

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0087

2018

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions)

B Exempt under section: X 501(c)(3), 408(e), 408A, 529(a)

NRA SPECIAL CONTRIBUTION FUND

23-7367534

Number, street, and room or suite no. If a P.O. box, see instructions: PO BOX 700

E Unrelated business activity code (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code

RATON, NM 87740

453220

C Book value of all assets at end of year: 21,222,721.

F Group exemption number (See instructions.)

G Check organization type: 501(c) corporation, X 501(c) trust, 401(a) trust, Other trust

H Enter the number of the organization's unrelated trades or businesses: 1. Describe the only (or first) unrelated trade or business here: SEE STATEMENT 1.

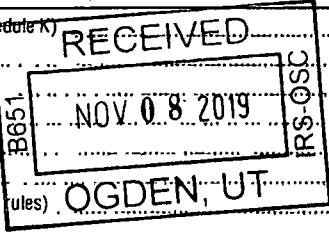
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No.

J The books are in care of: BECKY FISH, MANAGER. Telephone number: 575-445-3615

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts, Cost of goods sold, Total income, and Total net income.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, Charitable contributions, Depreciation, and Total deductions.



SCANNED JAN 0 2020

P

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Rows include 33 Total of unrelated business taxable income, 34 Amounts paid for disallowed fringes, 35 Deduction for net operating loss, 36 Total of unrelated business taxable income before specific deduction, 37 Specific deduction, and 38 Unrelated business taxable income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Rows include 39 Organizations Taxable as Corporations, 40 Trusts Taxable at Trust Rates, 41 Proxy tax, 42 Alternative minimum tax, 43 Tax on Noncompliant Facility Income, and 44 Total.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Rows include 45a Foreign tax credit, 45b Other credits, 45c General business credit, 45d Credit for prior year minimum tax, 45e Total credits, 46 Subtract line 45e from line 44, 47 Other taxes, 48 Total tax, 49 2018 net 965 tax liability paid, 50a-f Payments, 50g Total payments, 51 Total payments, 52 Estimated tax penalty, 53 Tax due, 54 Overpayment, and 55 Enter the amount of line 54.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Line number, Description, and Yes/No. Rows include 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account, 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?, and 58 Enter the amount of tax-exempt interest received or accrued during the tax year.

Sign Here

Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: Oct 31, 2019 Title: TREASURER

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, and Check self-employed. Rows include ZACK FORTSCH, CPA, RSM US LLP, ONE SOUTH WACKER DR STE 800, CHICAGO, IL 60606-3392, and Firm's EIN 42-0714325.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1	472,354.	6	Inventory at end of year	6	373,053.
2	Purchases	2	175,966.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	275,267.
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a				<input checked="" type="checkbox"/>	<input type="checkbox"/>
4b	Other costs (attach schedule)	4b					
5	<b>Total.</b> Add lines 1 through 4b	5	648,320.				

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	0.	<b>Total</b> 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**  
**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)					
(2)					
(3)					
(4)					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5			
(1)		%			
(2)		%			
(3)		%			
(4)		%			
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A).	0.	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8				0.	0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b>			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				

		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)		Enter here and on page 1, Part II, line 26
<b>Totals</b>		0.	0.		0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.
--	--	----	----	--	--	----

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b>	<b>0.</b> <small>Enter here and on page 1, Part I, line 11, col. (A)</small>	<b>0.</b> <small>Enter here and on page 1, Part I, line 11, col. (B)</small>				<b>0.</b> <small>Enter here and on page 1, Part II, line 27.</small>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			<b>0.</b>

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

RETAIL SALES IN WHITTINGTON CENTER PRO SHOP

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
OTHER EXPENSES		27,230.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		27,230.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/05	212.	0.	212.	212.
12/31/06	5,495.	0.	5,495.	5,495.
12/31/07	6,991.	0.	6,991.	6,991.
12/31/08	969.	0.	969.	969.
12/31/09	9,885.	0.	9,885.	9,885.
12/31/10	4,367.	0.	4,367.	4,367.
12/31/11	1,525.	0.	1,525.	1,525.
12/31/12	229.	0.	229.	229.
12/31/13	703.	0.	703.	703.
12/31/14	515.	0.	515.	515.
12/31/15	559.	0.	559.	559.
12/31/16	8,043.	0.	8,043.	8,043.
12/31/17	6,875.	0.	6,875.	6,875.
NOL CARRYOVER AVAILABLE THIS YEAR			46,368.	46,368.