DLN: 93493256009176

OMB No 1545-0047

Department of the Treasury

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

Internal R	Revenue S	Service	F-Information abo	out Form 990 and its instructions is at <u>wi</u>	ww.1K5.gov/	<u>10FM99U</u>		Inspection	
A Fo	r the	2015 ca	alendar year, or tax year begir	ning 01-01-2015 , and ending 12-31-20	15				
3 Che	ck ıf ap	plicable	C Name of organization NRA Special Contribution Fund			D Empl	oyer ider	ntification number	
Address change			NKA Special Contribution Fund					ŀ	
	ne chan	_	Doing business as Whittington Center			_			
Initi	al returi	n	-			E Teleph	none num	ber	
_ Fina	ıl ırn/term	unated	Number and street (or P O box PO Box 700	if mail is not delivered to street address) Room/s	uite		) 445-3		
	ended re		City or town state or province	country, and ZIP or foreign postal code		(373	1445-3	015	
		pending	Raton NM 87740	country, and ZIP or foreign postal code		<b>G</b> Gross	receipts \$	6,351,046	
~pp	ilcation	pending			T				
			<b>F</b> Name and address of WILSON H PHILLIPS JR	principal officer		this a grou bordinates?		for	
			11250 WAPLES MILL RD FAIRFAX, VA 22030				I subordinates Yes T		
			PAIRPAX, VA 22030			luded?	h = 1.=#	(	
Тах	-exem	pt status	501(c)(3) 501(c)()	◀ (insert no )		oup exemp		(see instructions)	
We	ebsite	: <b>-</b> ww	w nrawc org			oup exemp	cion nun	ilbei F	
			n	ation Other No.		formation 1	074 M	State of legal domicile	
roiii	i oi oig	ariizatioi	T Corporation (* Trust (* Associ	ation) Other F	L real of	ioiiiiatioii 1	NM		
Par	rt I	Sun	nmary						
		•	_	ion or most significant activities	w markam-	nehin and	مراطاية -	oncorvation through	
			cial Contribution Fund provide Whittington Center near Rator	s education and training in firearms safet i. New Mexico	y, marksma	nsnip, and	wildlife c	onservation through	
ا ځ	<u> </u>		villetington Contol near Nator	, wew records					
Pollin land	_								
.	<b>2</b> C	heck tl	his box দ if the organization	discontinued its operations or disposed	of more than	25% of its	net ass	sets	
	3 N	umber	of voting members of the gove	erning body (Part VI, line 1a)			з	14	
3				rs of the governing body (Part VI, line 1b			4	14	
Houmus a					•		5	41	
		5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)					6	542	
`			·	• •			7a	211,422	
	<ul><li>7a Total unrelated business revenue from Part VIII, column (C), line 12</li><li>b Net unrelated business taxable income from Form 990-T, line 34</li></ul>						7b	-559	
-+						rior Year	1 75 1	Current Year	
	8	8 Contributions and grants (Part VIII		[ line 1h)		2,170	.206	2,223,566	
9	9 Progra		- '	I, line 2g)		1,247		1,324,712	
Revenue				umn (A), lines 3, 4, and 7d)			,767	-72,224	
æ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1,532,773		878,192	
				11 (must equal Part VIII, column (A), lir	ne				
							,615	4,354,246	
	13			art IX, column (A), lines 1–3)				(	
	Salaries, other compensation, emplo 5-10)			rt IX, column (A), line 4)	•			(	
82				oyee benefits (Part IX, column (A), lines		1,321	,377	1,424,515	
Expenses			•	IX, column (A), line 11e)	87	,500	150,000		
<del>×</del>	b	Total f	undraising expenses (Part IX, columr	(D), line 25) <b>►</b> 848,853					
ш	17					2,098	,654	2,435,832	
				must equal Part IX, column (A), line 25)			,531	4,010,347	
	19				1,659	,284	343,899		
8 9 8		Beginning of Cur				g of Current	Year	End of Year	
net Assets or Fund Balances	20	Total	assets (Part X line 16)			18,730	.048	19,168,082	
4 B	21					7,635		7,762,924	
FG	22				-	11,094		11,405,158	
Par				<u></u>		•		. ,	
<b>Par</b> Under	<b>t II</b> penal	<b>Sigr</b> Ities of	nature Block perjury, I declare that I have	examined this return, including accompa		ules and st	atement	s, and to the best	
			nowledge		,				
		k				2016-09-13			
Sign		Signature of officer Date							
Here		. Wile	on H Phillips Jr Treasurer						
_			e or print name and title						
			Print/Type preparer's name			Check / If	PTIN		
Paid	l		James P Sweeney	James P Sweeney		elf-employed			
	oare	r ⊢	Firm's name 🕨 RSM US LLP		F	ım's EIN 🟲			
	Only		Firm's address 🕨 1861 International	Dr Ste 400	F	hone no (70	3) 336-64	00	
ノコピ		y I			1				

McLean, VA 22102 May the IRS discuss this return with the preparer shown above? (see instructions)

. ✓ Yes ┌ No

Par	t III	Statement of Program S				
		Check if Schedule O contains a		o any line in this Part	III	<u> </u>
1		y describe the organization's mis				
		al Contribution Fund provides edu	ication and training	ın fırearms safety, ma	arksmanship, and wildlife cons	servation through the NRA
vnit	tington	Center near Raton, New Mexico				
2		ne organization undertake any sig Tor Form 990 or 990-EZ?				⊤Yes ▼No
	If"Ye	es," describe these new services	on Schedule O			
3	servic	ne organization cease conducting ces?			onducts, any program	「Yes ▼No
	If "Y e	s," describe these changes on S	chedule O			
4	expen	ribe the organization's program sonses Section 501(c)(3) and 501 Ital expenses, and revenue, if any	(c)(4) organizations	s are required to repoi		
4a	(Code	e ) (Expenses \$	2,754,375	including grants of \$	) (Revenue \$	1,494,252 )
	conse 1250, recrea camp Cente	Special Contribution Fund is all about gui evation by means of the NRA Whittington, 000 visitors come through the gates of feational shooting in all shooting disciplines ing, youth programs, a Pro Shop, the Free Experience today Special programs als nition weekends. The Whittington Center	n Center, named in hoi the Whittington Center s on a year-round basis ank Brownell Museum o so include womens evel	nor of George R Whittingto More than 30,000 acres a The Center offers guided of the Southwest, the Bud nts, training clinics, tournar	on, a champion rifle shooter and pas nd 17 ranges are devoted to compe and unguided hunts, expert firearm and Willa Eyman Research Library, a nents, matches, nature trails, youth	t NRA President 2015 saw over citive, educational, and is training, lodging, cabins and and more Plan your Whittington adventure camps, and donor
4b	(Code	e ) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	e ) (Expenses \$		including grants of \$	) (Revenue \$	)
					_	
4d		er program services (Describe in enses \$	Schedule O ) including grants o	f \$	) (Revenue \$	)
4e	Tota	I program service expenses 🕨	2,754,375			

Part IV Checklist of Required Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
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	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	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?  If "Yes," complete Schedule C, Part III	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?  If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," 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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part 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? If "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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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?	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	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? If "Yes," complete Schedule N, Part I.	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part 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)? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2015)			Page <b>5</b>
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			г
	check if Schedule 6 contains a response of note to any line in this rare v	· · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 27			
b	Enter the number of Forms W-2G included in line 1a Enter - 0 - if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	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	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	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
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			No
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
_		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ا کیسر - سیسر		
	Section 501(c)(12) organizations. Enter  Cross unsame from members or shareholders			
	Gross income from members or shareholders			
	against amounts due or received from them )			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule $O$	14b		

	,						· age
Par	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No describe the circumstances, processes, or changes in Schedule O. S.	See ii	nstructions.	, ,			w,
	Check if Schedule O contains a response or note to any line in this Part VI						<u> ~ </u>
Se	ction A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		14			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?				2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co				3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	prior Form 990	was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	zatıon's assets	۶۶.	5		Νo
6	Did the organization have members or stockholders?				6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?				7a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			kholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons u	ndertaken duri	ng the			
а	The governing body?				8a	Yes	
h	Each committee with authority to act on hehalf of the governing body?				8h	VAC	

10a	Did the organization have local chapters, branches, or affiliates?
b	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?
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990

. <b>Z</b> a	Did the organization have a written connect of interest policy. If No, go to line 13
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done
3	Did the organization have a written whistleblower policy?

_	Did the organization have a written document retention and destruction poncy.
5	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 ten management official

U	Other officers of key employees of the organization
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a
	taxable entity during the year?

	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with
	taxable entity during the year?
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the
	organization's exempt status with respect to such arrangements?

on?		
	15a	No
	15b	No
th a	16a	No
	16b	

10a

10b

11a

12a

12b

Yes

Yes

Yes

Yes

Νo

#### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

AK , AL , AR , CA , CO , CT , FL , GA , 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

- 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 Upon 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 34025 Hwy 64 West Raton, NM 87740 (575) 445-3615

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) Ronald L Schmeits	1 00	,		,				0	0		
Chair, Board of Trustees	1 00	×		Х				U	0	0	
(2) David E Bennett III  Vice Chair, Board of Trustees	1 00	х		х				0	0	0	
(3) Thomas P Arvas	1 00										
Trustee	1 00	×						0	0	0	
(4) Craig Boddington through April 13 2  Trustee	1 00	х						0	0	0	
(5) Robert K Brown	1 00										
Trustee	1 00	×						0	0	0	
(6) Frank R Brownell III	1 00	х						0	0	0	
(7) J William Carter	1 00	х						0	0	0	
(8) John L Cushman Trustee	1 00	х						0	0	0	
(9) William H Dailey Trustee	1 00	×						0	0	0	
(10) James W Porter IITrustee	1 00	х						0	0	0	
(11) Kayne Robinson Trustee	1 00	х						0	0	0	
(12) John C Sigler	1 00										
Trustee	2 00	×						0	0	0	
(13) John H Thompson Trustee	1 00	х						0	0	0	
(14) Robert L Viden Jr Trustee	1 00	х						0	0	0	
	1 100	<u> </u>					<u> </u>			Form <b>990</b> (2015)	

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

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of othe compensation from the	nated of other nsation the
(15) Emily Cummins	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organiz and re organiz	lated
(15) Emily Cummins	1 00			х				0	191,765		29,026
Secretary (16) Wilson H Phillips Jr Treasurer	52 00 1 00 54 00			х				0	549,269		41,938
(17) Wayne Armacost Whittington Center Director	45 00			х				104,074	0		44,474
1b Sub-Total	ut not limited to	· those	liste	· · · · · · · · · · · · · · · · · · ·	<b>▶</b>	e) who	rec	104,074 eived more than	741,034		115,438
	irom the organiz									Yes	No
3 Did the organization list any <b>former</b> offi on line 1a? If "Yes," complete Schedule 3									d employee	163	No

			res	INO
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	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 I for such person	5		No

Section	В.	Inde	pendent	Contractors
---------	----	------	---------	-------------

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)	(B)	(C)
Name and business address	Description of services	Compensation
Communications Corporation of America	Direct mail services	169,910
13195 Freedom Way		
Boston, VA 22713		
Allegiance Creative Group LLC	Professional fundraiser	150,000
11250 Waples Mill Rd Suite 310 Fairfax, VA 22030		
Professional Marksmen Inc	Training instruction	118,095
PO Box 317		
Colume, SD 57528		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 3

Part V	4 🛊 🛊 1	Statement of										
		Check If Schedu	lle O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
s s	1a	Federated camp	paigns <b>1a</b>									
ant un	ь	Membership due	es <b>1b</b>									
5 E	С	Fundraising eve	ents 1c									
ffs, ⊩A	d	Related organiz	ations 1d									
. Gi		e Government grants (contributions) 1e										
ons, Gifts, Grants Similar Amounts		-		2 222 566								
utic ie iti	f	similar amounts no	ns, gifts, grants, and <b>1f</b> t included above	2,223,566								
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contribution	ons included in lines	763,211								
on nd	h	Total. Add lines	1a-1f		2,223,566							
				Business Code								
nue	2a	Whittington Center	program fees	813000	1,324,712	1,324,712						
evel	ь		program reco	013000	1,324,712	1,324,712						
В	С											
rwc	d											
9.	e											
Program Serwce Revenue	f	All other progra	m service revenue									
Prog					4 224 742							
_	g 3		2a-2f		1,324,712							
		and other simila	ramounts)	🟲 📗	117,842			117,842				
	4		tment of tax-exempt bond	proceeds -								
	5	Royalties										
	6a	Gross rents	(ı) Real	(II) Personal								
	ь	Less rental										
	c	expenses Rental income										
		or (loss)										
	d	Net rental incor	me or (loss)	·								
	7a	Gross amount	(ı) Securities	(II) Other								
		from sales of assets other than inventory	1,108,094	94,761								
	b	Less cost or other basis and	1,392,921									
		sales expenses		94,761								
	c d	Gain or (loss)  Net gain or (loss	-284,827 s)	·	-190,066			-190,066				
une		Gross income fr	om fundraising		150,000			150,000				
Other Kevenue		s of contributions See Part IV, line										
₫.	L	Loca dimast sim	a noncos h									
•	b C		penses <b>b</b> loss) from fundraising	events 🛌								
			om gaming activities									
			а									
			penses b									
			loss) from gaming acti	vities <b></b> -								
	TOG	Gross sales of i returns and allo										
			а	773,419								
	b	Less cost of go	l.	603,879								
	С		loss) from sales of inve		169,540	-41,882	211,422					
	11-	Miscellaneous		Business Code 212000	708,652			708,652				
	11a b	Mineral rights, r	net	212000	700,032			700,032				
	c d	All other revenu										
	e e	Total. Add lines	!	🕨								
	12		See Instructions .	.  -	708,652							
		rotal levellue.	SCCINGUIGUIG I	· · · · •	4,354,246	1,282,830	211,422	636,428				

	990 (2015)  LIX Statement of Functional Expenses				Page <b>1</b> (
	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiz	ations must com	nplete column (A )	
	Check if Schedule O contains a response or note to any line in				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	,		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	148,548	117,947	16,192	14,409
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	906,631	700,625	96,224	109,782
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	156,710	123,290	17,465	15,955
9	Other employee benefits	127,827	100,567	14,246	13,014
10	Payroll taxes	84,799	66,715	9,451	8,63
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
C	Accounting	15,000		15,000	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	150,000			150,00
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	455,054	28,141	43,601	383,31
13	Office expenses	13,625	11,179	2,446	
14	Information technology	22,776	8,178	13,936	66
15	Royalties	0			
16	Occupancy	54,919	50,851	2,034	2,03
17	Travel	37,007	3,990	29,423	3,59
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	122,533	113,457	4,538	4,53
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	375,498	333,152	31,156	11,19
23	Insurance	72,571	60,689	7,335	4,54
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	Ranges, ranch, and program supplies at Whittington Ctr	698,931	613,322	67,791	17,81
b	Equipment and maintenance at Whittington Center	361,277	309,101	8,466	43,71
c	Utilities at Whittington Center	120,911	111,955	4,478	4,47
d	Postage and shipping for Whittington Center	66,546	1,216	4,153	61,17
e	All other expenses	19,184		19,184	
25	Total functional expenses. Add lines 1 through 24e	4,010,347	2,754,375	407,119	848,853
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . . . . . . . ·\_\_\_\_ (A) (B) Beginning of year End of year 1 1 2 1.893.318 2 2.124.230 Savings and temporary cash investments . . . . 70,524 37,839 3 Pledges and grants receivable, net . . . . 3 1.138.277 4 4 1.043.279 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees. Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L **Assets** 6 7 7 769,083 8 750,186 8 5,124 7,088 9 9 Prepaid expenses and deferred charges . . . . . . 10a Land, buildings, and equipment cost or other basis 16, 168, 774 10a Complete Part VI of Schedule D b 10b 6,954,342 9,409,462 10c 9,214,432 Less accumulated depreciation . . . . 3,833,162 11 3,682,754 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 1.611.098 13 13 2,308,274 Investments—program-related See Part IV, line 11 . 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 18,730,048 16 19,168,082 206.484 17 **17** 372,450 Accounts payable and accrued expenses . . . . 18 18 139.877 19 149,373 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 40,336 20,660 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 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 7,248,606 7,220,441 25 7,635,303 26 7,762,924 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete Balance lines 27 through 29, and lines 33 and 34. 10, 100, 103 10,423,108 27 27 884,558 871,966 28 28 Fund 110,084 110,084 29 29 Permanently restricted net assets . . . . . . . . . Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . Retained earnings, endowment, accumulated income, or other funds 32 32 ž 33 11,094,745 11,405,158 33 Total liabilities and net assets/fund balances . . . . . . . . . . . 18.730.048 19.168.082 34

	11 990 (2013)				Page <b>⊥</b> ∡
Par	Reconcilliation of Net Assets  Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)			4,:	354,246
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,(	010,347
3	Revenue less expenses Subtract line 2 from line 1	3			343,899
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$	. 4		11,(	094,745
5	Net unrealized gains (losses) on investments	5			-33,486
6	Donated services and use of facilities	6			
7	Investment expenses	. 7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line column (B))	10		11,4	405,158
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. $\sqsubset$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	a Were the organization's financial statements compiled or reviewed by an independent accounts	ant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were comp a separate basis, consolidated basis, or both	olled or reviewed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis	S			
Ь	• Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audit basis, consolidated basis, or both	ed on a separate			
	Separate basis Consolidated basis F Both consolidated and separate basis	IS			
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility of the audit, review, or compilation of its financial statements and selection of an independent		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax ye Schedule O $$	ar, explain in			
За	As a result of a federal award, was the organization required to undergo an audit or audits as s Single Audit Act and OMB Circular A-133?	et forth in the	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo audit or audits, explain why in Schedule O and describe any steps taken to undergo s		3b		

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OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

		he organization					Employer identifica	Employer identification number				
NKA S	ъресіат с	Contribution Fund					23-7367534					
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	itions must co	mplete this	part.) See instruction	ons.				
		zation is not a private fo										
1	Г	A church, convention		•		•	•					
2	, _	A school described in	-			-						
3	, _		•		•		**					
4	,  -			hospital service organization described in <b>section 170(b)(1)(A)(iii).</b> ation operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the								
7	,	hospital's name, city,	-	erated in conjunction v	vicii a nospicai c	iescribed iii <b>se</b>	(CCIOII 170(D)(1)(A)(III	J. Linter the				
5	Γ		ated for the be	_	iversity owned	or operated by	a governmental unit o	described in <b>section</b>				
6	Γ	A federal, state, or loc	al governmen	t or governmental unit	described in <b>s</b> e	ection 170(b)(	1)(A)(v).					
7	<u>~</u>	An organization that n	•	•	• •	om a governm	ental unit or from the g	jeneral public				
_	_	described in <b>section 1</b>										
8	<u> </u>	A community trust de			•							
9	' 	receipts from activition from gross investmen	es related to it nt income and ne 30, 1975 S	ts exempt functions—s unrelated business ta see <b>section 509(a)(2).</b>	subject to certa xable income (l (Complete Part	in exceptions, ess section 51 III )	ributions, membership and (2) no more than 11 tax) from businesse on 509(a)(4).	331/3% of its suppor				
11	_	-	•	•	•	•		out the nurnoses of				
a b	г г	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.  Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or										
			nanagement of the supporting organization vested in the same persons that control or manage the supported organization(s) You									
	_	must complete Part I	•									
С	ı	Type III functionally is supported organization	_		•			grated with, its				
d	Г						, <b>and E.</b> with its supported org	ianization(s) that is				
-	•						rement and an attentiv					
	_	(see instructions) <b>Yo</b>										
е	ı	Check this box if the o					is a Type I, Type II, T	ype III functionally				
f	Ento	integrated, or Type II r the number of support				on						
	Liite	Provide the following i										
g		Flovide the following i	mormation ab	out the supported orga	illization(s)							
Nan	me of s	(i) supported organization						(vi) A mount of other support (see instructions)				
					Voc	Na	1					
					Yes	No						
				i	ı		1	i				

Pa	(Complete only if you Part III. If the organi	checked the bo	ox on line 5, 7,	or 8 of Part I or	ıf the organiza	ition faile	d to qu	
S	ection A. Public Support		,		,		_= ===-/	
(or	Calendar year fiscal year beginning in) 🏲	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	<b>(e)</b> 201	15	<b>(f)</b> ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	1,344,807	1,115,108	1,845,016	2,170,206	2,2	223,566	8,698,703
2	Tax revenues levied for the organization's benefit and either							
3	paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> Add lines 1 through 3	1,344,807	1,115,108	1,845,016	2,170,206	2,2	223,566	8,698,703
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							1,563,896
6	Public support. Subtract line 5 from line 4							7,134,807
S	ection B. Total Support							
,	Calendar year	(a)2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 201	. 5	( <b>f</b> )Total
(or 7	fiscal year beginning in) F A mounts from line 4	1,344,807	1,115,108	1,845,016	2,170,206		223,566	8,698,703
8	Gross income from interest,	1,3 1 1,007	1,113,100	1,013,010	2,17.0,200		23,300	
	dividends, payments received on securities loans, rents, royalties and income from similar sources	131,582	169,460	164,209	178,586	1	17,842	761,679
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	244,377	527,694	426,554	1,424,061	7	708,652	3,331,338
11	<b>Total support.</b> Add lines 7							12,791,720
12	through 10 Gross receipts from related activi	tios ats (saa ins	tructions \			40		
13	First five years. If the Form 990 is check this box and stop here	for the organizat	ion's first, second					5,992,494 organization,
S	ection C. Computation of Pu						<del> ,</del>	
14	Public support percentage for 201			: 11, column (f))		14		55 780 %
15	Public support percentage for 201	4 Schedule A, Pa	irt II, line 14			15		58 440 %
16a	33 1/3% support test—2015.If the and stop here. The organization qu	e organization did	not check the box	•	ne 14 is 33 1/3%		check th	
	33 1/3% support test—2014.If th box and stop here. The organizati 10%-facts-and-circumstances test is 10% or more, and if the organization more and if the organization is a support of the control of the cont	e organization did on qualifies as a p <b>t—2015.</b> If the org ration meets the f	not check a box of publicly supported anization did not of acts-and-circums	on line 13 or 16a, organization check a box on line tances test, checl	e 13, 16a, or 16b k this box and <b>sto</b>	, and line <b>op here.</b> Ex	14 oplain	eck this
	10%-facts-and-circumstances tes 15 is 10% or more, and if the org Explain in Part VI how the organiz supported organization	anızatıon meets th atıon meets the "	ne "facts-and-circ facts-and-circum	umstances" test, stances" test The	check this box a e organization qua	nd <b>stop he</b> alıfıes as a	re. publicly	
18	<b>Private foundation.</b> If the organizations	ition ala not checi	k a dox on line 13	, 10a, 10D, 1/a, 0	ı 170, cneck this	box and s	ee	<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2015 Page 3 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.) Section A. Public Support Calendar vear (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 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 c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar vear (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 0 % Public support percentage from 2014 Schedule A, Part III, line 15 16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

18	Investment income	percentage f	rom <b>2014</b> 9	Schedule A ,	Part III, line 17
----	-------------------	--------------	-------------------	--------------	-------------------

17	0 %
18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization **₽**□

<sup>33 1/3%</sup> support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

#### 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)

Saction	_	ΛII	Supporting	Organization	_
Section	Α.	ΑП	Supporting	Organization	15

<u> </u>	section A. An Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2		
За	509(a)(1) or (2).  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?  If "Yes," answer (b) and (c) below.	3a		
ł	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)?	3b		
c	If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.  Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.			
	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.	4a		
t	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.	4b		
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.	4c		
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).	5a		
ŧ	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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 <b>Part VI</b> .	6		
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).	7		
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).	8		
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 <b>Part VI</b> .	9a		
t	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 <b>Part VI</b> .	9b		
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 <b>Part VI</b> .	9c		
L0a	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.	10a		
t	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
ā	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?	11a		
Ŀ	A family member of a person described in (a) above?	11b		
	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.	11c		

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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.	1		
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection 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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
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 <b>Part VI identify those supported organizations and explain</b> 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.	2a		
Ŀ	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	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? <i>Provide details in Part VI</i> .	3a		
Ŀ	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.

3b

Part V	Type III Non-Functionally	/ Integrated 509:	(a)(3	) Supportina	Organization
	., pe : anement	,og. a.oa oob	,	,ppg	ga:::= a :: -:

	neck here if the organization satisfied the Integral Part Test as a qualifying tr ope III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
L	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	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		
' '	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	<b>1</b> c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1 d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	neck here if the current year is the organization's first as a non-functionally-i	ntegrate	ed Type III supporting o	organization (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in	
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 A mounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
<b>d</b> From 2013			
e From 2014			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<ul> <li>Carryover from 2010 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			

#### Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; 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, 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 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 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 elements of other income in the five year period. The 2015 figure includes 708,652 mineral rights income stream generated by an estate gift. The 2014 figure includes 1,424,061 mineral rights income stream. The 2013 figure includes 369,706 mineral rights income stream plus 56,848 other sales. The 2012 figure includes 454,000 mineral rights income stream plus 73,694 other sales. The 2011 figure includes 134,415 mineral rights income stream plus 106,962 other sales.

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493256009176

OMB No 1545-0047

# **SCHEDULE D**

(Form 990)

Inte

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
► Attach to Form 990.

	Revenue Service In	formation about Schedule D	(Form 990) and its instructions is at <u>wи</u>	vw.irs.gov/form9	<u>90</u> . Inspection
Nan	ne of the organization	n	_		identification number
NRA	Special Contribution Fund			23-73675	534
Pa			Advised Funds or Other Simil	ar Funds or Ac	
	Complete if	the organization answere	ed "Yes" on Form 990, Part IV, line		
	Total number at e	nd of year	(a) Donor advised funds	<b>(b)</b> Funds	s and other accounts
	Aggregate value o	of contributions to (during			
	Aggregate value o	of grants from (during year)			
	Aggregate value a	at end of year			
			advisors in writing that the assets held i the organization's exclusive legal contro		┌ Yes ┌ No
	used only for charita conferring impermiss	ble purposes and not for the sible private benefit?	and donor advisors in writing that grant benefit of the donor or donor advisor, or	for any other purp	Yes No
ar	t III Conservat	ion Easements. Comple	ete if the organization answered "Y	es" on Form 990	), Part IV, line 7.
		and for public use (e g , recre ural habitat	e organization (check all that apply) ation or education)	of an historically of a certified histo	
	Complete lines 2a theasement on the las		held a qualified conservation contribution	on in the form of a	conservation
		, ,		H	eld at the End of the Year
a	Total number of cons	servation easements		2a	
ь	Total acreage restric	cted by conservation easeme	ents	2b	
2	Number of conserva	tion easements on a certified	historic structure included in (a)	2c	
d		tion easements included in (d ted in the National Register	e) acquired after 8/17/06, and not on a	2d	
	Number of conserva	tion easements modified, trai	nsferred, released, extinguished, or term	ninated by the orga	anızatıon durıng the
	tax year ►				
	Number of states wh	ere property subject to cons	ervation easement is located ►		
		on have a written policy regar cement of the conservation e	ding the periodic monitoring, inspection asements it holds?	, handling of	┌ Yes
	Staff and volunteer h	nours devoted to monitoring,	inspecting, handling of violations, and e	nforcing conserva	tion easements during the
	A mount of expenses	incurred in monitoring inch	ecting, handling of violations, and enforc	una concorvation	accoments during the year
	►\$		ecting, nanding of violations, and emore	ing conservation (	sasements during the year
	Does each conserva (B)(ı) and section 17		ne 2(d) above satisfy the requirements (	of section 170(h)(	<sup>4)</sup>
	balance sheet, and i	nclude, if applicable, the text	ts conservation easements in its revenu of the footnote to the organization's find		
a r	t IIII Organizati		etions of Art, Historical Treasured "Yes" on Form 990, Part IV, line		Similar Assets.
a	If the organization el works of art, historic	lected, as permitted under SF al treasures, or other similar	FAS 116 (ASC 958), not to report in its assets held for public exhibition, educante to its financial statements that des	revenue statemer ition, or research i	n furtherance of public
b	If the organization e works of art, historic	lected, as permitted under SF	FAS 116 (ASC 958), to report in its reveals	enue statement ar	nd balance sheet
(		on Form 990, Part VIII, line 1		<b>►</b> \$	568,215
	i) Assets included in I				1,385,390
		,	nistorical treasures, or other similar ass		
			FAS 116 (ASC 958) relating to these i		. •

Revenue included on Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining ( (continued)	Collections of Art,	Histori	cal Tre	easures, or O	ther Similar Ass	sets
3	Using the organization's acquisition, acce collection items (check all that apply)	ssion, and other records	s, check a				of its
а	Public exhibition		d ⊾	Loan o	r exchange progr	ams	
b	Scholarly research		е Г	Other			
c	Preservation for future generations						
4	Provide a description of the organization's Part XIII	collections and explair	n how they	further	the organization	's exempt purpose ır	1
5	During the year, did the organization solic assets to be sold to raise funds rather tha						┌ No
Pai	Complete if the organization as Part X, line 21.	ngements.					on Form 990,
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?	odian or other intermed	liary for co	ntributi	ions or other ass	ets not <b>Yes</b>	□ No
b	If "Yes," explain the arrangement in Pa	rt XIII and complete th	e following	g table		Amou	ınt
c	Beginning balance	·	•		1c		
d	Additions during the year				1d		
e	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on	Form 990, Part X, line	21, for es	crow or	custodial accour	nt liability?  Yes	
	•	, ,	,			,	•
b	If "Yes," explain the arrangement in Part >	(III Check here if the e	explanatio	n has b	een provided in P	art XIII	「
	rt V Endowment Funds. Complet						
		(a)Current year (	<b>b)</b> Prior yea		(c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	127,256	136	5,153	118,420	101,692	
b	Contributions						
С	Net investment earnings, gains, and losses	-5,955	3	3,831	17,733	16,728	
d	Grants or scholarships						
е	Other expenditures for facilities and programs		12	2,728			
f	Administrative expenses						
g	End of year balance	121,301	127	',256	136,153	118,420	
_							
2	Provide the estimated percentage of the c	urrent year end balance	e (line 1g,	column	(a)) held as		
a	Board designated or quasi-endowment 🕨						
b	Permanent endowment ► 87 000 %						
С	Temporarily restricted endowment ► 1 The percentages on lines 2a, 2b, and 2c s	3 000 % hould equal 100%					
За	Are there endowment funds not in the post organization by	session of the organizat	on that a	re held	and administered	for the	Yes No
	(i) unrelated organizations					3a(i	
	(ii) related organizations				•	3a(ii	<del>`                                       </del>
ь 4	If "Yes" on 3a(II), are the related organiza Describe in Part XIII the intended uses of	•				<u>3b</u>	Yes
	t VI Land, Buildings, and Equipr		C **III CIIL IU				
	Complete if the organization a		n 990, P	art IV,	line 11a.See F	orm 990, Part X,	line 10.
	Description of property		Cost or o	a) ther basis tment)	(b) Cost or other bas (other)	Accumulated (c) depreciation	(d)Book value
1a	Land		<u> </u>	· ·	2,491,17	0	2,491,170
ь	Buildings				6,885,79		4,450,850
c	Leasehold improvements				1,727,97	8 998,285	729,693
d	Equipment				4,837,82	8 3,521,116	1,316,712
e	Other				226,00	7	226,007

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

9,214,432

<b>(a)</b> Description of security or constitution (including name of securit		<b>(b)</b> Book value	(c)Method of valuation Cost or end-of-year market va
Financial derivatives			
Closely-held equity interests Other			
Financial derivatives and other financial produ	cts		
Closely-held equity interests			
al. (Column (b) must equal Form 990, Part X, col (B) lin			
rt VIII Investments—Program Rela Complete if the organization and	<b>ted.</b> swered 'Yes' on Form 990	, Part IV, line 11c.co.	o Form 990 Part V June 13
(a) Description of investme		(b) Book value	(c) Method of valuation
Donated firearms other in-kind contributions		2,132,313	Cost or end-of-year market val F
O ther acreage		175,961	F
tal. (Column (b) must equal Form 990, Part X, col (B) line	: 13 )	2,308,274	
art IX Other Assets. Complete if the org	anızatıon answered 'Yes' on F		
art IX Other Assets. Complete if the org			1d See Form 990, Part X, line 15  (b) Book value
art IX Other Assets. Complete if the org	anızatıon answered 'Yes' on F		
art IX Other Assets. Complete if the org	anızatıon answered 'Yes' on F		
art IX Other Assets. Complete if the org	anızatıon answered 'Yes' on F		
art IX Other Assets. Complete if the org	anızatıon answered 'Yes' on F		
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art IX Other Assets. Complete if the org	anızatıon answered 'Yes' on F		
art IX Other Assets. Complete if the org	anızatıon answered 'Yes' on F		
Other Assets. Complete if the org	anization answered 'Yes' on F		
Other Assets. Complete if the org	anization answered 'Yes' on F  i) Description  (B) line 15.)	orm 990, Part IV, line 1	(b) Book value
other Assets. Complete if the org  (a  ytal. (Column (b) must equal Form 990, Part X, col.)  Part X Other Liabilities. Complete if the org  See Form 990, Part X, line 25.	(B) line 15.) he organization answered has been answered.	orm 990, Part IV, line 1	(b) Book value
tal. (Column (b) must equal Form 990, Part X, col.	anization answered 'Yes' on F  i) Description  (B) line 15.)	orm 990, Part IV, line 1	(b) Book value
other Assets. Complete if the org  (a  tal. (Column (b) must equal Form 990, Part X, col.)  Part X Other Liabilities. Complete if to See Form 990, Part X, line 25.  (a) Description of liability	(B) line 15.) he organization answered has been answered.	orm 990, Part IV, line 1	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col. (Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability ederal income taxes	(B) line 15.) he organization answered has been answered.	orm 990, Part IV, line 1	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col.)  Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  ederal income taxes	anization answered 'Yes' on F  i) Description  (B) line 15.) he organization answered  (b) Book value	'Yes' on Form 990, F	(b) Book value
tal. (Column (b) must equal Form 990, Part X, col.(Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  deral income taxes  deral income taxes	(B) line 15.) he organization answered has been answered.	'Yes' on Form 990, F	(b) Book value
tal. (Column (b) must equal Form 990, Part X, col. (2)  Tart X Other Liabilities. Complete if to See Form 990, Part X, line 25.  (a) Description of liability  deral income taxes  deral income taxes  yable to the NRA for Raton land	anization answered 'Yes' on F  i) Description  (B) line 15.) he organization answered  (b) Book value	'Yes' on Form 990, F	(b) Book value
tal. (Column (b) must equal Form 990, Part X, col. (2)  Part X Other Liabilities. Complete if to See Form 990, Part X, line 25.  (a) Description of liability  deral income taxes  deral income taxes  yable to the NRA for Raton land	anization answered 'Yes' on F  i) Description  (B) line 15.)  he organization answered  (b) Book value  6,639,0	'Yes' on Form 990, F	(b) Book value
tal. (Column (b) must equal Form 990, Part X, col. (2)  Part X Other Liabilities. Complete if to See Form 990, Part X, line 25.  (a) Description of liability  deral income taxes  deral income taxes  yable to the NRA for Raton land	anization answered 'Yes' on F  i) Description  (B) line 15.)  he organization answered  (b) Book value  6,639,0	'Yes' on Form 990, F	(b) Book value
tal. (Column (b) must equal Form 990, Part X, col. (2)  Part X Other Liabilities. Complete if to See Form 990, Part X, line 25.  (a) Description of liability  deral income taxes  deral income taxes  yable to the NRA for Raton land	anization answered 'Yes' on F  i) Description  (B) line 15.)  he organization answered  (b) Book value  6,639,0	'Yes' on Form 990, F	(b) Book value
tal. (Column (b) must equal Form 990, Part X, col.(a)  Other Liabilities. Complete if the See Form 990, Part X, line 25.  (a) Description of liability  deral income taxes  deral income taxes	anization answered 'Yes' on F  i) Description  (B) line 15.)  he organization answered  (b) Book value  6,639,0	'Yes' on Form 990, F	(b) Book value
Other Assets. Complete if the org	anization answered 'Yes' on F  i) Description  (B) line 15.)  he organization answered  (b) Book value  6,639,0	'Yes' on Form 990, F	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col. (Part X Other Liabilities. Complete if the org	anization answered 'Yes' on F  i) Description  (B) line 15.)  he organization answered  (b) Book value  6,639,0	'Yes' on Form 990, F	(b) Book value
Other Assets. Complete if the org	anization answered 'Yes' on F  i) Description  (B) line 15.)  he organization answered  (b) Book value  6,639,0	'Yes' on Form 990, F	(b) Book value

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	leturn
1	Total revenue, gains, and other support per audited financial statements	1	4,924,639
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		, ,
а	Net unrealized gains (losses) on investments   2a   -33,486		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-33,486
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,958,125
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		· ·
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-603,879
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	4,354,246
Pari	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	4,614,226
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		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	603,879
3	Subtract line <b>2e</b> from line <b>1</b>	3	4,010,347
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	4,010,347

#### Part XIII Supplemental Information

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 firerms. 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.
III 5	This response explains why the Whittington Center may solicit or receive assets that some donors intend to be sold rather than maintained permanently. When donors intend their firearms or related collectibles to be sold rather than held for exhibition or research in the collections of the Frank Brownell Museum of the Southwest or other NRA Museums, the organization fulfills those wishes Donors may choose to have guns sold for various reasons, such as to support current program services or to fund a charitable gift annuity or charitable trust. The philanthropic intent of each donor determines how a gift is handled.
V 4	The NRA Whittington Center endowment supports Whittington Center program services devoted to gun safety, firearms education, and training
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 US federal, state, or local tax authorities for years before 2012
XI 4b	Includes cost of promotional items
XII 2d	Includes cost of promotional items

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

DLN: 93493256009176

OMB No 1545-0047

Inspection

#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

Attach to Form 990 or Form 990-F7

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

**Employer identification number** Name of the organization NRA Special Contribution Fund 23-7367534 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No Paid solicitor Allegiance 11250 Waples Mill Rd 665,490 150,000 515,490 Nο Fairfax, VA 22030 10 Total 665,490 150,000 515,490 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,

Ра	rt II Fundraising Events.  Complete if the organization fundraising event contribution receipts greater than \$5,000	ons and gross income	Form 990, Part IV, line on Form 990-EZ, line	e 18, or reported mo s 1 and 6b. List ever	re than \$15,000 of nts with gross
		(a)Event #1	<b>(b)</b> Event #2	(c)O ther events	(d) Total events
		(event type)	(event type)	(total number)	(add col <b>(a)</b> through col <b>(c)</b> )
Φ					
Revenue	1 Gross receipts				
	2 Less Contributions				
	4 Cash prizes				
	5 Noncash prizes				
မှာ	6 Rent/facility costs				
Expenses	7 Food and beverages				
ă	8 Entertainment				
Dreat	9 Other direct expenses				
ā	10 Direct expense summary Add lines	4 through 9 in column (d	d)		
	11 Net income summary Subtract line	10 from line 3, column (	d)		
Par	Complete if the organization Form 990-EZ, line 6a.	າ answered "Yes" on	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
Expenses	2 Cash prizes				
8	3 Noncash prizes				
Direct B	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteerlabor	│ Yes	│ Yes % No	│ Yes %	
	7 Direct expense summary Add lines	2 through 5 in column (	d)		
	8 Net gaming income summary Subtra	act line 7 from line 1, co	lumn (d)	🛌	
9 a	Enter the state(s) in which the organization licensed to conduct				<b>□</b> Yes <b>□</b> No
b	If "No," explain				
10a b	Were any of the organization's gaming  If "Yes," explain				「Yes 「No
D	IT Yes, explain				

Schedule	G	(Form	990	or	990	-EZ)	201
~	$\sim$	/ <b>-</b>	~ ~ ~		~ ~ ~	\	201

Ρ	ag	e	3

11	Does the organization conduct gaming	activities with nonme	embers?	ГYes	□No
12	Is the organization a grantor, beneficia	ry or trustee of a trus	st or a member of a partnership or other e	ntity	
	formed to administer charitable gaming	17		√Yes	□No
13	Indicate the percentage of gaming acti	vity conducted in			
а	The organization's facility			13a	%
ь	An outside facility			13b	%
14	Enter the name and address of the pers	on who prepares the	organization's gaming/special events bo	oks and records	
	Name 🟲				
	Address ▶				
15a	Does the organization have a contract	with a third party fron	n whom the organization receives gaming		
	revenue?			√Yes	<b>□No</b>
b	If "Yes," enter the amount of gaming re	venue received by th	ne organization 🟲 \$	_ and the	
	amount of gaming revenue retained by	the third party 🟲 \$ _			
c	If "Yes," enter name and address of the	e third party			
	Name 🟲				
	Address ▶				
16	Gaming manager information				
	Name 🕨				
	Gaming manager compensation 🟲 \$				
	Description of services provided				
	Director/officer	_ Employee	☐ Independent contractor		
17	Mandatory distributions				
а	Is the organization required under state	e law to make charita	ble distributions from the gaming proceed	ds to	
	retain the state gaming license?			√Yes	□No
b	Enter the amount of distributions requi	red under state law di	istributed to other exempt organizations o	orspent	
	ın the organization's own exempt activi	ties during the tax ye	ear 🟲 💲		
Pai		b, 15c, 16, and 17	planations required by Part I, line 21/b, as applicable. Also complete this		
	Return Reference		Explanation		

DLN: 93493256009176

OMB No 1545-0047

#### **Schedule J** (Form 990)

Department of the Treasury

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

2015

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Internal Revenue Service Name of the organization NRA Special Contribution Fund

**Employer identification number** 

Pa	rt I Questions Regarding Compensation	on			
				Yes	No
1a		rovided any of the following to or for a person listed on Form II to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b		organization follow a written policy regarding payment or described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Fx	reimbursing or allowing expenses incurred by all ecutive Director, regarding the items checked in line 1a?	2		
	an ectors, trastees, officers, merading the e20/2xt	cedario Bilicator, regarding the realist effected in fine 14			
3	organization's CEO/Executive Director Check all	anization used to establish the compensation of the that apply Do not check any boxes for methods asation of the CEO/Executive Director, but explain in Part III			
	Compensation committee	Written employment contract			
	☐ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990 or a related organization	), Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol payment?	4a		No
b	Participate in, or receive payment from, a supplement	ental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-	based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organize	ations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		No
b	Any related organization?		5b		No
	If "Yes," on line 5a or 5b, describe in Part III				
6	For persons listed on Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a		No
b	Any related organization?		6b		No
	If "Yes," on line 6a or 6b, describe in Part III				
7	For persons listed on Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"	A, line 1a, did the organization provide any non-fixed describe in Part III	7		No
8	Were any amounts reported on Form 990, Part VII subject to the initial contract exception described in Part III	, paid or accured pursuant to a contract that was in Regulations section 53 4958-4(a)(3)? If "Yes," describe	8		No
9	If "Yes" on line 8, did the organization also follow t	the rebuttable presumption procedure described in Regulations	٥		140

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

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

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

(A) Name and Title		(B) Breakdown of	FW-2 and/or 1099-MIS	C compensation	` '	` '	(E) Total of columns (B)(ı)-(D)	(F) Compensation in	
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		column(B) reported as deferred on prior Form 990	
1 Emily CumminsSecretary	(i)								
	(ii)	191,403		362	14,363	14,663	220,791		
<b>2</b> Wilson H Phillips Jr Treasurer	(i)								
	(ii)	423,048	94,265	31,956	19,610	22,328	591,207		

Schedule J (Form 990) 2015

#### 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
Part I Line 3	This organization relied on the processes of a related organization to establish compensation of top management officials, and such processes utilized a compensation committee, independent compensation consultants, compensation surveys and studies, comparability data, and ultimate approval by the board or compensation committee. All decisions are properly documented
Part I Line 4b	This comment provides explanation and context for the 457b plan. The related organization has an executive 457b deferred compensation retirement plan for the benefit of certain employees. It is employee funded, not employer funded, and maintained by the related organization primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees under Section 2012, 301a3, and 401a1 of the Employee Retirement Income Security Act of 1974.
Part II	Column Biii other reportable compensation in taxable wages includes 457b if applicable, fringe auto if applicable, and group life insurance benefits. Column C represents benefits that will not be paid until the future and includes the employer paid portions of the related organizations defined benefit pension plan and 401k plan. All NRA affiliates take a full transparency posture for executive compensation paid by related organizations.

Schedule J (Form 990) 2015

DLN: 93493256009176

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

**Noncash Contributions** 

Open to Public Inspection

	e of the organization				Employer identification number
KA:	Special Contribution Fund				23-7367534
Pa	rt I Types of Property			L	25 7 5 6 7 5 5 1
	. ,	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d)  Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures .				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household				
_	goods				+
	Boats and planes				+
	Intellectual property				
	Securities—Publicly traded .				<u> </u>
	Securities—Closely held stock .				
	Securities—Partnership, LLC,				
	or trust interests				
	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential .				
16	Real estate—Commercial				
17	Real estate—Other				
	Collectibles	Х	26	763,211	Sales of comparable items
	Food inventory				
	Drugs and medical supplies .				
	Taxidermy				
	Historical artifacts				
	Scientific specimens Archeological artifacts				+
	Other • ()				+
	Other ► ()				<u> </u>
	Other • ()				
	Other ► ( )				
	Number of Forms 8283 received	by the orga	inization during the tax yea	r for contributions	1
	for which the organization comple	ted Form 8	283, Part IV, Donee Ackno	owledgement	29 2
					Yes No
30a	During the year, did the organiza				
	it must hold for at least three ye	ars from th	e date of the initial contribu	ition, and which is not requ	ired to be used
	for exempt purposes for the entire	re holdıng p	period?		<b>30a</b> No
b	If "Yes," describe the arrangeme	ent in Part 1	II		
	Does the organization have a gif				
32a	Does the organization hire or use contributions?	·	ies or related organizations	to solicit, process, or sell	noncash 32a Yes
b	If "Yes," describe in Part II				
	If the organization did not report	an amount	in column (c) for a type of	property for which column (	(a) is checked,

Part II Supplemental Information	n.
----------------------------------	----

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 received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
	On occasion and as appropriate, 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, to fulfill the philanthropic intentions of the donors

Schedule M (Form 990) (2015)

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As Filed Data -

DLN: 93493256009176

OMB No 1545-0047

2015

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# SCHEDULE O Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

• Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
NRA Special Contribution Fund
23-7367534

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 1	Disclosure for clarity and transparency of the NRA complete corporate structure. The NRA is a 501c4 membership association with four 501c3 public charities and a 527 political action committee, which is a separate segregated fund. The four charities affiliated with the NRA are NRA Civil Rights Defense Fund, NRA Foundation Inc, NRA Freedom Action Foundation, and NRA Special Contribution Fund DBA Whittington Center. The political action committee is the NRA Political Victory Fund. See Schedule R, Part II
Form 990, Part VI, Section B, Line 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 12c	The organization takes conflicts of interest very seriously and utilizes a statement of co rporate ethics and updated conflict of interest policy. To monitor and enforce compliance with corporate policies, annual filings must be provided to NRA Office of the Secretary and General Counsel and reviewed regularly and consistently.
Form 990, Part VI, Section B, Line 15	This organization relied on the processes of a related organization to establish compensat ion of top management officials, and such processes utilized a compensation committee, ind ependent compensation consultants, compensation surveys and studies, comparability data, a nd ultimate approval by the board or compensation committee. All decisions are properly do cumented.
Form 990, Part VI, Section C, Line 19	Governing documents, audited financial statements, and annual reports are available upon r equest for the same period of disclosure as set forth in section 6104d. The organization d 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 The NRA transferred the Raton land to NRA Special Contribution Fund with a promissory no te on September 25, 1975 NRA Special Contribution Fund owes a liability of 6,639,073 to t he NRA for principal and interest on the promissory note, which is registered with Colfax County, New Mexico These related party transactions are fully disclosed. See Schedule D, Part X, Line 1 for disclosure of NRA Special Contribution Funds note to the NRA, and see S chedule R, Part V, Line 2 for disclosure of interest paid to the NRA during the year

DLN: 93493256009176

OMB No 1545-0047

**Employer identification number** 

**SCHEDULE R** (Form 990)

Name of the organization

Department of the Treasury

Internal Revenue Service

**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 www.irs.gov/form990.

Open to Public Inspection

NKA Special Contribution rund				23-	7367534			
Part I Identification of Disregarded Entities Com	plete if the organizatior	n answered "Yes" on	Form 990, Pa	rt IV, line	33.			
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year a	assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during		the organization ans	swered "Yes" o	on Form 99	90, Part IV	/, line 34 because it	had on	e
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec		(e) charity status tion 501(c)(3)		Section (13) co en	
(1)NATIONAL RIFLE ASSOCIATION OF AMERICA 11250 WAPLES MILL RD	MEMBERSHIP	NY	501c4				Yes	No No
FAIRFAX, VA 22030 53-0116130						N/A		
(2)THE NRA FOUNDATION INC 11250 WAPLES MILL RD	CHARITABLE	DC	501c3	LINE 7		NRA		No
FAIRFAX, VA 22030 52-1710886								
(3)NRA CIVIL RIGHTS DEFENSE FUND 11250 WAPLES MILL RD	CHARITABLE	NY	501c3	LINE 7		NRA		No
FAIRFAX, VA 22030 52-1136665								
(4)NRA FREEDOM ACTION FOUNDATION 11250 WAPLES MILL RD	CHARITABLE	VA	501c3	LINE 7		NRA		No
FAIRFAX, VA 22030 26-1277941								
(5)NRA POLITICAL VICTORY FUND 11250 WAPLES MILL RD	PAC/SSF	VA	527			NRA		No
FAIRFAX, VA 22030 52-1083020								_

lle R (Form 990) 2015													Page :
III Identification of Related ( because it had one or more i						ation answ	ered "Ye	s" on	Form	990, Part I	V, lır	ıe 34	;
<b>(a)</b> Name, address, and Ei related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets		n) prtionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	(j) eral or laging tner?	(k) Percent owners
					514)			Yes	No		Yes	No	
IV Identification of Related (34 because it had one or mo							ation ansv	wered	"Yes'	" on Form 9	€90, I	Part	IV, line
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)		(d) Direct controll entity	(e) Type of entit (C corp, S corp, or trust)		total Share e of	(g) of end- year ssets		(h) ercentage ownership	Section (b) cont	(i) on 512 (13) trolled tity?	
											Yes		No

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end- of-year assets	Percentage ownership	Section 512 (b)(13) controlled entity?		
								Yes	No	_
									+	
										1
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Par	V Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	: 34, 35b, or 36.			
ľ	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
<b>1</b> Dur	ing the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?	•			
а	Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity				1a	ĺ	No
Ь	Gift, grant, or capital contribution to related organization(s)				1b		No
<b>c</b> (	ift, grant, or capital contribution from related organization(s)				1c	Yes	
d	oans or loan guarantees to or for related organization(s)				1d		No
e	oans or loan guarantees by related organization(s)				1e		No
f [	Dividends from related organization(s)				1f		No
g :	ale of assets to related organization(s)				<b>1</b> g		No
h	urchase of assets from related organization(s)				1h		No
i E	xchange of assets with related organization(s)				1i		No
jι	ease of facilities, equipment, or other assets to related organization(s)				1j		No
k	ease of facilities, equipment, or other assets from related organization(s)				1k		No
I P	erformance of services or membership or fundraising solicitations for related organization(s)				11		No
m P	erformance of services or membership or fundraising solicitations by related organization(s)				1m		No
n S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
0	sharing of paid employees with related organization(s)				10		No
р	eimbursement paid to related organization(s) for expenses				1р	Yes	
q	Reimbursement paid by related organization(s) for expenses				1q		No
r	ther transfer of cash or property to related organization(s)				1r	Yes	
s	ther transfer of cash or property from related organization(s)				1s		No
						•	
<b>2</b> I	f the answer to any of the above is "Yes," see the instructions for information on who must complet		vered relationships	and transaction thresholds			
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount ır	ıvolved	
<b>(1)</b> NATI	DNAL RIFLE ASSOCIATION OF AMERICA	р	1,548,258	Cash value			
<b>(2)</b> NATI	DNAL RIFLE ASSOCIATION OF AMERICA	r	120,000	Cash value			
		1					

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	_	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			<b>(k)</b> Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
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#### Part VII Supplemental Information

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

Return Reference	Explanation						
Part V Line 2	Transactions between 501c3 organizations which are not controlled by NRA Special Contribution Fund are not generally required to be listed on this schedule						

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