and rec                                               | cords                            |
|         | Name 🕨                                   |                        |                                                                                                    |                                  |
|         | Address 🕨                                |                        |                                                                                                    |                                  |
| 15a     | Does the organization have a contract    | with a third party fro | om whom the organization receives gaming                                                           |                                  |
|         | revenue?                                 |                        |                                                                                                    | Г <sub>Yes</sub> Г <sub>No</sub> |
| b       |                                          |                        | the organization 🕨 \$ and the                                                                      |                                  |
|         | amount of gaming revenue retained by     | the third party 🏲 \$   |                                                                                                    |                                  |
| с       | If "Yes," enter name and address of th   | e thırd party          |                                                                                                    |                                  |
|         | Name 🕨                                   |                        |                                                                                                    |                                  |
|         | Address 🕨                                |                        |                                                                                                    |                                  |
| 16      | Gaming manager information               |                        |                                                                                                    |                                  |
|         | Name 🕨                                   |                        |                                                                                                    |                                  |
|         | Gaming manager compensation 🕨 \$         |                        |                                                                                                    |                                  |
|         | Description of services provided 🕨       |                        |                                                                                                    |                                  |
|         | Director/officer                         | Employee               | ☐ Independent contractor                                                                           |                                  |
| 17      | Mandatory distributions                  | Linployee              | i Independent contractor                                                                           |                                  |
| т,<br>а | ,                                        | e law to make charit   | table distributions from the gaming proceeds to                                                    |                                  |
| -       |                                          |                        |                                                                                                    | T <sub>Yes</sub> T <sub>No</sub> |
| Ь       |                                          |                        | distributed to other exempt organizations or spent                                                 | I YES I NO                       |
| -       | in the organization's own exempt activ   |                        |                                                                                                    |                                  |
| Pa      | rt IV Supplemental Information           | on. Provide the e      | xplanations required by Part I, line 2b, column<br>.7b, as applicable. Also provide any additional |                                  |
|         | Return Reference                         |                        | Explanation                                                                                        |                                  |
|         |                                          | <u>I</u>               | ·                                                                                                  |                                  |

| efi    | le GRAPHIC p                          | rint - DO NOT PROCESS                                                                                         | As Filed Data -                          |                                             | DLN: 9349           | 325   | 9005  | 025  |
|--------|---------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------|---------------------|-------|-------|------|
| Sch    | edule J                               | Co                                                                                                            | mpensation In                            | ОМВІ                                        | No 1                | 545-0 | 047   |      |
| (For   | m 990)                                | For certain Officer                                                                                           |                                          | Key Employees, and Highest                  |                     | 20    | 14    |      |
|        |                                       | Complete if the orga                                                                                          | Compensated Emp<br>nization answered "Ye | ioyees<br>es" to Form 990, Part IV, line 23 | 3.                  |       |       |      |
| •      | nent of the Treasury                  |                                                                                                               | 🕨 Attach to Form                         | n 990.                                      | Оре                 | en to | o Pub | olic |
|        | Revenue Service                       |                                                                                                               | J (Form 990) and its i                   | nstructions is at <u>www.irs.gov/</u>       |                     |       | ctio  | n    |
|        | me of the organiz<br>SPECIAL CONTRIBU |                                                                                                               |                                          | Empl                                        | oyer identification | n nun | nber  |      |
|        |                                       |                                                                                                               |                                          | 23-7                                        | 367534              |       |       |      |
| Ра     | rt I Questi                           | ons Regarding Compensa                                                                                        | tion                                     |                                             |                     |       |       |      |
|        |                                       |                                                                                                               |                                          |                                             | г                   |       | Yes   | No   |
| 1a     |                                       | opiate box(es) if the organization<br>Section A, line 1a Complete Par                                         |                                          |                                             |                     |       |       |      |
|        |                                       | or charter travel                                                                                             |                                          | allowance or residence for perso            |                     |       |       |      |
|        | • • • • • • • • • • • • •             | companions                                                                                                    |                                          | s for business use of personal re           |                     |       |       |      |
|        |                                       | ification and gross-up payments                                                                               |                                          | social club dues or initiation fe           |                     |       |       |      |
|        |                                       | ary spending account                                                                                          | Personal                                 | services (e g , maid, chauffeur,            | chef)               |       |       |      |
|        |                                       |                                                                                                               |                                          |                                             |                     |       |       |      |
| b      |                                       | xes in line 1a are checked, did th<br>or provision of all of the expense                                      |                                          |                                             |                     | 1b    |       |      |
| 2      | Did the organiz                       | ation require substantiation prior                                                                            | to reimbursing or allo                   | wing expenses incurred by all               |                     |       |       |      |
|        | directors, trust                      | ees, officers, including the CEO/I                                                                            | Executive Director, re                   | garding the items checked in lin            | ie 1a?              | 2     |       |      |
|        |                                       |                                                                                                               |                                          |                                             | Γ                   |       |       |      |
| 3      | organization's (                      | if any, of the following the filing on<br>CEO/Executive Director Check a<br>ed organization to establish comp | Il that apply Do not c                   | heck any boxes for methods                  |                     |       |       |      |
|        |                                       | tion committee                                                                                                | _                                        | mployment contract                          |                     |       |       |      |
|        |                                       | nt compensation consultant                                                                                    |                                          | ation survey or study                       |                     |       |       |      |
|        | Form 990                              | of other organizations                                                                                        | Approval                                 | by the board or compensation of             | committee           |       |       |      |
| 4      | During the year<br>or a related org   | r, did any person listed in Form 99                                                                           | 90, Part VII, Section /                  | ۹, line 1a with respect to the fili         | ng organization     |       |       |      |
| а      | -                                     | rance payment or change-of-con                                                                                | trol navment?                            |                                             |                     | 4a    |       | No   |
| b      |                                       | pr receive payment from, a supple                                                                             |                                          | atirement nlan?                             |                     | 4b    | Yes   |      |
| с<br>С |                                       | or receive payment from, an equit                                                                             | •                                        | ·                                           |                     | 4c    | 103   | No   |
| Ľ      |                                       | of lines 4a-c, list the persons an                                                                            |                                          |                                             | t III -             | ~     |       | NO   |
|        |                                       |                                                                                                               | - F                                      |                                             |                     |       |       |      |
| 5      |                                       | <b>, 501(c)(4), and 501(c)(29) orga</b><br>ted in Form 990, Part VII, Sectio                                  |                                          |                                             |                     |       |       |      |
|        | compensation of                       | contingent on the revenues of                                                                                 |                                          |                                             |                     |       |       |      |
| а      | The organization                      | 'n°                                                                                                           |                                          |                                             | L                   | 5a    |       | No   |
| b      | Any related org                       |                                                                                                               |                                          |                                             | L                   | 5b    |       | No   |
|        |                                       | 5a or 5b, describe in Part III                                                                                |                                          |                                             |                     |       |       |      |
| 6      |                                       | ted in Form 990, Part VII, Sectio<br>contingent on the net earnings of                                        | n A, line 1a, did the oi                 | ganization pay or accrue any                |                     |       |       |      |
| а      | The organization                      | n?                                                                                                            |                                          |                                             | L                   | 6a    |       | No   |
| b      | Any related org                       | janization?                                                                                                   |                                          |                                             |                     | 6b    |       | No   |
|        | If "Yes," to line                     | e 6a or 6b, describe in Part III                                                                              |                                          |                                             |                     | T     |       |      |
| 7      |                                       | ted in Form 990, Part VII, Sectio<br>lescribed in lines 5 and 6? If "Ye                                       |                                          |                                             | d                   | 7     |       | No   |
| 8      |                                       | nts reported in Form 990, Part V<br>nitial contract exception describe                                        |                                          |                                             | describe            |       |       |      |
| ~      |                                       |                                                                                                               | and a second state of the                |                                             |                     | 8     |       | No   |
| 9      | If "Yes" to line<br>section 53 495    | 8, dıd the organızatıon also follov<br>8-6(c)?                                                                | v the reputtable presu                   | nption procedure described in F             | (egulations         | 9     |       |      |

#### 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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title                                  |                     | <b>(B)</b> Breakdown o | fW-2 and/or 1099-MIS                      | SC compensation                           | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation in                                    |
|-----------------------------------------------------|---------------------|------------------------|-------------------------------------------|-------------------------------------------|--------------------------------|----------------|----------------------|--------------------------------------------------------|
|                                                     |                     | (i) Base compensation  | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(ı)-(D)           | column(B) reported<br>as deferred in prior<br>Form 990 |
| 1 EMILY CUMMINS,<br>SECRETARY                       | (i)<br>(ii)         | 179,697                |                                           |                                           |                                |                | 207,664              |                                                        |
| 2 WILSON H PHILLIPS JR,<br>TREASURER                | (i)<br>(ii) 439,730 |                        |                                           | 30,788                                    |                                |                |                      |                                                        |
| 3 WAYNE ARMACOST,<br>WHITTINGTON CENTER<br>DIRECTOR | (i)<br>(ii)         | 108,030                |                                           | 802                                       | 6,933                          | 36,332         | 152,097              |                                                        |

Schedule J (Form 990) 2014

#### 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

| Return Reference | Explanation                                                                                                                                                                                                                                                                                                                                                                            |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  | This organization relied on the processes of a related organization to establish compensation of top management officials, and such processes utilized a<br>compensation committee, independent compensation consultants, compensation surveys and studies, comparability data, and ultimate approval by the<br>board or compensation committee. All decisions are properly documented |
|                  | The NRA decides the benefit amount and timeframe for vesting of each participant. The 457 plan is also designed to supplement the current defined benefit pension plan where current benefit law causes low replacement ratios for some participants.                                                                                                                                  |
|                  | Column Bill other reportable compensation in taxable wages includes 457b, fringe auto, and group life insurance benefits. Column C includes the employer paid portions of the NRA defined benefit pension plan and 401k plan. The organization takes a full transparency posture for executive compensation.                                                                           |

Schedule J (Form 990) 2014

|            | EDULE M                                              |                                  |                                         | S As Filed Data -<br>Noncash Contr                       | L<br>vibutiona                                                                        | ULN:                 | <b>9349325</b><br>OMBNo 1                   |     |     |  |
|------------|------------------------------------------------------|----------------------------------|-----------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------|---------------------------------------------|-----|-----|--|
| For        | m 990)                                               |                                  | 2014                                    |                                                          |                                                                                       |                      |                                             |     |     |  |
|            |                                                      | ►Complete if t<br>► Attach to Fo |                                         | tions answered "Yes" on F                                | orm 990, Part IV, lines 29 c                                                          | or 30.               |                                             |     |     |  |
|            | nent of the Treasury<br>Revenue Service              |                                  |                                         | dule M (Form 990) and its i                              | nstructions is at <u>www.irs.c</u>                                                    | <u>70v/form990</u> . | Open to<br>Inspe                            |     |     |  |
| ame        | e of the organıza                                    |                                  |                                         |                                                          |                                                                                       | Employer ident       |                                             |     |     |  |
|            | PECIAL CONTRIBUT                                     |                                  |                                         |                                                          |                                                                                       | 23-7367534           |                                             |     |     |  |
| Pa         | rtI Types                                            | of Property                      | Ι                                       | Γ                                                        | 1                                                                                     | 1                    |                                             |     |     |  |
|            |                                                      |                                  | <b>(a)</b><br>Check<br>ıf<br>applıcable | (b)<br>Number of contributions<br>or items contributed   | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | noncash co           | <b>(d)</b><br>l of determi<br>ontribution a |     | :s  |  |
|            | Art—Works of a                                       |                                  |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
|            | Art—Historical I                                     |                                  |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
|            | Art—Fractional                                       |                                  |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
|            | Books and publi                                      |                                  |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
| 5          | Clothing and ho goods                                |                                  |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
| 5          | Cars and other                                       |                                  |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
|            | Boats and plane                                      |                                  |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
|            | Intellectual prop                                    |                                  |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
|            | Securities—Pub                                       |                                  |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
|            | Securities—Parl                                      |                                  |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
| ,          | or trust interest<br>Securities—Misi                 | s<br>cellaneous                  |                                         |                                                          |                                                                                       | +                    |                                             |     |     |  |
|            | Qualified conse<br>contribution—H                    | rvation                          |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
| -          | structures .                                         |                                  |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
|            | Q ualified conse<br>contribution—O<br>Real estate—Re | ther                             |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
| 5          | Real estate—Co                                       | mmercial                         |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
| 7          | Real estate—Ot                                       | her                              |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
| 3          | Collectibles .                                       |                                  | Х                                       | 3                                                        | 883,425                                                                               | Sales of compa       | irable items                                |     |     |  |
| Ð          | Food inventory                                       |                                  |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
|            | Drugs and medi                                       |                                  |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
|            | Taxidermy .                                          |                                  |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
|            |                                                      | cts                              |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
|            | Scientific specie<br>Archeological a                 | mens<br>rtıfacts                 |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
|            | Other (                                              |                                  |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
|            | O ther ►(                                            |                                  |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
|            | Other►(                                              |                                  |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
|            | O ther ▶ (                                           |                                  |                                         |                                                          |                                                                                       |                      |                                             |     |     |  |
|            |                                                      |                                  |                                         | anization during the tax yea<br>283, Part IV, Donee Ackn |                                                                                       | 29                   |                                             |     | 2   |  |
| <b>n</b> - |                                                      | . dud +ba amman                  | tion massion                            | a by contribution                                        | why reported in Deat T lines                                                          | 1 +braugh 20 +       |                                             | Yes | No  |  |
| Jđ         |                                                      |                                  |                                         | e by contribution any prope                              |                                                                                       |                      | Indu                                        |     |     |  |
|            |                                                      | -                                |                                         | e date of the initial contribu<br>period?                |                                                                                       |                      | 20-                                         |     | N c |  |
| <b>۴</b>   |                                                      | ibe the arrangem                 |                                         |                                                          |                                                                                       |                      | · 30a                                       |     | No  |  |
| D<br>1     |                                                      | _                                |                                         | ce policy that requires the i                            | review of any non-standard                                                            | contributions?       | 31                                          | Yes |     |  |
|            |                                                      |                                  |                                         |                                                          |                                                                                       |                      |                                             | 103 |     |  |
|            | contributions?                                       |                                  |                                         | ies or related organizations                             |                                                                                       |                      | 32a                                         | Yes |     |  |
|            | If "Yes," descr                                      |                                  |                                         |                                                          | _                                                                                     |                      |                                             |     |     |  |
| 3          | If the organizat<br>describe in Par                  |                                  | t an amount                             | : in column (c) for a type of                            | property for which column                                                             | (a) is checked,      |                                             |     |     |  |

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

| Schedule M (Form 990) (2014)                                                                                   | Page 2                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|
| Part II Supplemental Information. Provide the information required by Part I, lines 30b,                       |                                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |
| 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the |                                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |  |
| number of items rec                                                                                            | erved, or a combination of both. Also complete this part for any additional information.                                                                                                                           |  |  |  |  |  |  |  |  |  |
| Return Reference                                                                                               | Explanation                                                                                                                                                                                                        |  |  |  |  |  |  |  |  |  |
|                                                                                                                | Securities and other donated liquid or illiquid assets can be converted into cash by the outside third party specialists that partner with the NRA and its charitable affiliates, including the Whittington Center |  |  |  |  |  |  |  |  |  |

Schedule M (Form 990) (2014)

| efile GRAPHIC print                                                                          | - DO NOT PROCESS    | As Filed Data -                        |                                                                                       | DLN: 93493259005025                                             |
|----------------------------------------------------------------------------------------------|---------------------|----------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| SCHEDULE O<br>(Form 990 or 990-EZ)<br>Department of the Treasury<br>Internal Revenue Service | Complete to prov    | ide information for res                | O Form 990 or 990-EZ<br>ponses to specific questions on<br>by additional information. | OMB No 1545-0047<br><b>2014</b><br>Open to Public<br>Inspection |
|                                                                                              | ► Information about | Schedule O (Form 990<br>www.irs.gov/fo | or 990-EZ) and its instructions is at<br>rm990.                                       |                                                                 |
| Name of the organization<br>NRA SPECIAL CONTRIBUTION F                                       | UND                 |                                        | <b>Employe</b><br>23-736                                                              | r identification number                                         |

### 990 Schedule O, Supplemental Information

| Return Reference                          | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Section B, Line<br>11b | Form 990 is reviewed by the board of trustees and by the external auditing firm before it is filed with the IRS                                                                                                                                                                                                                                                                                                                                                                                                       |
| Form 990, Part VI, Section B, Line<br>12c | The organization takes conflicts of interest very seriously and utilizes a statement of co rporate ethics. To monitor and enforce compliance with corporate policies, annual filings must be provided to NRA Office of the Secretary and review ed regularly and consistently                                                                                                                                                                                                                                         |
| Form 990, Part VI, Section B, Line 15     | This organization relied on the processes of a related organization to establish compensat<br>ion of top management officials, and such processes utilized a compensation committee, ind<br>ependent compensation consultants, compensation surveys and studies, comparability data, a<br>nd ultimate approval by the board or compensation committee. All decisions are properly do<br>cumented                                                                                                                      |
| Form 990, Part VI, Section C, Line 19     | Governing documents, audited financial statements, and annual reports are available upon r<br>equest for the same period of disclosure as set forth in section 6104d. The organization d<br>oes not make internal operating policies available to the general public.                                                                                                                                                                                                                                                 |
| Form 990, Part X, Line 25                 | NRA Special Contribution Fund does business as the Whittington Center in Raton, New Mexico<br>The NRA transferred the Raton land to NRA Special Contribution Fund with a promissory no<br>te of September 25, 1975 NRA Special Contribution Fund ow es a liability of 6,639,073 to t<br>he NRA for principal and interest on the promissory note, which is registered with Colfax<br>County, New Mexico These related party transactions are fully disclosed                                                          |
| Form 990, Part I, Line 1                  | Disclosure for clarity and transparency of the NRA complete corporate structure The NRA i<br>s a 501c4 membership association with four 501c3 public charities and a 527 political action<br>on committee, which is a separate segregated fund. The four charities affiliated with the<br>NRA are NRA Civil Rights Defense Fund, NRA Foundation Inc, NRA Freedom Action Foundation,<br>and NRA Special Contribution Fund DBA Whittington Center. The political action committee i<br>s the NRA Political Victory Fund |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |  |
|--------------------------------------|-----------------|--|
|--------------------------------------|-----------------|--|

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

(Form 990)

itemai Revenue Service

SCHEDULE R

Name of the organization NRA SPECIAL CONTRIBUTION FUND Employer identification number

23-7367534

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

| <b>(a)</b><br>Name, address, and EIN (If applicable) of disregarded entity | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile (state<br>or foreign country) | <b>(d)</b><br>Total income | <b>(e)</b><br>End-of-year assets | <b>(f)</b><br>Direct controlling<br>entity | _ |
|----------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------|----------------------------|----------------------------------|--------------------------------------------|---|
|                                                                            |                                |                                                            |                            |                                  |                                            |   |

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)<br>Name, address, and EIN of related organization                                  | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section | <b>(e)</b><br>Public charity status<br>(if section 501(c)(3)) | <b>(f)</b><br>Direct controlling<br>entity |     |    |
|----------------------------------------------------------------------------------------|--------------------------------|------------------------------------------------------------|----------------------------|---------------------------------------------------------------|--------------------------------------------|-----|----|
|                                                                                        |                                |                                                            |                            |                                                               |                                            | Yes | No |
| (1) NATIONAL RIFLE ASSOCIATION OF AMERICA<br>11250 WAPLES MILL RD<br>FAIRFAX, VA 22030 | MEMBERSHIP                     | NY                                                         | 501c4                      |                                                               | N/A                                        |     | No |
| 53-0116130                                                                             |                                |                                                            |                            |                                                               |                                            |     |    |
| (2) THE NRA FOUNDATION INC<br>11250 WAPLES MILL RD                                     | CHARITABLE                     | DC                                                         | 501c3                      | LINE 7                                                        | NRA                                        |     | No |
| FAIRFAX, VA 22030<br>52-1710886                                                        |                                |                                                            |                            |                                                               |                                            |     |    |
| (3) NRA CIVIL RIGHTS DEFENSE FUND<br>11250 WAPLES MILL RD                              | CHARITABLE                     | NY                                                         | 501c3                      | LINE 7                                                        | NRA                                        |     | No |
| FAIRFAX, VA 22030<br>52-1136665                                                        |                                |                                                            |                            |                                                               |                                            |     |    |
| (4) NRA FREEDOM ACTION FOUNDATION<br>11250 WAPLES MILL RD                              | CHARITABLE                     | VA                                                         | 501c3                      | LINE 7                                                        | NRA                                        |     | No |
| FAIRFAX, VA 22030<br>26-1277941                                                        |                                |                                                            |                            |                                                               |                                            |     |    |
| (5) NRA POLITICAL VICTORY FUND<br>11250 WAPLES MILL RD                                 | PAC/SSF                        | VA                                                         | 527                        |                                                               | NRA                                        |     | No |
| FAIRFAX, VA 22030<br>52-1083020                                                        |                                |                                                            |                            |                                                               |                                            |     |    |

2014

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Inspection

Schedule R (Form 990) 2014

# Part III Identification of Related Organizations Taxable as a Partnership Complete of 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.

|                           | 5           |             | 1 3         |                 |              |             |                                              |         |               |          |               |            |
|---------------------------|-------------|-------------|-------------|-----------------|--------------|-------------|----------------------------------------------|---------|---------------|----------|---------------|------------|
| (a)                       | (b)         | (c)         | (d)         | (e)             | (f)          | (g)         | (h)                                          |         | (i)           | (j)      |               | (k)        |
| Name, address, and EIN of | Primary act | ivity Legal | Direct      | Predominant     | Share of     | Share of    | Disproprt                                    | tionate | Code V-UBI    | Genera   | al or         | Percentage |
| related organization      |             | domicile    | controlling | income(related, | total income | end-of-year | allocatic                                    | ons?    | amount in box | manag    | jing          | ownership  |
|                           |             | (state or   | r entity    | unrelated,      |              | assets      |                                              |         | 20 of         | partne   | er?           |            |
|                           |             | foreign     |             | excluded from   |              | Į           |                                              |         | Schedule K-1  |          |               |            |
|                           |             | country)    | 1           | tax under       |              | Į           |                                              |         | (Form 1065)   | 1        |               |            |
|                           |             |             |             | sections 512-   |              | Į           |                                              |         |               | 1        |               |            |
|                           |             |             |             | 514)            |              | Į           | L                                            |         | 1             | <u>ا</u> | $\rightarrow$ |            |
|                           |             |             |             |                 |              | Į           | Yes                                          | No      |               | Yes      | No            |            |
|                           |             |             |             |                 |              |             |                                              |         | i             |          |               |            |
|                           |             |             | -           |                 |              |             | <u>ь                                    </u> |         | 1             | L        |               |            |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of 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.

| <b>(a)</b><br>Name, address, and EIN of<br>related organization | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal<br>domicile<br>(state or foreign<br>country) | <b>(d)</b><br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | <b>(f)</b><br>Share of total<br>income | <b>(g)</b><br>Share of end-<br>of-year<br>assets | <b>(h)</b><br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|-----------------------------------------------------------------|--------------------------------|------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------|----------------------------------------|--------------------------------------------------|---------------------------------------|--------------------------------------------------------|----|
|                                                                 |                                |                                                                  |                                            |                                                           |                                        |                                                  |                                       | Yes                                                    | No |
|                                                                 |                                |                                                                  |                                            |                                                           |                                        |                                                  |                                       |                                                        |    |

| 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 |
| <b>1</b> During t | the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |    |     |    |
| <b>a</b> Rece     | eipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity                                                  | 1a |     | No |
| <b>b</b> Gift,    | grant, or capital contribution to related organization(s)                                                                                     | 1b |     | No |
| <b>c</b> Gift,    | grant, or capital contribution from related organization(s)                                                                                   | 1c | Yes |    |
| <b>d</b> Loan     | ns or loan guarantees to or for related organization(s)                                                                                       | 1d |     | No |
| <b>e</b> Loan     | ns or loan guarantees by related organization(s)                                                                                              | 1e |     | No |
| <b>f</b> Divic    | dends from related organization(s)                                                                                                            | 1f |     | No |
| <b>g</b> Sale     | of assets to related organization(s)                                                                                                          | 1g |     | No |
| h Purc            | hase of assets from related organization(s)                                                                                                   | 1h |     | No |
| i Exch            | ange of assets with related organization(s)                                                                                                   | 1i |     | No |
| j Leas            | e of facilities, equipment, or other assets to related organization(s)                                                                        | 1j |     | No |
| <b>k</b> Leas     | se of facilities, equipment, or other assets from related organization(s)                                                                     | 1k | ├── | No |
| I Perfo           | rmance of services or membership or fundraising solicitations for related organization(s)                                                     | 11 |     | No |
| <b>m</b> Perfo    | <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)                                        |    | 1   | No |
| <b>n</b> Shari    | ng of facilities, equipment, mailing lists, or other assets with related organization(s)                                                      | 1n |     | No |
| <b>o</b> Shar     | ring of paid employees with related organization(s)                                                                                           | 10 |     | No |
| <b>p</b> Reim     | nbursement paid to related organization(s) for expenses                                                                                       | 1p | Yes |    |
| -                 | nbursement paid by related organization(s) for expenses                                                                                       | 1q |     | No |
| <b>r</b> Othe     | er transfer of cash or property to related organization(s)                                                                                    | 1r | Yes |    |
|                   | er transfer of cash or property from related organization(s)                                                                                  | 1s |     | No |

 

 2
 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

 (a) Name of related organization
 (b) Transaction type (a-s)
 (c) Amount involved
 (d) Method of determining amount involved

 (1) NATIONAL RIFLE ASSOCIATION OF AMERICA
 p
 1,467,015
 CASH VALUE

 (2) NATIONAL RIFLE ASSOCIATION OF AMERICA
 r
 120,000
 CASH VALUE

#### Part VI Unrelated Organizations Taxable as a Partnership Complete of 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)<br>Name, address, and EIN of entity | <b>(b)</b><br>Primary activity | domicile<br>(state or<br>foreign | (d)<br>Predominant<br>income<br>(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512- |     |    | (f)<br>Share of<br>total<br>income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | (h)<br>Disproprtionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20<br>of Schedule<br>K-1<br>(Form 1065) | (j)<br>General or<br>managıng<br>partner? |    | (k)<br>Percentage<br>ownership |  |
|-----------------------------------------|--------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------|-----|----|------------------------------------|-------------------------------------------------|----------------------------------------|----|-------------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|--|
|                                         |                                |                                  | 514)                                                                                                   | Yes | No |                                    |                                                 | Yes                                    | No |                                                                               | Yes                                       | No |                                |  |
|                                         |                                |                                  |                                                                                                        |     |    |                                    |                                                 |                                        |    |                                                                               |                                           | _  | -                              |  |

## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

**Return Reference** 

Explanation

Schedule R (Form 990) 2014