Form 990

DLN: 93493312000048

OMB No 1545-0047

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

The property of the instructions is at www IRS gov/form99

nterna	l Reve	nue Service	▶ Information about	: Form 990 and its instructions is at <u>wi</u>	<u>ww IRS gor</u>	v/form990		Inspection
A Fo	or th	e 2017 c	alendar year, or tax year beginr	ning 01-01-2017 , and ending 12-	31-2017			
	dress	pplicable change	<b>C</b> Name of organization NRA Special Contribution Fund			<b>D Employer</b> 10 23-736753		ication number
☐ Initial return ☐ Final return/terminated		turn	Doing business as Whittington Center					
		n/terminated d return	Number and street (or P O box if ma	Il is not delivered to street address) Room/	suite	E Telephone no	umber	
☐ App	plicati	on pending	PO Box 700  City or town, state or province, count	ery, and ZID or foreign postal code		(575) 445-	3615	
			Raton, NM 87740			<b>G</b> Gross receip	ts \$ 6	,940,127
			<b>F</b> Name and address of principal Craig B Spray	officer		Is this a group return	ı for	
			11250 WAPLES MILL RD FAIRFAX, VA 22030		Н(Б)	subordinates? Are all subordinates		□Yes ☑No □Yes □No
[ Tax	k-exer	mpt status	<b>☑</b> 501(c)(3) <b>□</b> 501(c)( ) <b>◄</b> (II	nsert no ) 4947(a)(1) or 527		included? If "No," attach a list	(see	
J W	ebsit	te:► ww	w nrawc org		H(c)	Group exemption nu	mber	<b>&gt;</b>
<b>K</b> Forn	n of o	rganızatıon	Corporation  Trust  Assoc	nation Other ►	L Year of	f formation 1974 M		of legal domicile
Pa	rt I	Sum	mary					
	1	<del>_</del> Briefly des	scribe the organization's mission or					
				ation and training in firearms safety, i	marksmans	ship, and wildlife con	serva	tion through the NR
၁င	-	wnittingto	n Center near Raton, New Mexico					
E	-							
ACTIVITIES & GOVERNANCE	-							
9				continued its operations or disposed of				ا
ಶ	l		-	body (Part VI, line 1a)			3	14
es Ees	l			the governing body (Part VI, line 1b) endar year 2017 (Part V, line 2a)			4	14
¥	l		5	0				
ACI	l		•	essary)			6	568
	l			VIII, column (C), line 12		• •	7a	184,036
	ь	Net unrel	ated business taxable income from	Form 990-T, line 34	· · ·	· ·	7b	-6,875
	_					Prior Year	├	Current Year
랔	l		ions and grants (Part VIII, line 1h)			2,815,445	-	4,161,006
Ravenue	l	=	service revenue (Part VIII, line 2g)			1,272,143	_	1,361,080 276,235
R <sub>3</sub>	l		Investment income (Part VIII, column (A), lines 3, 4, and 7d )					
	l		-	353,019				
			enue—add lines 8 through 11 (mus nd similar amounts paid (Part IX, co	t equal Part VIII, column (A), line 12)		4,664,281	—	6,151,340
	l		<del> </del>					
	l	Benefits						
88	l	•		nefits (Part IX, column (A), lines 5–10)	)	1,518,146	-	1,568,537
Expenses	l		nal fundraising fees (Part IX, colum	, ,,		150,000		150,000
3	l		raising expenses (Part IX, column (D), lin	· — ·				
_	l		penses (Part IX, column (A), lines 1	•		2,591,763		2,465,184
	l	•	enses Add lines 13–17 (must equa			4,259,909	├	4,183,721
ູທ	19	Revenue	less expenses Subtract line 18 from	m line 12	Pogis	404,372 nning of Current Year	$\vdash$	1,967,619 End of Year
Net Assets or Fund Balances					Begii	nning of Current Year		End of Year
aa aa	20	Total ass	ets (Part X, line 16)			19,692,519		22,346,572
Z Z	21	Total liab	ulities (Part X, line 26)			7,649,119		7,708,489
ξŞ	22	Net asset	s or fund balances Subtract line 2:	1 from line 20		12,043,400		14,638,083
Par	t II	Sign	ature Block					
knowl	edge	and belie		ned this return, including accompanyir Declaration of preparer (other than of				
any ki	1104416	l <b>i</b>						
		Signati	ure of officer			2018-11-05 Date		
Sign Here		, -						
	•		3 Spray Treasurer r print name and title					
		17	rint/Type preparer's name	Preparer's signature	Date	T PTIN		
Paic	1		ack Fortsch	Zack Fortsch	2018-11-05			
Prep		or ⊨	irm's name RSM US LLP		I	Firm's EIN >		
Use		1 -	irm's address ▶ One South Wacker Ste 8	Phone no (312) 634	-3400			
- J-G	J11		Chicago, IL 60606					
.a	L . T.			1 2/		•		/

Form	990 (2017)						Page <b>2</b>					
Par	t IIII Stateme	nt of Program Servic	e Accomplis	hments								
	Check if So	hedule O contains a respo	nse or note to	any line in this Part III			. 🗆					
1		e organization's mission										
NRA White	Special Contributior tington Center near	n Fund provides education Raton, New Mexico	and training in	firearms safety, marksm	nanship, and wildlife conservation t	hrough the NR.	A 					
2	Did the organization	Did the organization undertake any significant program services during the year which were not listed on										
	the prior Form 990	0 or 990-EZ?				☐ Yes [	✓ No					
	If "Yes," describe	these new services on Sch	nedule O									
3	Did the organization	on cease conducting, or m	ake significant	changes in how it condu	cts, any program		_					
						☐ Yes	✓ No					
4	Section $501(c)(3)$		ns are required	to report the amount of	argest program services, as meast grants and allocations to others, t		es					
4a	(Code	) (Expenses \$	2.778.403	including grants of \$	) (Revenue \$	1,361,080)						
	See Additional Data	, (			, (							
4b	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)						
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)						
4d		rvices (Describe in Schedi	•									
	(Expenses \$		uding grants of	•	) (Revenue \$	)						
4e	Total program s	ervice expenses ►	2,778,4	03								

or X as applicable

Section 501(c)(3) organizations.

Page 3

Nο

No

Νo

Nο

Nο

Nο

No

No

Nο

Νo

Nο

No

Nο

Nο

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Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

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 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .

lines 1c and 8a? If "Yes," complete Schedule G, Part II

**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

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

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Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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33

Part IV	Checklist of Required Schedules (continued)		
		Yes	No

Checklist of Required Schedules (continued)			
		Yes	P
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		

Yes

Nο

Page 4

20a D

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

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

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

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

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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24a

24b

24c

24d

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25b

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35a

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Yes

Yes

Yes

Yes

Form 990 (2017)

- No

Nο

Νo

Nο

Nο

No

Nο

Νo

No

Nο

No

Nο

Νo

Nο

Νo

No

orm	990 (2017)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 35			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
<b>L</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	7.0		
·	If res, to fine 3a of 3b, did the organization merofin 6000-1.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	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			
h	required?	7g 		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during	7h		
	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?	<b>9</b> b		
0	Section 501(c)(7) organizations. Enter			
а	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 10b			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
4a	bid the organization receive any payments for indoor tarming services during the tax year.	170 j		

Par	t VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No' 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
Se	ction	A. Governing Body and Management			
	C-t	the number of union manches of the government had until the and of the tax very		Yes	No
та	Enter	the number of voting members of the governing body at the end of the tax year 14			
	body,	or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3	Did th	ne organization delegate control over management duties customarily performed by or under the direct supervision	3		No
4		icers, directors or trustees, or key employees to a management company or other person?  ne organization make any significant changes to its governing documents since the prior Form 990 was filed?			
	•		4		No
5		ne organization become aware during the year of a significant diversion of the organization's assets?	5		No No
6 70		ne organization have members or stockholders?  ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more	6		No
/ a	mem	bers of the governing body?	7a		No
b	Are a perso	ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or one other than the governing body?	7b		No
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing			
а	The g	poverning body?	8a	Yes	
		committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
				Yes	No
		ne organization have local chapters, branches, or affiliates?	10a		No
	and b	es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
		ribe in Schedule O the process, if any, used by the organization to review this Form 990			
		ne organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
	confli	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in dule O how this was done</i>	12c	Yes	
13		ne organization have a written whistleblower policy?	13	Yes	
14		ne organization have a written document retention and destruction policy?	14	Yes	
15	perso	ne process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		organization's CEO, Executive Director, or top management official	15a		No No
b		officers or key employees of the organization	15b		No
16a	Did th	ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	46-		NI-
h		ole entity during the year?  s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		No_
J	ın joli	nt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt s with respect to such arrangements?	16b		
Se	ction	C. Disclosure			
17	List tl	he States with which a copy of this Form 990 is required to be filed AK , AL , AR , CA , CO , CT , FL , GA , IL , k	(S L/	МА	
		ME , MI , MN , MO , MS , NC , ND , NH , NJ OR , PA , RI , SC , TN , UT , VA , WA , WI ,	, NM,		
18	Section available	on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) able for public inspection. Indicate how you made these available. Check all that apply			
		Own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			
19		ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest ,, 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			
	▶Josh	n Adams Executive Director 34025 Hwy 64 West Raton, NM 87740 (575) 445-3615			

Part VII

Trustee

Treasurer

(16) Becky Fish

(17) Wilson H Phillips Jr

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest
- compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (E) (A) (D) (F) (B) (C) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W- 2/1099-(W- 2/1099organization and Highest or employee Former Individual Officer MISC) MISC) organizations related Institutional director below dotted organizations employ line) compensat trustee Ď Trustee Ě 1 00 (1) Ronald L Schmeits х Chair, Board of Trustees 1 00 1 00 (2) David E Bennett III Х Х 0 0 Vice Chair, Board of Trustees 1 00 1 00 (3) Thomas P Arvas n Trustee 1 00 1 00 (4) Robert K Brown . . . . . . . . 1 00 1 00 (5) Frank R Brownell III Х 0 0 1 00 (6) J William Carter 0 0 Trustee 1 00 1 00 (7) John L Cushman . . . . . . . 0 1 00 1 00 (8) William H Dailey through May 1 2017 0 Х 1 00 1 00 (9) Tom Kina 0 0 Trustee 1 00 1 00 (10) Robert Nosler Trustee 1 00 1 00 (11) James W Porter II Х 0 1 00 1 00 (12) Kavne Robinson . . . . . . . 0 Trustee 1.00 (13) John C Sigler Trustee 1 00 1 00 (14) John H Thompson Х 0 0 1 00 (15) Robert L Viden Jr

40 00

1 00

39 00

Х

х

664,313

17,112

45,683

51,949

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

(A) (B) (C) (D) (E) (F)

Page **8** 

, Irustees, K	ey Em	ploy	<u>ees</u>	<u>, ar</u>	ia Hić	<u>ne؛</u>	st Compensated	<u> Empioyees (co</u>	ntinue	<u>a)</u>	
(B) Average hours per week (list any hours	than o	one bo both a	lo noi ox, u an off	ot che unles fficer	ess pers	rson	compensation from the organization (W-		amo co	ount o	ited If other sation
for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensate employee	Former	2/1099-MISC)	(W- 2/1099- MISC)		relate	ed
45.00	<u> </u>	-	<u> </u>	<u></u> '	<u> </u>	$\vdash$			+-		
J	1	<u> </u>	X				81,017	1	0		33,123
45 00			X				36,614	1	0		17,008
	<u> </u>		<del> </del>	-	_	$\vdash$	<del> </del>		+		
			ľ	$\Box$		T			#		
	<u> </u>		<del> </del>	-	_	$\vdash$	-		+		
						<u> </u>			_		
		'	<u> </u>	<u> </u>	<u> </u>	$\perp$		<u> </u>			
 VII, Section A			•	•	<b>:</b>  -						
					<u> </u>		169,580	664,313			112,926
t not limited to t anization ► 2	those li	sted a	abov	/e) v	vho re	ceiv	ed more than \$100	0,000			
	-								\	/es	No
•	•				-	-	•		3		No
									4	Vec	
								ıdual for	5	-	No No
;			_	_		_					
compensated inc ion for the calen								s tax year	ensatio		
(A) ousiness address			_	_		_	Descrip	(B) ption of services		(C) ompens	
											214,369
			_	_							
							Professional fu	ındraiser	$\top$		150,000
									$\perp$		
							Industrial equi	ipment services			141,665
			—	—					+		
ncluding but no	+ limite	d to t	hosi	- list		·ove,	who received mor		of		
										~ 990	(2017)
ta e e e e e e e e e e e e e e e e e e e	(B) Average hours per week (list any hours for related organizations below dotted line)  45 00  45 00  45 00  45 00  47 on the control of the control of the compensated inter (A) compensated interior of the compensated interi	(B) Average hours per week (list any hours for related organizations below dotted line)  45 00  45 00  45 00  VII, Section A	(B) Average hours per week (list any hours for related organizations below dotted line)  45 00  45 00  45 00  VII, Section A  Included to those listed a sinization ▶ 2  er, director or trustee, key exact individual  sum of reportable compense eater than \$150,000? If "Yes," complete Schedule J for the calendar year end (A)  compensated independent compenses address	(B) Average hours per week (list any hours for related organizations below dotted line)  45 00  45 00  45 00  At section A  Institutional Fustor  X  At section A  Institutional Fustor  X  At section A  Institutional Fustor  X  Institutional Fustor  X   At section A  Institutional Fustor  X  Institutional Fustor  Institu	(B) Average hours per week (list any hours for related organizations below dotted line)  45 00  45 00  At section A  Including trusted above) was an of reportable compensation an eater than \$150,000? If "Yes," compensated independent contractor for the calendar year ending with (A) business address	(B) Average hours per week (list any hours for related organizations below dotted line)  45 00	(B) Average hours per week (list any hours for related organizations below dotted line)  45 00  At 5	Average hours per week (list any hours for related organizations below dotted line)  Absolution   Absolution	Average hours per week (list any hours for related organizations below dotted line)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than one box, unless person is both an officer and a director/trustee)   Position (do not check more than \$1,00,000 (W-2/1099-MISC)	(E) Average Position (do not check more hours per week (list an one box, unless person is brighted to the box unless person is brighted to the box unless person is brighted to the box unless person is brighted to the brighted to the brighted to the brighted to district the transfer of the brighted to	Average hours per week (list any hours is both an officer and a durector/trustee) is both an officer and a durector/trustee) organizations below dotted line)    1

		Check II Schedu	e O Contains a	respo	onse or note to any			<del></del>		<u> </u>
						(A) Total revenue	( <b>B)</b> Related or exempt function		(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campaign	ns	1a			revenue			512-514
unt	Ь	Membership dues		<b>1</b> b						
9 E	c	: Fundraising events	j	<b>1</b> c						
ffs, ≓A	d	Related organizatio	ns	<b>1</b> d	243,791					
: <u>`</u>	е	Government grants (co	ontributions)	1e						
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts no above	gifts, grants, ot included	1f	3,917,215					
nt ib	g	Noncash contribution on lines 1a-1f \$	ons included	170,	129					
S G	h	Total.Add lines 1a-1	f		•	4,161,006				
rle Lle	_				Business	Code				
Program Service Revenue	2a	Whittington Center prog	ram fees			813000 1,3	61,080	1,361,080	)	
o≛ J	b			_						
١٨	C			_						
ا <u>بر</u>	d e			_						
grar		All other program se	rvice revenue							
æ	g 1	<b>Fotal.</b> Add lines 2a-2f			<b>▶</b> 1,3	61,080				
		nvestment income (ir			nterest, and other	116.22				116 223
		imilar amounts) . ncome from investme			and proceeds	116,22	2			116,223
		Royalties		-						
		,	(ı) Real		(II) Personal					
	6a	Gross rents		44 400		]				
	ь	Less rental expenses		11,400		1				
	С	Rental income or (loss)		11,400						
	d	Net rental income of	r (loss)	•	· · · •	11,40	D			11,400
			(ı) Securit	ies	(II) Other					
		Gross amount from sales of	2	91,400	70,776					
		assets other than inventory								
	b	Less cost or				1				
		other basis and sales expenses		02,164						
		Gain or (loss)		89,236	70,776	160,01				160,012
		Net gain or (loss) . Gross income from fi			<u> </u>	100,01				100,012
		(not including \$		of						
Other Revenue		contributions reporte See Part IV, line 18		a						
Re	b	Less direct expenses	s	ь		1				
er	c	Net income or (loss)	from fundrais	ing ev	ents 🕨					
<b>₹</b>	9a	Gross income from g See Part IV, line 19	amıng actıvıtı	es						
		,		a	l					
		Less direct expenses		ь		]				
		Net income or (loss)		activiti	es <b>&gt;</b>	1				
		Gross sales of invent returns and allowand								
				a	699,998					
		Less cost of goods s		b	586,623	113,37	5 -7	0,661	184,036	
-	<u></u>	Net income or (loss) Miscellaneous		invent	Business Code	113,57	,	0,001	101,030	
-	116	aMineral rights, net			212000	228,24	4			228,244
	b									
	c				•					
								_		
	d	All other revenue .								
	е	Total. Add lines 11a	-11d		•	228,24	4			
	12	Total revenue. See	Instructions			6,151,34	1,29	0,419	184,036	515,879

Forr	n 990 (2017)				Page <b>10</b>
	ITLIX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	-	·	• •	🗆
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	117,655	91,282	11,434	14,939
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	1,057,343	820,094	102,760	134,489
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	176,727	139,387	19,583	17,757
9	Other employee benefits	138,136	108,950	15,307	13,879
10	Payroll taxes	78,676	62,053	8,718	7,905
11	Fees for services (non-employees)				
ā	a Management	0			
ı	Legal	3,695	3,421	137	137
	: Accounting	15,000		15,000	
	il Lobbying	0			
	Professional fundraising services See Part IV, line 17	150,000			150,000
1	Investment management fees	0			
ģ	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,290		2,290	
12	Advertising and promotion	426,950	12,242	27,315	387,393
13	Office expenses	68,495	68,284	211	
14	Information technology	22,197	7,482	9,299	5,416
15	Royalties	0			
16	Occupancy	55,651	51,529	2,061	2,061
17	Travel	49,774	4,758	43,779	1,237
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	119,999	111,111	4,444	4,444
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	398,162	360,012	25,575	12,575
23	Insurance	91,067	81,811	6,018	3,238
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount				

457,742

283,253

114,992

2,778,403

86,526

4,319

7,744

4,600

17,512

414,632

7,596

172,693

50,327

4,600

990,686

Form **990** (2017)

551,864

177,012

341,324

124,192

17,512

4,183,721

exceeds 10% of line 25, column (A) amount, list line 24e

a Ranges, ranch, and program supplies at Whittington Ctr

**b** Printing, postage, and shipping for Whittington Center

c Equipment and maintenance at Whittington Center

25 Total functional expenses. Add lines 1 through 24e 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)

expenses on Schedule O )

d Utilities at Whittington Center

e All other expenses

Pa	rt X	Balance Sheet					_
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			<del>.</del>
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1			
	2	Savings and temporary cash investments .	2,032,371	2	3,011,074		
	3	Pledges and grants receivable, net			3,272	3	2,940
	4	Accounts receivable, net			1,040,353	4	1,221,768
	5	Loans and other receivables from current and for trustees, key employees, and highest compensations of Schedule L	nployees Complete Part		5		
S	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	8(c)(3)(B), and of section 501(c)(9) istructions) Complete		6		
et	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		709,745	8	714,370	
Ø	9	Prepaid expenses and deferred charges			5,268	9	8,726
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	17,455,505			
	b	Less accumulated depreciation	<b>10</b> b	7,561,235	9,250,677	<b>10</b> c	9,894,270
	11	Investments—publicly traded securities .			3,992,361	11	4,669,972
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	e 11		2,658,472	13	2,823,452
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		15			
	16	Total assets.Add lines 1 through 15 (must equ	34)	19,692,519	16	22,346,572	
	17	Accounts payable and accrued expenses			405,906	17	410,292

I :≣		key employees, highest compensated employees, and disqualified			
iabi		persons Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	7,167,533	25	7,214,507
	26	Total liabilities. Add lines 17 through 25	7,649,119	26	7,708,489

18

19

20

21

83,690

14,638,083

22,346,572

Form **990** (2017)

75,680

12,043,400

19,692,519

33

34

18

19

20

21

22

34

Net 33 Grants payable . . .

Total net assets or fund balances

Total liabilities and net assets/fund balances

Deferred revenue . . .

Tax-exempt bond liabilities . . . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Loans and other payables to current and former officers, directors, trustees,

	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24)  Complete Part X of Schedule D	7,167,533	25	7,214,507
	26	Total liabilities.Add lines 17 through 25	7,649,119	26	7,708,489
Balances		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
<u>=</u>	27	Unrestricted net assets	10,929,193	27	12,951,103
Ba	28	Temporarily restricted net assets	1,004,123	28	1,576,896
Þ	29	Permanently restricted net assets	110,084	29	110,084
Fund		Organizations that do not follow SFAS 117 (ASC 958),			
٥	30	check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	
	1	h in the second of the second			

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Yes

2a

2b

2c

3a

3b

Yes

No

Nο

Nο

Nο

Form 990 (2017)

Form 990 (2017)

Part XII

Schedule O

**Financial Statements and Reporting** 

**1** Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Check if Schedule O contains a response or note to any line in this Part XII . . .

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

5	Net unrealized gains (losses) on investments	5	642,13
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	

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	-15,066
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)	10	14,638,083

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☑ Both consolidated and separate basis

### Additional Data

**Software ID:** 17005317

**Software Version:** 18.2.0.0

**EIN:** 23-7367534

Name: NRA Special Contribution Fund

Form 990 (2017)

Form 990, Part III, Line 4a: NRA Special Contribution Fund is all about our safety and a passion for the outdoors. The Fund provides training in firearms safety, marksmanship, and wildlife conservation. by means of the NRA Whittington Center, named in honor of George R. Whittington, a champion rifle shooter and past NRA President. More than 30,000 acres and 17 ranges are devoted to competitive, educational, and recreational shooting in all shooting disciplines on a year-round basis. The Center offers guided and unguided hunts, expert firearms training, lodging, cabins and camping, youth programs, a Pro Shop and Emporium, the Frank Brownell Museum of the Southwest, the Bud and Willa Eyman Research Library, and more Plan your Whittington Center Experience today Special programs also include womens events, training clinics, tournaments, matches, nature trails, youth adventure camps, and donor recognition weekends. The Whittington Center is a public charity that relies on charitable support. All members of the public are warmly welcomed

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493312000048
	m 99	OULE A	Con		Charity Staturganization is a sect	ion 501(c)(3)	organization or	ort	2017
Depart	ment of	the Treasury	▶ Info	ormation abou	► Attach to Form it Schedule A (Form	990 or Form 99	0-EZ.	ections is at	Open to Public Inspection
Nam	e of th	<b>he organiza</b> Contribution Fu						Employer identific	ation number
								23-7367534	
	rt I				<b>us</b> (All organization : it is  (For lines 1 thro			See instructions.	
1			•		sociation of churches	<b>3</b> ,	,	(A)(i).	
2		•		ř.	1)(A)(ii). (Attach Sch				
3					vice organization desc	•	• •		
_		·	·	·	-			•	
4	Ш		esearcn orga and state $ \_$	nization operati	ed in conjunction with	a nospital descri	bed in <b>section</b> :	1/U(D)(1)(A)(III). E	nter the hospital's
5		(b)(1)(A)	( <b>iv).</b> (Comple	ete Part II )	t of a college or unive				ped in <b>section 170</b>
6		•	·	-	governmental unit de				
7	<b>✓</b>	-		mally receives ( <b>vi).</b> (Complete	a substantial part of it Part II )	s support from a	governmental u	init or from the genera	al public described in
8					170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a
10		from activit	ies related to income and	ıts exempt fun unrelated busın	(1) more than 331/39 octions—subject to cer ess taxable income (learn)	tain exceptions,	and (2) no more	than 331/3% of its su	- '
11		An organiza	ation organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported:	organizations o	d exclusively for the be described in <b>section 5</b> the type of supporting	09(a)(1) or sec	ction 509(a)(2	). See <mark>section 509(a</mark>	
а		<b>Type I.</b> A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		<b>Type II.</b> A manageme	supporting on nt of the sup	rganization sup porting organiza	ervised or controlled i				
c		Type III f	unctionally i		and C. supporting organizatio ons) You must com				ted with, its
d		Type III n functionally	on-function integrated	<b>ally integrate</b> The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the org	anızatıon receiv	ved a written determir	nation from the I		pe I, Type II, Type II	functionally
f				•	integrated supporting	organization			
g			• • •	l organizations	ipported organization(	(c)			
		Name of support organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
_									
Tota		work Dad	tion Ast N-4	ica sac the T	nstructions for	Cat No 11285	<u> </u>	 	90 or 990-EZ) 2017

Schedule A (Form 990 or 990-FZ) 2017

Page 2

_	III. II the organization is	ans to quanty unit	ier the tests list	eu below, pieasi	e complete Part	111.)	
	Section A. Public Support						
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(/	(-)	(-,	(,	(-)	(-,
1	Gifts, grants, contributions, and membership fees received (Do not	1,845,016	2,170,206	2,223,566	2,815,445	4,161,006	13,215,239
	include any "unusual grant ")	1,043,010	2,170,200	2,223,300	2,013,443	4,101,000	15,215,255
2	Tax revenues levied for the						
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,845,016	2,170,206	2,223,566	2,815,445	4,161,006	13,215,239
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						3,849,146
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
_	Dublic commant Cobband has E						
6	<b>Public support.</b> Subtract line 5 from line 4						9,366,093
_	Section B. Total Support						
_	Calendar year						
	(or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	( <b>d)</b> 2016	(e)2017	(f)Total
7		1,845,016	2,170,206	2,223,566	2,815,445	4,161,006	13,215,239
8	Gross income from interest.	1,013,010	2,170,200	2,223,300	2,013,113	1,101,000	13,213,233
0	dividends, payments received on						
	securities loans, rents, royalties and	164,209	178,586	117,842	85,953	127,623	674,213
	income from similar sources						
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	426,554	1,424,061	708,652	388,958	228,244	3,176,469
	assets (Explain in Part VI )						
11	•••						17,065,921
	10					<u></u>	
	Gross receipts from related activities,					12	6,455,051
13	First five years. If the Form 990 is fo	or the organization's	s fırst, second, thu	d, fourth, or fifth	tax year as a sect	ıon 501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>					▶ □	
_	Section C. Computation of Public						
	Public support percentage for 2017 (lir	• • •		olumn (f))		14	54 880 %
	Public support percentage for 2016 Sc			(1))		<b>—</b>	
					4.4	15	55 410 %
16	<b>3 33 1/3% support test—2017.</b> If the	organization did n	ot check the box o	n line 13, and line	e 14 is 33 1/3% or	more, check this b	
	and stop here. The organization quali						▶ ☑
Ł	33 1/3% support test-2016. If th	e organızatıon dıd ı	not check a box or	n line 13 or 16a, a	nd line 15 is 33 1/:	3% or more, check	this
	box and <b>stop here.</b> The organization	qualifies as a publ	icly supported ara	anızatıon			ightharpoons
17:	10%-facts-and-circumstances test				e 13, 16a, or 16b.	and line 14	_
-/	is 10% or more, and if the organizatio						
	in Part VI how the organization meets						
	organization			,	,		►□
L	10%-facts-and-circumstances tes	t—2016. If the or	ganization did not	check a box on lin	ne 13, 16a, 16b, oi	r 17a, and line	F L

	(Complete only if you checked the box on line 10 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.)						
S	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete rait II.	)	
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						

	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
Se	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						

	from line 6 )						
Se	ction B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a b	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.						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or						

1 loss from the sale of capital assets (Explain in Part VI ) Total support. (Add lines 9, 10c, 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, 14 check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2016 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2016 Schedule A, Part III, line 17 18 19a 331/3% support tests-2017. 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

not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20

0 %

17

0 %

Schedule A (Form 990 or 990-FZ) 2017

b 33 1/3% support tests - 2016. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

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	İ	
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 509(a)(1) or (2)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination	3b		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the	·			
	determination	3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?				
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				

c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use		
		3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and		

			, ,	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes			
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

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 I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

	iledule A (FOITH 550 OF 550-E2) 2017		- 1	age <b>3</b>
P	art IV Supporting Organizations (continued)			
			Yes	No
11	1 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	<b>b</b> A family member of a person described in (a) above?	11b		
_	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	Section 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 of elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization			
	Section C. Type II Supporting Organizations			
			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 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		
•	Section D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of Form 990 that was most recently filed as of the date of notification, and (iii) 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 organizatio (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)	1		
		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 toy year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard			
-	Section E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	uctions)		
_	a  The organization satisfied the Activities Test Complete line 2 below	,		
	b  The organization is the parent of each of its supported organizations Complete line 3 below			
			\	
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (s	see instru	ictions	
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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	<i>d</i> 2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <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	5 <b>2</b> b		
3	Parent of Supported Organizations Answer (a) and (b) below.	20		$\vdash$
-	<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.</li> </ul>	of <b>3a</b>		
	<ul> <li>b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard</li> </ul>	3b		
		, 30	1	1

Sched	lule A (Form 990 or 990-EZ) 2017			Page <b>6</b>			
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) <b>See</b> instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E						
	Section A - Adjusted Net Income  (A) Prior Year (b) Current Year (optional)						
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1					
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)						
2	Acquisition indebtedness applicable to non-exempt use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4					
_ 5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
	Section C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganization (see			

Qualified set-aside amounts (prior IRS approval require			
Other distributions (describe in <b>Part VI</b> ) See instructio	ns		
Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions			
Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see (i) (ii) Underdistributions Distributable Amount for 2017			
	Other distributions (describe in Part VI) See instruction  Total annual distributions. Add lines 1 through 6  Distributions to attentive supported organizations to whole details in Part VI) See instructions  Distributable amount for 2017 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see	Other distributions (describe in Part VI) See instructions  Total annual distributions. Add lines 1 through 6  Distributions to attentive supported organizations to which the organization is respondetails in Part VI) See instructions  Distributable amount for 2017 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see (i))	Other distributions (describe in Part VI) See instructions  Total annual distributions. Add lines 1 through 6  Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions  Distributable amount for 2017 from Section C, line 6  Line 8 amount divided by Line 9 amount  Section E - Distribution Allocations (see instructions)  Fycess Distributions  Underdistributions

details in <b>Part VI</b> ) See instructions	sive (provide		
9 Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			
<b>b</b> From 2013			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line     6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
<b>b</b> From 2013			
c From 2014			
<b>d</b> From 2015			
e From 2016			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

Schedule A (Form 990 or 990-EZ) (2017)

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. . . . . . **b** Excess from 2014. . . . . c Excess from 2015. . . . . **d** Excess from 2016. . . . . e Excess from 2017. . . . .

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

## **Additional Data**

instructions)

Part VI

Software ID: 17005317 Software Version: 18.2.0.0

EIN: 23-7367534

Name: NRA Special Contribution Fund

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

Page 8

Schedule A (Form 990 or 990-EZ) 2017

Facts And Circumstances Test

Part II Section B Line 10 This response explains the element of other income in the five year period. The 2017 figure includes 228,244 mineral rights income stream generated by an estate gift. The 2016 figure includes 388,958 mineral rights income stream. The 2015 figure includes 708,652 mineral rights income stream. The 2014 figure includes 1,424,061 mineral rights income stream. The 2013 figure includes 369,706 mineral rights income stream and 56,848 other sales.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

# **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.

DLN: 93493312000048 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization **Employer identification number** NRA Special Contribution Fund 23-7367534 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

**d** Equipment .

Sche	dule D	(Form 990) 2017										Page <b>2</b>
Par	t III	Organizations Ma	aintaining Col	lections of Art,	Histori	ical Tr	easu	res, or Othe	r Similar A	ssets (cor	ntınued)	
3		g the organization's acqu s (check all that apply)	uisition, accession	n, and other record	s, check	any of	he foll	lowing that are	a significant	use of its co	ollection	
а	$\checkmark$	Public exhibition			d	✓	Loan	or exchange pro	ograms			
b	<b>✓</b>	Scholarly research			е		Other					
c	<b>✓</b>	Preservation for future	generations									
4	Provi Part	ide a description of the o	organization's col	lections and explair	how the	ey furth	er the	organization's	exempt purp	ose in		
5		ng the year, did the orga ts to be sold to raise fun							ımılar	<b>☑</b> Yes	□ N	o
Pa	rt IV	Escrow and Custon Complete if the organic X, line 21.			orm 990	, Part	IV, lır	ne 9, or repor	ted an amo	unt on For	m 990,	Part
1a		e organization an agent, ided on Form 990, Part X		an or other interme	diary for	contrib	utions	or other asset	s not	☐ Yes	□ N	o
Ь	īf "∀	es," explain the arrange	ment in Part VIII	and complete the	following	table				Amount		_
c		nning balance	ment in Fait XIII	and complete the	onowing	table		1c	•	- Inounc		_
d	_	tions during the year						1d				_
e		ributions during the year						1e				_
f		ng balance						1f				_
<b>2</b> a		the organization include	an amount on Fo	orm 990 Part X line	21 for	escrow	or cus	todial account	liability?			_
		-			•				•	☐ Yes	✓ N	0
b		es," explain the arrange										
Pa	rt V	Endowment Fund	<b>is.</b> Complete if	_								
1-	Rogini	ning of year balance .		(a)Current year 129,970		rior year	,301	<b>(c)</b> Two years back 127,25		136,153	)Four yea	rs back 118,420
	_	- ·		123,570		121	,301	127,2	70	130,133		110,420
		butions		27,101		8	,669	-5.95	55	3,831		17,733
		vestment earnings, gain					-		<u> </u>			
		s or scholarships					+					
	and pr	expenditures for facilities	?S							12,728		
		nistrative expenses .		157.071		120	070	121.20	24	127.256		126 152
g		f year balance		157,071	<u> </u>		,970	121,30	71	127,256		136,153
2		ide the estimated percer	-	ent year end balanc	e (line 1	g, colur	nn (a)	) held as				
а		d designated or quasi-er										
b		nanent endowment 🟲	70 000 %									
С		porarily restricted endow		000 %								
За		percentages on lines 2a, there endowment funds		•	ation tha	t are he	ald and	d administered (	for the			
Ja		nization by	not in the posses	ssion of the organiza	acioni cina	t are ne	iu anu	adiiiiiistered i	ioi tile		Yes	No
	(i) u	inrelated organizations								3a(i	i)	No
	(ii)	related organizations .								3a(i	i) Yes	
		es" on 3a(II), are the rel	-				•			. 3b	Yes	
4	Desc	ribe in Part XIII the inte			owment	funds						
Pa	rt VI	Land, Buildings, a Complete if the org			rm 990	Dart	TV lin	no 11a Soo F	orm 990 P:	art V line	10	
	Descr	ription of property	(a) Cost or oth (investme	ner basis (b) Cos	st or other			(c) Accumulated			Book valu	е
1a	Land					2.49	1,170					2,491,170
	Buildir						9,031		2,744,018	<u> </u>		1,785,013
		hold improvements					2,241		1,081,584			870,657
		ment					0,371		3,735,633		:	1,404,738
_				1						1		

342,692

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

342,692 9,894,270

Part VII Investments—Other Securities. Complet See Form 990, Part X, line 12.	e if the organization a	nswered "Yes" on F	Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		c) Method of valuation or end-of-year market value
(1) Financial derivatives			,
2) Closely-held equity interests	•		
A) Financial derivatives and other financial products			
B) Closely-held equity interests			
C)			
D)			
E)			
F)			
G)			
Н)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12 )  art VIII Investments—Program Related.	<u>▶</u>		
Complete if the organization answered 'Yes			
(a) Description of investment	(b) Book value		c) Method of valuation or end-of-year market value
Donated firearms other in-kind contributions     Other acreage	2,647,		F F
3)	175,	551	1
4)			
5)			
5)			
7)			
8)			
9)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>▶</b> 2,823,	452	
Part IX Other Assets. Complete if the organization ans		, Part IV, line 11d Se	
(a) Desc	cription		(b) Book value
2)			
3)			
4)			
5)			
5)			
7)			
3)			
9)			
Part X Other Liabilities. Complete if the organization for the property of the	•	Form 990, Part IV	▶  , line 11e or 11f.
See Form 990, Part X, line 25.  (a) Description of liability	(t	) Book value	
L) Federal Income taxes			
ederal income taxes		6 620 073	
ayable to the NRA for Whittington Center land nnuities payable		6,639,073 575,434	
H)		,	
5)			
5)			
7)			
3)			
9)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>	7,214,507	
			cial statements that reports the

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Page 4

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Part XI

### 1 4,770,344 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a а

b 2h 2с c 2d d Other (Describe in Part XIII ) . 586.623 Add lines 2a through 2d . . . . 2e 586,623

3 3 Subtract line 2e from line 1 . . . . . 4.183.721 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4b b 

Add lines 4a and 4b . . 4c c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . 5 4,183,721

5 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

See Additional Data Table

Return Reference Explanation Explanation	Page <b>5</b>	Schedule D (Form 990) 2017		
Return Reference Explanation		ormation (continued)	Part XIII Supplemental Info	
		Explanation	Return Reference	

Schedule D (Form 990) 2017

## **Additional Data**

Software ID: 17005317
Software Version: 18.2.0.0

**EIN:** 23-7367534

Name: NRA Special Contribution Fund

## **Supplemental Information**

Return Reference	Explanation
III 4	The Frank Brownell Museum of the Southwest and the Bud and Willa Eyman Research Library di splay 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 firearms. To make the NRA Museums the finest possible resource for the public, the NRA and its affilated 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 cont ributions of historically significant firearms.

Supplemental Information	
Return Reference	Explanation
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 fire arms 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 organ ization fufills 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 etrust. The philanthropic intent of each donor determines how a gift is handled.

s

Supplemental Information	
Return Reference	Explanation
	The NRA Whittington Center endowment supports Whittington Center program services devoted to gun safety, firearms education, and training

Supplemental Information	
Return Reference	Explanation
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 conclude d that the Fund had taken no uncertain tax positions that require adjustment to the financ ial statements to comply with the provisions of this guidance. Generally, the Fund is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2014.

upplemental Information	
Return Reference	Explanation
/T 4L	Individe ESC 622 and of mode and and 15 OCC above an individual family interest agreement

Includes 586,623 cost of goods sold and 15,066 change in value of split interest agreement

upplemental Information	
Return Reference	Explanation
KII 2d	Includes 586,623 cost of goods sold

Sı

DLN: 93493312000048 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**SCHEDULE G** 

**Supplemental Information Regarding 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

Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Open to Public** Inspection

Name of the organization NRA Special Contribution Fund					Employer identification number					
NKA	Special Contribution Fund						23-7367534			
Pa	Fundraising Activi	•	_		answered "Yes" on Fo	rm 990,	Part IV, line 1	.7.		
1	Indicate whether the organiza	ation raised funds th	rough an	y of the fo	ollowing activities Check	all that ap	ply			
а	✓ Mail solicitations									
b	✓ Internet and email solicita	ations		f	Solicitation of gove	ernment g	rants			
c	Phone solicitations			g	Special fundraising events					
d	☐ In-person solicitations									
2a	Did the organization have a workey employees listed in Fo							es 🗆 No		
b	If "Yes," list the ten highest p to be compensated at least \$!			ndraisers)	pursuant to agreements	under wh				
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to tained by) ser listed in ol (i)	(vi) Amount paid to (or retained by) organization		
_		David and antenna	Yes	No						
1	Allegiance 11250 Waples Mill Rd	Paid solicitor		No	967,655		150,000	817,655		
	Fairfax, VA 22030									
2										
3										
4										
5										
6										
7										
8										
9										
10										
Tot	al 			•	967,655		150,000	817,655		
	List all states in which the organicensing	nization is registered	d or licens	sed to sol	icit contributions or has b	een notifie	ed it is exempt f	rom registration or		

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

	edule G (Form 990 or 990-EZ) 2017				Page 2				
Pa	rt II Fundraising Events. Comple								
	than \$15,000 of fundraising e gross receipts greater than \$5		gross income on Form	1 990-EZ, lines I and (	ob. List events with				
	gross receipts greater than \$1	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events				
		(event type)	(event type)	(total number)	(add col (a) through col (c))				
<i>a</i> \									
Ξ									
Revenue									
ă	1 Gross receipts								
	·								
	2 Less Contributions								
	4 Cash prizes								
	5 Noncash prizes								
ses	6 Rent/facility costs								
ě	7 Food and beverages								
Ω Ω	8 Entertainment								
Direct Expenses	9 Other direct expenses								
۵	10 Direct expense summary Add lines 4 t	through 9 in column (d)		▶					
	· · ·								
Do:	11 Net income summary Subtract line 10 t III Gaming. Complete if the organization		or" on Form 000 Bart 1	[// line 10 or reported	   mare than #15 000				
140	on Form 990-EZ, line 6a.	amzacion answered Te	es on Form 990, Parci	tv, lille 19, or reported	Tillore than \$15,000				
Reverne		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))				
Re	1 Gross revenue								
-Se									
ens(	2 Cash prizes								
Expenses	3 Noncash prizes								
<del>o</del> g	4 Rent/facility costs								
۵	5 Other direct expenses								
		☐ Yes%	☐ Yes %	☐ Yes %					
	6 Volunteer labor	☐ No	☐ No	□ No					
	7 Direct expense summary Add lines 2 through 5 in column (d)								
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	nn (d)	•					
					<u> </u>				
9 a	Enter the state(s) in which the organization licensed to conduct ga	☐ Yes ☐ No							
b	If "No," explain		these states.						
10a	Were any of the organization's gaming lic	 □ Yes □ No							
b	If "Yes," explain								

Sche	dule G (Form 990 or 990-EZ) 2017					F	Page <b>3</b>		
11	Does the organization conduct gaming	activities with nonmembe	rs?		Yes	□No			
12	Is the organization a grantor, beneficia formed to administer charitable gaming		a member of a partnership or other entity		□Yes				
13	Indicate the percentage of gaming activ	vity conducted in							
а	The organization's facility			13a			%		
b	An outside facility			13b			%		
L4	Enter the name and address of the per-	son who prepares the org	anization's gaming/special events books and r	ecords					
	Name ►								
	Address >								
L5a	Does the organization have a contract revenue?	with a third party from wh	nom the organization receives gaming		□Yes	□No			
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by			ne					
С	If "Yes," enter name and address of the	e third party							
	Name ►								
	Address ▶								
L6	Gaming manager information								
	Name ▶								
	Gaming manager compensation ► \$								
	Description of services provided ▶								
	☐ Director/officer	☐ Employee	☐ Independent contractor						
L7	Mandatory distributions								
а	Is the organization required under state retain the state gaming license?	e law to make charitable o	distributions from the gaming proceeds to		☐Yes	Пио			
b	Enter the amount of distributions requi		outed to other exempt organizations or spent						
Pa			' * itions required by Part I, line 2b, column	s (m) a	ind (v): a	nd Part			
1			plicable. Also provide any additional info				s).		
	Return Reference		Explanation						

Schedule G (Form 990 or 990-EZ) 2017

efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Data	a -	DLN: 934	19331	2000	048
Schedule J (Form 990)		Cor	npensati	on Information	МО	1B No	1545-0	0047
		For certain Officers, Directors, Trustees, Key Employees, and Highest  Compensated Employees					1 =	
		► Complete if the organ	nization answ	ered "Yes" on Form 990, Part IV,	line 23.	2017		
Danar	tment of the Treasury	▶ Information about		to Form 990. (Form 990) and its instructions is	s at 0	pen i	to Pul	blic
•	al Revenue Service	r Information abov		gov/form990.			ectio	
	ne of the organiza				Employer identificat	ion nu	ımber	
1110	Special contribution	Trana			23-7367534			
Pa	rt I Questi	ons Regarding Compensation	on					
							Yes	No
1a				the following to or for a person listed y relevant information regarding thes				
		or charter travel		Housing allowance or residence for p				İ
	_	companions		Payments for business use of persor				
		nification and gross-up payments	片	Health or social club dues or initiatio				
	☐ Discretion	ary spending account		Personal services (e g , maid, chauff	eur, cner)			İ
b		kes in line 1a are checked, did the Il of the expenses described above		ollow a written policy regarding paym plete Part III to explain	ent or reimbursement	1b		
2				or allowing expenses incurred by all	1-3	2		
	directors, truste	es, officers, including the CEO/Exe	cutive Director	r, regarding the items checked in line	la,			
3				d to establish the compensation of th	e			İ
		EO/Executive Director  Check all the d organization to establish compe		not check any boxes for methods CEO/Executive Director, but explain in	n Part III			
		-						İ
		ition committee ent compensation consultant	片	Written employment contract Compensation survey or study				
		of other organizations	H	Approval by the board or compensat	ion committee			
		-	_					i
4	During the year related organiza		0, Part VII, Se	ction A, line 1a, with respect to the fil	ing organization or a			
а	Receive a sever	ance payment or change-of-contro	l payment?			4a		No
b	Participate in, o	receive payment from, a supplem	nental nonquali	fied retirement plan?		4b		No
C	•	receive payment from, an equity		<del>-</del>		4c		No
	If "Yes" to any o	if lines 4a-c, list the persons and p	rovide the app	licable amounts for each item in Part	111			i
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) o	rganizations	must complete lines 5-9.				i
5		ed on Form 990, Part VII, Section on Contingent on the revenues of	A, line 1a, did t	the organization pay or accrue any				
а	The organization	17				5a		No
b	Any related orga					5b		No
	-	5a or 5b, describe in Part III						İ
6		ed on Form 990, Part VII, Section of ontingent on the net earnings of	A, line 1a, did t	the organization pay or accrue any				
а	The organization	17				<b>6</b> a		No
b	Any related orga					6b		No
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,"		the organization provide any nonfixed rt III		7		No
8				ed pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	scribe	8		No
9	If "Yes" on line 5 53 4958-6(c)?	3, did the organization also follow	the rebuttable	presumption procedure described in l	Regulations section	9		No
For I	Danamuark Badı	ction Act Notice, see the Instri	uctions for Eo	rm 990 Cat No. 5	0053T Schedule 1		, 000)	2017

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II 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 W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 Wilson H Phillips Jr (i) Treasurer 525,942 709.996 (ii) 100.000 38,371 19.680 26.003

Schedule J (Form 990) 2017	Page <b>3</b>
Part III Supplemental Inf	formation
Provide the information, explanatio	n, 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	The related organization paid the individual serving as treasurer of NRA Special Contribution Fund. The related organization utilized a compensation committee, independent compensation consultants, compensation surveys and studies, comparability data, and ultimate approval by the board or compensation committee. All decisions are properly documented
Part I Line 4b	The related organization has deferred compensation retirement benefit plans for certain employees and nonqualified supplemental executive retirement plans for certain employees. For nonqualified plans, the related organization decides the benefit amount and timeframe for vesting of each participant using different factors particular to each relevant individual and his specific circumstances. Payouts are properly included in taxable wages and reported in W-2 income.
Part II	Column Biii Other reportable compensation within taxable wages for Mr Phillips included 18,000 457b plan, 16,002 group life insurance, and 4,369 taxable personal expenses
Part II	Column C Employer deposits toward benefits that will not be paid until a future date are shown in Column C. The amount for Mr. Phillips included 15,000 401k and 3,780 pension plan
Part II	Column D Nontaxable benefits are provided to employees consistent with association industry standards and best practices. Standard nontaxable benefits include

Schedule J (Form 990) 2017

efil	e GRAPHIC pi	int - DO NOT PR	OCESS	As Filed Data -		DLN:	9349331	2000	048
	EDULE M			loncash Contri	hutions		OMB No 1	545-0	047
(For	m 990)		ľ	ioncasn conti	Dutions		20	17	7
		▶Complete if the	organizati	ons answered "Yes" on F	orm 990, Part IV, lines 2	29 or 30.	<b>20</b>	1/	
		► Attach to Form							
•	tment of the Treasury al Revenue Service	▶Information abo	ut Schedu	le M (Form 990) and its i	nstructions is at <u>www.ir</u>		Open to Inspe	ection	
	e of the organizat special Contribution					Employer ident	ification n	umbei	•
INIXA 2	pecial Contribution	runu				23-7367534			
Pa	rt I Types	of Property							
			(a) Check ıf applıcable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	noncash co	(d) I of determi ontribution a		:s
1	Art—Works of ar	t							
2	Art—Historical tr	easures .							
3	Art—Fractional in	nterests							
4	Books and public	ations							
5	Clothing and hou								
_	-								
	Cars and other v					+			
7 8	Boats and planes Intellectual prope					+			
	Securities—Publi	•							
	Securities—Fubil	•							
	Securities—Partr or trust interest	nership, LLC,							
12	Securities—Misce								
13	Qualified conserve contribution—H structures	istoric							
14	Qualified conserve contribution—O	vation							
15	Real estate—Res	idential .							
16	Real estate—Cor	nmercial							
17	Real estate—Oth	er							
18	Collectibles .		X	12	170,12	9 Sales of compar	rable items		
19	Food inventory								
20	Drugs and medic	al supplies .							
21	Taxidermy .								
	Historical artifact Scientific specim								
	Archeological art								
	Other • (					+			
	Other • (	· ·				1			
	Other ► (								
	Other ▶ (	•							
29		,	_	tion during the tax year for 3, Part IV, Donee Acknowled		29			1
								Yes	No
30a	must hold for at	least three years fr	om the date	contribution any property of the initial contribution,	and which is not required to	be used for exer			No
b	If "Yes," describ	e the arrangement i	n Part II						1
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the revie	v of any nonstandard contr	ibutions?	31	Yes	
32a				or related organizations to s		ash 	32a	Yes	
b	If "Yes," describ	e in Part II							
33	If the organization describe in Part	•	amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
Eor D		on Act Notice, see the	Instruction	s for Form 990	Cat No. 512271	Sched	lule M (Form	000)	(2017)

Schedule M (Foi	rm 990) (2017)	Page <b>2</b>
Part II		tion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part umber of contributions, the number of items received, or a combination of both. Also complete
Retu	ırn Reference	Explanation
Part I Line 32		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) (2017)

efile GRAPH	IC print - DO NOT PROCESS   As Filed Data -	DLI	N: 93493312000048								
SCHEDUL (Form 990 or EZ)	2017 Open to Public Inspection										
Name of the org NRA Special Contri		23-7367534	ntification number								
Return Reference	Explanation										
Form 990, Part I, Line 1	,										

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
Line 12c

The organization takes conflicts of interest very seriously and utilizes a statement of corporate 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 definition of the Secretary and consistently.

Return Reference Explanation

Form 990, For compensation paid by the filing organization to the director of the Whittington Center

990 Schedule O, Supplemental Information

Part VI,
Section B,
Line 15
Line 15
Section B,
Line 45
Section B,
Line 45
Section B,
Line 46
Section B,
Line 47
Section B,
Line 47
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Line 48
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Return Explanation
Reference

990 Schedule O, Supplemental Information

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 6014d. The organization d
oes not make internal operating policies available to the general public

Return Explanation

ı	Form 990,	NRA Special Contribution Fund does business as the Whittington Center in Raton, New Mexico
	Part X, Line	The NRA transferred the Raton land to NRA Special Contribution Fund with a promissory no
	25	te on September 25, 1975 NRA Special Contribution Fund owes a liability of 6,639,073 to t
ı		he NRA for principal and interest on the promissory note, which is registered with Colfax C
		ounty, New Mexico These related party transactions are fully disclosed. See Schedule D, P
ı		art X, line 1 for disclosure of NRA Special Contribution Funds note to the NRA, and see Sc

hedule R, Part V, line 2 for disclosure of interest paid to the NRA during the year

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, Part XI, Line

The figure of 15,066 represents the change in value of split interest agreement

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

(Form 990)

Department of the Treasury

NRA Special Contribution Fund

Internal Revenue Service Name of the organization

**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.

OMB No 1545-0047

DLN: 93493312000048

Open to Public Inspection

**Employer identification number** 

							23-7	367534				
Part I Identification of Disregarded Entities Complete if	the organ	ızatıon answei	red "Yes	" on Form 9	990, Part :	IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country)		(d) Total income		<b>(e)</b> End-of-year as	ssets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	<b>ns</b> Comple	te if the orgar	nization	answered "	Yes" on F	orm 990,	Part I\	/, line 34 be	cause	it had one or	more	
(a) Name, address, and EIN of related organization	Prima	<b>(b)</b> ary activity	Legal do	(c) micile (state gn country)	(d Exempt Co-			(e) charity status on 501(c)(3))	Di	<b>(f)</b> Irect controlling entity	Section (13) co ent	ntrolle ity?
(1)NATIONAL RIFLE ASSOCIATION OF AMERICA 11250 WAPLES MILL RD	MEMBERSH	IP		NY	501c4						Yes	No
FAIRFAX, VA 22030 53-0116130									N/A			
(2)THE NRA FOUNDATION INC 11250 WAPLES MILL RD	CHARITABL	E		DC	501c3		LINE 7		NRA			No
FAIRFAX, VA 22030 52-1710886												
(3)NRA CIVIL RIGHTS DEFENSE FUND 11250 WAPLES MILL RD	CHARITABL	E		VA	501c3		LINE 7		NRA			No
FAIRFAX, VA 22030 52-1136665 (4)NRA FREEDOM ACTION FOUNDATION	CHARITABL	F		VA	501c3		LINE 7		NRA			No
11250 WAPLES MILL RD  FAIRFAX, VA 22030	CHARTABL	L		VA	50105		LINE /		INICA			
26-1277941  (5)NRA POLITICAL VICTORY FUND 11250 WAPLES MILL RD	PAC/SSF			VA	527				NRA		+	No
FAIRFAX, VA 22030 52-1083020												
											$\perp$	
										=	<u> </u>	
For Paperwork Reduction Act Notice, see the Instructions for Form 9	990.		Ca	t No 50135	Υ				Sch	edule R (Form	990) 20	017

(a) Name, address, and EIN of related organization			Primary activity (c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets			(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	part	ral or f aging ner?	(k) Percent owners
					,			Yes	No		Yes	No	
		+											
Identification of Related Organia because it had one or more related	zations Taxable as a ( organizations treated as	  Corporation  s a corporati	or Trus	<b>t</b> Complete st during th	l if the organia ie tax year.	<u>I</u> zation ansv	l vered "Yes	" on F	orm 9	I 90, Part IV,	line	34	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	l do (state	(c) legal imicile or foreign		entity (C co	(e) e of entity orp, S corp, r trust)	<b>(f)</b> Share of total income		(g) e of end- year assets	-of- Perce owne	ntage	(13	(ı) tion 5 ) cont entity
		со	untry)									Y	es
								+				_	_
													+

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity.  b Gift, grant, or capital contribution to related organization(s).  c Gift, grant, or capital contribution from related organization(s).  d Loans or loan guarantees to or for related organization(s).  d Loans or loan guarantees by related organization(s).  f Dividends from related organization(s).  g Sale of assets to related organization(s).  h Purchase of assets to related organization(s).  i Exchange of assets with related organization(s).  j Lease of facilities, equipment, or other assets to related organization(s).  ii Performance of services or membership or fundraising solicitations by related organization(s).  n Performance of services or membership or fundraising solicitations by related organization(s).  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).  p Reimbursement paid to related organization(s) for expenses.  1p Yes	edule R (Form 990) 2017		Pa	age <b>3</b>
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity.  b Gift, grant, or capital contribution to related organization(s).  c Gift, grant, or capital contribution from related organization(s).  d Loans or loan guarantees to or for related organization(s).  e Loans or loan guarantees by related organization(s).  f Dividends from related organization(s).  g Sale of assets to related organization(s).  h Purchase of assets to related organization(s).  i Exchange of assets with related organization(s).  j Lease of facilities, equipment, or other assets to related organization(s).  k Lease of facilities, equipment, or other assets from related organization(s).  ii Performance of services or membership or fundraising solicitations by related organization(s).  n Performance of services or membership or fundraising solicitations by related organization(s).  n Performance of services or membership or fundraising solicitations by related organization(s).  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).  In Yes  o Sharing of paid employees with related organization(s).  In Yes  Presimbursement paid to related organization(s) for expenses.	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
a Receipt of (i) interest, (ii) annuties, (iii) royalities, or (iv) rent from a controlled entity.  b Gift, grant, or capital contribution to related organization(s).  c Gift, grant, or capital contribution from related organization(s).  d Loans or loan guarantees to or for related organization(s).  d Loans or loan guarantees by related organization(s).  f Dividends from related organization(s).  f Dividends from related organization(s).  g Sale of assets to related organization(s).  h Purchase of assets from related organization(s).  i Exchange of assets with related organization(s).  j Lease of facilities, equipment, or other assets to related organization(s).  k Lease of facilities, equipment, or other assets from related organization(s).  li Performance of services or membership or fundraising solicitations for related organization(s).  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).  n Sharing of paid employees with related organization(s).  n Rembursement paid to related organization(s) for expenses.  p Reimbursement paid to related organization(s) for expenses.	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
b Gift, grant, or capital contribution to related organization(s)	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		1	
c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s)  f Dividends from related organization(s)  g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) i, i Explain or other assets from related organization(s) i Performance of services or membership or fundraising solicitations for related organization(s) ii Performance of services or membership or fundraising solicitations by related organization(s) in Yes n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) in Yes p Reimbursement paid to related organization(s) for expenses ip Yes	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	12		No
d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)  f Dividends from related organization(s)  g Sale of assets to related organization(s)  h Purchase of assets from related organization(s)  i Exchange of assets with related organization(s)  j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  i Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  n Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  1p Yes	Gift, grant, or capital contribution to related organization(s)	1t	,	No
d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)  f Dividends from related organization(s)  g Sale of assets to related organization(s)  h Purchase of assets to related organization(s)  i Exchange of assets with related organization(s)  j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  i Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  n Sharing of paid employees with related organization(s)  10 Yes  p Reimbursement paid to related organization(s) for expenses	Gift, grant, or capital contribution from related organization(s)	. 10	Yes	
te Loans or loan guarantees by related organization(s)  f Dividends from related organization(s)  g Sale of assets to related organization(s)  h Purchase of assets from related organization(s)  i Exchange of assets with related organization(s)  j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  i Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  s In Yes  o Sharing of paid employees with related organization(s) for expenses  p Reimbursement paid to related organization(s) for expenses			1	No
g Sale of assets to related organization(s).  h Purchase of assets from related organization(s).  i Exchange of assets with related organization(s).  j Lease of facilities, equipment, or other assets to related organization(s).  k Lease of facilities, equipment, or other assets from related organization(s).  l Performance of services or membership or fundraising solicitations for related organization(s).  m Performance of services or membership or fundraising solicitations by related organization(s).  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).  n Sharing of paid employees with related organization(s).  n Reimbursement paid to related organization(s) for expenses.  p Reimbursement paid to related organization(s) for expenses.		16	-	No
Sale of assets to related organization(s)	Dividends from related organization(s)	11	f	No
h Purchase of assets from related organization(s)		1ç	,	No
i Exchange of assets with related organization(s)		11	,	No
j Lease of facilities, equipment, or other assets to related organization(s)		17		No
I Performance of services or membership or fundraising solicitations for related organization(s)		1j		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Lease of facilities, equipment, or other assets from related organization(s)	11	-	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
o Sharing of paid employees with related organization(s)	n Performance of services or membership or fundraising solicitations by related organization(s)	1r	n Yes	
p Reimbursement paid to related organization(s) for expenses	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	11	n Yes	
p Normalization part to related organization (o) for expenses 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Sharing of paid employees with related organization(s)	10	Yes	
q Reimbursement paid by related organization(s) for expenses	Reimbursement paid to related organization(s) for expenses	1;	Yes	+
			1	No

1r Yes r Other transfer of cash or property to related organization(s) . . . No 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(b) Transaction type (a-s) (a) Name of related organization (d) Method of determining amount involved (c) Amount involved (1)NATIONAL RIFLE ASSOCIATION OF AMERICA 1,680,194 CASH VALUE (2)NATIONAL RIFLE ASSOCIATION OF AMERICA 120,000 CASH VALUE

Schedule R (Form 990) 2017

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

- See management of garileactors see and accords regarding exclusion															
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets  (h) Disproprtional allocations:		(h) Disproprtionate allocations?		(h) Isproprtionate allocations?  Ode V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
										Schedul	e R (Forn	1 99	0) 2017		

Schedule R (Form 990) 2017