

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL RIFLE ASSOCIATION OF AMERICA Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 11250 WAPLES MILL ROAD City or town, state or country, and ZIP + 4 FAIRFAX, VA 220307400 F Name and address of principal officer WILSON H PHILLIPS JR 11250 WAPLES MILL RD FAIRFAX, VA 22030	D Employer identification number 53-0116130 E Telephone number (703) 267-1000 G Gross receipts \$ 253,051,952
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶ www.nra.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1905 M State of legal domicile VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROTECT AND DEFEND THE U S CONSTITUTION, TO PROMOTE PUBLIC SAFETY, LAW AND ORDER, AND THE NATIONAL DEFENSE, TO TRAIN LAW ENFORCEMENT AGENCIES, TO TRAIN CIVILIANS IN MARKSMANSHIP, TO FOSTER AND PROMOTE THE SHOOTING SPORTS, TO PROMOTE HUNTER SAFETY TO PROTECT AND DEFEND THE U S CONSTITUTION TO PROMOTE PUBLIC SAFETY, LAW AND ORDER, AND THE NATIONAL DEFENSE TO TRAIN LAW ENFORCEMENT AGENCIES TO TRAIN CIVILIANS IN MARKSMANSHIP TO FOSTER AND PROMOTE THE SHOOTING SPORTS TO PROMOTE HUNTER SAFETY																									
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																									
	3 Number of voting members of the governing body (Part VI, line 1a)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;">3</td><td align="right">76</td></tr> <tr><td>4</td><td align="right">72</td></tr> <tr><td>5</td><td align="right">781</td></tr> <tr><td>6</td><td align="right">125,000</td></tr> <tr><td>7a</td><td align="right">22,545,060</td></tr> <tr><td>7b</td><td align="right">-480,264</td></tr> </table>	3	76	4	72	5	781	6	125,000	7a	22,545,060	7b	-480,264												
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	4 Number of independent voting members of the governing body (Part VI, line 1b)																									
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)																									
	6 Total number of volunteers (estimate if necessary)																									
	7a Total unrelated business revenue from Part VIII, column (C), line 12																									
	b Net unrelated business taxable income from Form 990-T, line 34																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr><td>8 Contributions and grants (Part VIII, line 1h)</td><td align="right">190,620,182</td><td align="right">71,145,801</td></tr> <tr><td>9 Program service revenue (Part VIII, line 2g)</td><td align="right">5,753,381</td><td align="right">107,083,801</td></tr> <tr><td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td align="right">-131,048</td><td align="right">3,460,273</td></tr> <tr><td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td align="right">41,301,989</td><td align="right">46,121,404</td></tr> <tr><td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td align="right">237,544,504</td><td align="right">227,811,279</td></tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	190,620,182	71,145,801	9 Program service revenue (Part VIII, line 2g)	5,753,381	107,083,801	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-131,048	3,460,273	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	41,301,989	46,121,404	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	237,544,504	227,811,279						
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Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer _____ WILSON H PHILLIPS JR TREASURER AND CHIEF FINANCIAL OFFIC Type or print name and title	2011-09-26 Date
Paid Preparer Use Only	Print/Type preparer's name JAMES P SWEENEY Preparer's signature JAMES P SWEENEY Date 2011-09-26 Check if self-employed <input type="checkbox"/> PTIN Firm's name ▶ RSM MCGLADREY INC Firm's EIN ▶ Firm's address ▶ 8000 TOWERS CRESCENT DR STE 500 VIENNA, VA 22184 Phone no ▶ (703) 336-6400	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

TO PROTECT AND DEFEND THE U S CONSTITUTION

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 38,859,989 including grants of \$ 39,500) (Revenue \$ 18,297,536)

EDUCATIONAL, COMPETITIVE, COMMUNITY SERVICE AND TRAINING PROGRAMS NRA PROVIDES A BROAD SPECTRUM OF HIGH QUALITY SERVICES TO TRAIN, INFORM AND INSTRUCT THE MEMBERSHIP AND GENERAL PUBLIC OF 80 MILLION GUNOWNERS WITH REGARD TO THEIR INALIENABLE SECOND AMENDMENT RIGHTS NRA CONTINUES TO BE THE PREMIER LEADER IN FIREARMS EDUCATION AND SAFETY NRA OUTREACH FOR YOUTH IN THE HUNTING AND SHOOTING SPORTS ALSO INCLUDES YOUTH SCHOLARSHIPS AND SHOOTING CAMPS TO BUILD AND FOSTER THE NEXT GENERATIONS IN AMERICA VISIT NRA.ORG AND NRANEWS.COM FOR MORE INFORMATION, AND PARTICIPATE IN NRA SOCIAL NETWORKING THROUGH FACEBOOK, TWITTER AND YOUTUBE

4b (Code) (Expenses \$ 36,029,923 including grants of \$) (Revenue \$ 22,428,263)

NRA PUBLICATIONS THE PRIMARY MISSION IS TO PROVIDE MEMBERS WITH MONTHLY PRINT AND DIGITAL MAGAZINES CONTAINING THE MOST AUTHORITATIVE ARTICLES ON FIREARMS, HUNTING, LEGISLATIVE AND LEGAL ACTION FROM RECOGNIZED LEADERS ALL NRA MEDIA VEHICLES SERVE TO EDUCATE AND INFORM ON NRAS PURPOSES AND OBJECTIVES FOR ACCESS TO NRAS EXPANDED MEDIA PRESENCE AND OFFICIAL JOURNALS, VISIT NRAPUBLICATIONS.ORG

4c (Code) (Expenses \$ 21,288,446 including grants of \$ 180,000) (Revenue \$)

LEGISLATIVE ACTION AS THE FOREMOST PROTECTOR AND DEFENDER OF THE U S CONSTITUTION, NRA ADVOCATES AGAINST EFFORTS TO ERODE THE SECOND AMENDMENT, FIGHTS FOR INITIATIVES AIMED AT REDUCING VIOLENT CRIME, AND PROMOTES HUNTERS RIGHTS AND CONSERVATION EFFORTS NATIONWIDE NRA LEGISLATIVE ACTION INVOLVES FIREARMS RIGHTS, REGULATIONS AND LAWS, RANGE PROTECTION, INTERNATIONAL GUN CONTROL THREATS, WORKERS PROTECTION, SELF-DEFENSE, FREE SPEECH RIGHTS, AND A HOST OF RELATED MATTERS VISIT NRA.ILA.ORG FOR THE LATEST UPDATES

4d Other program services (Describe in Schedule O)
(Expenses \$ 88,852,887 including grants of \$) (Revenue \$ 100,990,554)

4e Total program service expenses \$ 185,031,245

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>	Yes	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> <input checked="" type="checkbox"/>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> <input checked="" type="checkbox"/>	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21	Yes	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	22	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a	Yes	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> <input checked="" type="checkbox"/>	34	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1a	872		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2a	781		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?	Yes	
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Yes	
7	Organizations that may receive deductible contributions under section 170(c).		
a	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			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
10b			
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
11b			
12a	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.		
12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. 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.		
13b			
c	Enter the amount of reserves on hand.		
13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14a			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		
14b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (76), 1b (72), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed VA, UT, PA, OK, NY, KY, DC, CA, AL
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WAYNE LAPIERRE EXEC VP	57 00			X				835,469	0	125,615
(2) CHRIS W COX EXEC DIR, ILA	57 00			X				588,412	0	70,796
(3) WILSON H PHILLIPS JR TREASURER	52 00			X				519,338	0	124,168
(4) KAYNE B ROBINSON EXEC DIR, GENERAL OPERATIONS	50 00			X				1,027,217	0	45,056
(5) EDWARD J LAND JR SECRETARY	50 00			X				412,527	0	45,832
(6) RONALD L SCHMEITS PRESIDENT	20 00	X		X				0	0	0
(7) DAVID A KEENE 1ST VICE PRESIDENT	20 00	X		X				0	0	0
(8) JAMES W PORTER II 2ND VICE PRESIDENT	20 00	X		X				0	0	0
(9) TYLER SCHROPP EXEC DIRECTOR, ADVANCEMENT	52 00					X		442,476	0	54,463
(10) MARY CORRIGAN CHIEF OF STAFF	40 00					X		329,168	0	30,373
(11) JOSEPH GRAHAM DIRECTOR, PUBLICATIONS	40 00					X		352,474	0	40,832
(12) MICHAEL MARCELLIN MANAGING DIRECTOR	40 00					X		345,102	0	49,348
(13) ROBERT MARCARIO DIRECTOR, MEMBERSHIP	40 00					X		250,757	0	44,773
(14) JOE M ALLBAUGH DIRECTOR	1 00	X						0	0	0
(15) WILLIAM H ALLEN DIRECTOR	1 00	X						0	0	0
(16) THOMAS P ARVAS DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) SCOTT L BACH DIRECTOR	1 00	X					0	0	0	
(18) WILLIAM A BACHENBERG DIRECTOR	1 00	X					0	0	0	
(19) FE BACHHUBER JR DIRECTOR	1 00	X					0	0	0	
(20) M CAROL BAMBERRY DIRECTOR	1 00	X					0	0	0	
(21) BOB BARR DIRECTOR	1 00	X					0	0	0	
(22) RONNIE G BARRETT DIRECTOR	1 00	X					0	0	0	
(23) CLEL BAUDLER DIRECTOR	1 00	X					0	0	0	
(24) DAVID E BENNETT III DIRECTOR	1 00	X					0	0	0	
(25) J KENNETH BLACKWELL DIRECTOR	1 00	X					0	0	0	
(26) MATT BLUNT DIRECTOR	1 00	X					0	0	0	
(27) DAN BOREN DIRECTOR	1 00	X					0	0	0	
(28) ROBERT K BROWN DIRECTOR	1 00	X					0	0	0	
(29) PETE BROWNELL DIRECTOR	1 00	X					0	0	0	
(30) JOHN P BURTT DIRECTOR	1 00	X					0	0	0	
(31) DAVID BUTZ DIRECTOR	1 00	X					151,033	0	0	
(32) J WILLIAM CARTER DIRECTOR	1 00	X					0	0	0	
(33) RICHARD CHILDRESS DIRECTOR	1 00	X					0	0	0	
(34) PATRICIA A CLARK DIRECTOR	1 00	X					0	0	0	
(35) ALLAN D CORS DIRECTOR	1 00	X					0	0	0	
(36) CHARLES L COTTON DIRECTOR	1 00	X					0	0	0	
(37) DAVID G COY DIRECTOR	1 00	X					0	0	0	
(38) LARRY E CRAIG DIRECTOR	1 00	X					0	0	0	
(39) JOHN L CUSHMAN DIRECTOR	1 00	X					0	0	0	
(40) WILLIAM H DAILEY DIRECTOR	1 00	X					0	0	0	
(41) JOSEPH P DEBERGALIS JR DIRECTOR	1 00	X					0	0	0	
(42) DONN C DIBIASIO DIRECTOR	1 00	X					0	0	0	
(43) MANUEL FERNANDEZ DIRECTOR	1 00	X					0	0	0	
(44) EDIE P FLEEMAN DIRECTOR	1 00	X					0	0	0	
(45) JOEL FRIEDMAN DIRECTOR	1 00	X					0	0	0	
(46) SANDRA S FROMAN DIRECTOR	1 00	X					45,180	0	0	
(47) TOM GAINES DIRECTOR	1 00	X					0	0	0	
(48) JAMES S GILMORE III DIRECTOR	1 00	X					0	0	0	
(49) MARION P HAMMER DIRECTOR	1 00	X					190,000	0	0	
(50) GRAHAM HILL DIRECTOR	1 00	X					0	0	0	
(51) STEVE HORNADY DIRECTOR	1 00	X					0	0	0	
(52) SUSAN HOWARD DIRECTOR	1 00	X					0	0	0	
(53) ROY INNIS DIRECTOR	1 00	X					0	0	0	
(54) H JOAQUIN JACKSON DIRECTOR	1 00	X					0	0	0	
(55) CURTIS S JENKINS DIRECTOR	1 00	X					0	0	0	
(56) D CYNTHIA JULIEN DIRECTOR	1 00	X					0	0	0	
(57) TOM KING DIRECTOR	1 00	X					0	0	0	
(58) HERBERT A LANFORD JR DIRECTOR	1 00	X					0	0	0	
(59) KARL A MALONE DIRECTOR	1 00	X					0	0	0	
(60) CAROLYN D MEADOWS DIRECTOR	1 00	X					0	0	0	
(61) JOHN F MILIUS DIRECTOR	1 00	X					0	0	0	
(62) BILL MILLER DIRECTOR	1 00	X					0	0	0	
(63) OWEN P MILLS DIRECTOR	1 00	X					0	0	0	
(64) CLETA MITCHELL DIRECTOR	1 00	X					0	0	0	
(65) GROVER G NORQUIST DIRECTOR	1 00	X					0	0	0	
(66) OLIVER L NORTH DIRECTOR	1 00	X					0	0	0	
(67) JOHNNY NUGENT DIRECTOR	1 00	X					0	0	0	
(68) TED NUGENT DIRECTOR	1 00	X					0	0	0	
(69) LANCE OLSEN DIRECTOR	1 00	X					90,000	0	0	
(70) TIMOTHY W PAWOL DIRECTOR	1 00	X					0	0	0	
(71) PETER J PRINTZ DIRECTOR	1 00	X					0	0	0	
(72) TODD J RATHNER DIRECTOR	1 00	X					0	0	0	
(73) WAYNE ANTHONY ROSS DIRECTOR	1 00	X					0	0	0	
(74) CARL T ROWAN JR DIRECTOR	1 00	X					0	0	0	
(75) DON SABA DIRECTOR	1 00	X					0	0	0	
(76) ROBERT E SANDERS DIRECTOR	1 00	X					0	0	0	
(77) STEVEN C SCHREINER DIRECTOR	1 00	X					0	0	0	
(78) HAROLD W SCHROEDER DIRECTOR	1 00	X					0	0	0	
(79) TOM SELLECK DIRECTOR	1 00	X					0	0	0	
(80) JOHN C SIGLER DIRECTOR	1 00	X					0	0	0	
(81) DWIGHT D VAN HORN DIRECTOR	1 00	X					0	0	0	
(82) ROBERT L VIDEN JR DIRECTOR	1 00	X					0	0	0	
(83) HOWARD J WALTER DIRECTOR	1 00	X					0	0	0	
(84) JD WILLIAMS DIRECTOR	1 00	X					0	0	0	
(85) DENNIS L WILLING DIRECTOR	1 00	X					0	0	0	
(86) ROBERT J WOS DIRECTOR	1 00	X					0	0	0	
(87) DONALD E YOUNG DIRECTOR	1 00	X					0	0	0	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							5,579,153		631,256	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **56**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
INFOCISION 325 SPRINGSIDE DR AKRON, OH 44333	MEMBERSHIP PROC SOLICITOR	12,397,032
PALM COAST DATA 11 COMMERCE BLVD PALM COAST, FL 32164	MEMBERSHIP PROCESSING	9,978,184
VALTIM PO BOX 114 FOREST, VA 24551	FULFILLMENT CENTER	9,814,106
PM CONSULTING 12100 WILSHIRE BLVD LOS ANGELES, CA 90025	CONSULTING	8,705,456
POSTMASTER 1735 N LYNN ST ARLINGTON, VA 22209	POSTAGE SHIPPING	8,408,585

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **29**

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d	12,573,541				
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	58,572,260				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f	71,145,801				
Program Service Revenue	2a PROGRAM FEES	6,552,336	6,552,336			
	b MEMBER DUES	100,531,465	100,531,465			
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	107,083,801				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)	852,154			852,154	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties	11,303,074			11,303,074	
	6a Gross Rents	(i) Real	1,536,497			
		(ii) Personal				
		b Less rental expenses	1,543,676			
		c Rental income or (loss)	-7,179			
	d Net rental income or (loss)	-7,179			-7,179	
	7a Gross amount from sales of assets other than inventory	(i) Securities	19,870,269			
		(ii) Other				
		b Less cost or other basis and sales expenses	17,262,150			
		c Gain or (loss)	2,608,119			
d Net gain or (loss)	2,608,119			2,608,119		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	429,695				
	b Less direct expenses b	236,738				
	c Net income or (loss) from fundraising events	192,957			192,957	
9a Gross income from gaming activities See Part IV, line 19 a	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a	17,943,309				
b Less cost of goods sold b	6,198,109					
c Net income or (loss) from sales of inventory	11,745,200	10,067,029	1,678,171			
Miscellaneous Revenue		Business Code				
11a ADVERTISING		541800	20,922,249	4,765	50,595	
	b SUBSCRIPTIONS	541800	1,506,014	1,506,014		
	c NRA CAFE SALES	722210	459,089		459,089	
	d All other revenue					
	e Total. Add lines 11a-11d		22,887,352			
12 Total revenue. See Instructions		227,811,279	118,661,609	22,545,060	15,458,809	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	189,000	189,000		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	30,500	30,500		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,168,553	2,196,138	1,708,567	263,848
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	33,141,573	23,315,768	7,421,684	2,404,121
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,284,170	4,555,464	2,206,761	521,945
9	Other employee benefits	4,524,889	3,170,017	1,030,643	324,229
10	Payroll taxes	2,547,465	1,784,685	580,242	182,538
a	Fees for services (non-employees) Management	0			
b	Legal	3,582,244	3,120,380	461,864	
c	Accounting	117,200		117,200	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	7,989,955			7,989,955
f	Investment management fees	219,167		219,167	
g	Other	4,665,094	4,665,094		
12	Advertising and promotion	28,506,230	20,315,496		8,190,734
13	Office expenses	4,136,496	2,125,967	2,010,529	
14	Information technology	5,894,109	3,486,954	2,407,155	
15	Royalties	0			
16	Occupancy	1,952,024	992,051	959,973	
17	Travel	6,085,855	4,733,186	1,352,669	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	5,338,324	4,225,714	1,112,610	
20	Interest	1,369,546	976,749	392,797	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	2,508,907	1,772,561	736,346	
23	Insurance	1,014,514	1,014,514		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEMBER COMMUNICATIONS	57,011,926	45,243,773		11,768,153
b	PRINTING AND SHIPPING	23,975,743	23,975,743		
c	PROGRAM SERVICES	16,696,651	16,696,651		
d	ADDITIONAL INSTITUTE FOR LEGISLATIVE ACTION	9,943,784	7,486,001	1,236,714	1,221,069
e	FULFILLMENT MATERIAL	6,464,184	5,814,882	116,695	532,607
f	All other expenses	4,176,172	3,143,957	519,393	512,822
25	Total functional expenses. Add lines 1 through 24f	243,534,275	185,031,245	24,591,009	33,912,021
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	18,396,784	2	9,373,624
	3 Pledges and grants receivable, net	2,528,075	3	3,244,548
	4 Accounts receivable, net	49,767,997	4	52,606,967
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net	3,133,320	7	3,111,070
	8 Inventories for sale or use	10,888,636	8	13,178,944
	9 Prepaid expenses and deferred charges	2,167,086	9	2,739,275
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	64,949,941		
	10b Less accumulated depreciation	28,228,772	36,186,545	10c 36,721,169
	11 Investments—publicly traded securities	29,042,690	11	33,133,504
	12 Investments—other securities. See Part IV, line 11	3,341,890	12	4,602,761
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,862,341	15	5,069,338
16 Total assets. Add lines 1 through 15 (must equal line 34)	160,315,364	16	163,781,200	
Liabilities	17 Accounts payable and accrued expenses	59,109,001	17	59,163,137
	18 Grants payable		18	
	19 Deferred revenue	28,119,095	19	28,336,891
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	29,340,012	23	45,335,166
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	6,171,924	25	6,795,712
	26 Total liabilities. Add lines 17 through 25	122,740,032	26	139,630,906
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,164,773	27	-6,423,671
	28 Temporarily restricted net assets	3,207,708	28	6,253,866
	29 Permanently restricted net assets	23,202,851	29	24,320,099
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	37,575,332	33	24,150,294	
34 Total liabilities and net assets/fund balances	160,315,364	34	163,781,200	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	227,811,279
2	Total expenses (must equal Part IX, column (A), line 25)	2	243,534,275
3	Revenue less expenses Subtract line 2 from line 1	3	-15,722,996
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,575,332
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,297,958
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	24,150,294

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 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?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, 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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 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 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	8,687,890	6,920,616	7,675,316		
b Contributions	808,137	1,582,051	487,022		
c Investment earnings or losses	549,205	750,029	-1,205,479		
d Grants or scholarships					
e Other expenditures for facilities and programs	304,201	536,900			
f Administrative expenses	30,020	27,906	36,243		
g End of year balance	9,711,011	8,687,890	6,920,616		

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment 100.000%
- c** Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,902,450		4,902,450
b Buildings		47,869,332	24,400,367	28,828,275
c Leasehold improvements				
d Equipment		12,178,159	5,574,944	2,990,444
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				36,721,169

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	227,811,279
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	243,534,275
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-15,722,996
4	Net unrealized gains (losses) on investments	4	1,005,312
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,292,646
9	Total adjustments (net) Add lines 4 - 8	9	2,297,958
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-13,425,038

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	237,358,520
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,005,312
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	830,644
e	Add lines 2a through 2d	2e	1,835,956
3	Subtract line 2e from line 1	3	235,522,564
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-7,711,285
c	Add lines 4a and 4b	4c	-7,711,285
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	227,811,279

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	250,783,558
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	7,279,783
e	Add lines 2a through 2d	2e	7,279,783
3	Subtract line 2e from line 1	3	243,503,775
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	30,500
c	Add lines 4a and 4b	4c	30,500
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	243,534,275

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
III	1a	FINANCIAL STATEMENT NOTE 1 THE VALUE OF THE NRAS FIREARMS MUSEUM COLLECTION HAS BEEN EXCLUDED FROM THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION ONLY PURCHASES OF FIREARMS AND OTHER OBJECTS, AND NOT DONATIONS, ARE RECOGNIZED IN THE STATEMENTS OF ACTIVITIES FIREARMS AND OTHER OBJECTS THAT HAVE BEEN ACCESSIONED IN THE NRA MUSEUM ARE NOT INTENDED FOR SALE OR EXCHANGE
III	4	THE NATIONAL FIREARMS MUSEUM PROMOTES GUN COLLECTING AND PRESERVATION OF HISTORY THROUGH THE HERITAGE OF FIREARMS PLEASE VISIT NRAMUSEUM.ORG FOR EXCITING INFORMATION
V	4	NRA ENDOWMENT FUNDS BENEFIT NRA INSTITUTE FOR LEGISLATIVE ACTION, NATIONAL CHAMPIONSHIPS, MARKSMANSHIP, AND LAW ENFORCEMENT
X	2	MANAGEMENT EVALUATED THE NRAS TAX POSITIONS AND CONCLUDED THAT THE NRA HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE WITH FEW EXCEPTIONS, THE NRA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2007, WHICH IS THE STANDARD STATUTE OF LIMITATIONS LOOKBACK PERIOD
XI	8	INCLUDES AGENCY TRANSACTIONS, UNREALIZED GAIN ON DERIVATIVE INSTRUMENT, AND ACCOUNTING PROCEDURE VALUATION ADJUSTMENT TO PENSION PLAN
XII	2d	INCLUDES AGENCY TRANSACTIONS AND UNREALIZED GAIN ON DERIVATIVE INSTRUMENT
XII	4b	INCLUDES COST OF GOODS SOLD, RENTAL EXPENSE, AND INTEREST ON ENDOWMENT GRANTS
XIII	2d	INCLUDES COST OF GOODS SOLD, RENTAL EXPENSE, AND ACCOUNTING PROCEDURE VALUATION ADJUSTMENT TO PENSION PLAN
XIII	4b	INCLUDES INTEREST ON ENDOWMENT GRANTS

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Part V if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region or independent contractors, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region/investments in region. Includes rows for Central America and the Caribbean with values 4,000,000 and 25,000.

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* Yes No

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" to 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. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and e-mail solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Rows include INFOCISION and STRATEGIC FUNDRAISING.

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

KY, NY, PA, UT, VA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>ILA CHARLOTTE</u> (event type)	_____ (event type)	_____ (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	429,695			429,695
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	429,695			429,695
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	236,738			236,738
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				236,738
11 Net income summary Combine lines 3 and 10 in column (d) ▶				192,957	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2010

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes entries for LAW ENFORCEMENT ALLIANCE and NATIONAL FDN FOR WOMEN LEGISLATORS.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) UNDERGRADUATE SCHOLARSHIPS	19	30,500			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
I	2	NRA-ILA PROVIDES GRANT SUPPORT TO LEAA EDUCATION AND TRAINING INITIATIVES, AND NRA ACTIVELY ASSISTS NATIONAL FOUNDATION OF WOMEN LEGISLATORS IN THE SELECTION AND ADMINISTRATION OF NFWL SCHOLARSHIPS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number
53-0116130

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</p>	Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p>		No								
<p>6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III.</p>		No								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>		No								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WAYNE LAPIERRE	(i) (ii)	674,117	132,008	29,344	92,913	41,918	970,300	
(2) CHRIS W COX	(i) (ii)	478,033	91,560	18,819	41,891	35,825	666,128	
(3) WILSON H PHILLIPS JR	(i) (ii)	401,384	92,156	25,798	103,460	26,747	649,545	
(4) KAYNE B ROBINSON	(i) (ii)	418,893	88,595	519,729	18,130	33,838	1,079,185	175,170
(5) EDWARD J LAND JR	(i) (ii)	358,117	44,819	9,591	18,130	31,705	462,362	
(6) TYLER SCHROPP	(i) (ii)	359,289	75,000	8,187	14,700	45,120	502,296	
(7) MARY CORRIGAN	(i) (ii)	324,416		4,752	28,868	5,961	363,997	
(8) JOSEPH GRAHAM	(i) (ii)	229,116	100,000	23,358	18,130	26,135	396,739	
(9) MICHAEL MARCELLIN	(i) (ii)	149,680	176,546	18,876	18,130	33,628	396,860	
(10) ROBERT MARCARIO	(i) (ii)	218,290	29,242	3,225	14,011	34,064	298,832	
(11) DAVID BUTZ	(i) (ii)	151,033					151,033	
(12) MARION P HAMMER	(i) (ii)	140,000	50,000				190,000	
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
I	1a	CHARTER TRAVEL WAS USED ON OCCASIONS INVOLVING MULTIPLE EVENTS WHEN REDUCED AIRLINE SCHEDULES PRECLUDED OTHER OPTIONS THIS WAS PROPERLY EXCLUDED FROM TAXABLE COMPENSATION
I	1a	CERTAIN COMPENSATION ELEMENTS WERE GROSSED UP ALL TAX GROSS-UPS WERE PROPERLY INCLUDED IN TAXABLE COMPENSATION
I	1a	CLUBS, SUCH AS SAFARI CLUB AND LUNCHEON CLUB, ARE USED FOR BUSINESS PURPOSES THIS WAS PROPERLY EXCLUDED FROM TAXABLE COMPENSATION
I	4b	THE 457F SERVICE COST INCLUDED IN DEFERRED COMPENSATION FOR WAYNE LAPIERRE WAS 74,783, FOR CHRIS W COX 23,761, FOR WILSON H PHILLIPS JR 85,330, AND FOR MARY CORRIGAN 10,738 THE NRA DECIDES THE BENEFIT AMOUNT AND TIMEFRAME FOR VESTING FOR EACH PARTICIPANT THE 457F PLAN IS ALSO DESIGNED TO SUPPLEMENT THE CURRENT DEFINED BENEFIT PLAN WHERE CURRENT BENEFIT LAW CAUSES LOW REPLACEMENT RATIOS FOR SOME PARTICIPANTS
II		COLUMN E READER NOTE TOTAL COMPENSATION IN SCHEDULE J PART II COLUMN E SHOULD NOT BE EXPECTED TO TIE TO 990 PART VII COMPENSATION TOTALS PER EMPLOYEE DUE TO DIFFERENT DEFINITIONS AND EXCLUSIONS
II		COLUMN B ⁱⁱⁱ OTHER REPORTABLE COMPENSATION IN TAXABLE WAGES INCLUDES 457B, AUTO AND LIFE BENEFITS IN ADDITION, FOR KAYNE ROBINSON IT INCLUDES VESTING AND ONE-TIME DISTRIBUTION OF DEFERRED COMPENSATION AS REQUIRED BY REGULATIONS
II		COLUMN C INCLUDES THE EMPLOYER-PAID PORTIONS OF THE NRA DEFINED BENEFIT PLAN, 401K PLAN, AND 457F PLAN

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number 53-0116130

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARION HAMMER	DIRECTOR	190,000	CONSULTING		No
(2) DAVID BUTZ	DIRECTOR	151,033	CONSULTING		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number

53-0116130

Identifier	Return Reference	Explanation
Form 990 Part I	7	READER NOTE THE 990 COVER PAGE SHOWS GROSS UNRELATED BUSINESS REVENUE ON LINE 7A AND NEGATIVE UNRELATED BUSINESS TAXABLE INCOME ON LINE 7B BECAUSE RELATED EXPENSES EXCEEDED REVENUE IN THE YEAR 2010 FOR UNRELATED BUSINESS ACTIVITIES

Identifier	Return Reference	Explanation
Form 990 Part VI	6	NRA IS A MEMBERSHIP ASSOCIATION

Identifier	Return Reference	Explanation
Form 990 Part VI	7a	NRA MEMBERS ELECT ALL 76 MEMBERS OF THE NRA BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
Form 990 Part VI	7b	CERTAIN BOARD DECISIONS ARE SUBJECT TO MEMBERSHIP APPROVAL PER BY LAWS AND NEW YORK NOT FOR PROFIT CORPORATE LAW

Identifier	Return Reference	Explanation
Form 990 Part VI	11a	FORM 990 IS REVIEWED BY EXTERNAL AUDITING FIRM AND THE NRA BOARD AUDIT COMMITTEE BEFORE IT IS FILED WITH THE IRS

Identifier	Return Reference	Explanation
Form 990 Part VI	19	NRA BYLAWS AND CONSOLIDATED ANNUAL FINANCIAL STATEMENTS ARE MAILED UPON REQUEST NRA DOES NOT MAKE INTERNAL OPERATING POLICIES AVAILABLE TO THE GENERAL PUBLIC

Identifier	Return Reference	Explanation
Form 990 Part VI	12c	ANNUAL FILINGS BY ALL BOARD MEMBERS ARE REVIEWED BY THE NRA AUDIT COMMITTEE

Identifier	Return Reference	Explanation
Form 990 Part VI	15a, 15b	COMPENSATION IS REVIEWED BY BOARD COMPENSATION COMMITTEE AND INDEPENDENT COMPENSATION AND BENEFITS CONSULTING FIRM INCLUDING BENCHMARKING AND INDUSTRY BEST PRACTICES

Identifier	Return Reference	Explanation
Form 990 Part VII		OFFICERS OF THE NRA ALSO SPEND TIME SERVING ON BOARDS OF THE NRA CHARITABLE AFFILIATES AS DISCLOSED IN THE FOLLOWING LIST NRA PRESIDENT RON SCHMEITS SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FOUNDATION AND NRA SPECIAL CONTRIBUTION FUND NRA 1ST VICE PRESIDENT JIM PORTER SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FOUNDATION, NRA SPECIAL CONTRIBUTION FUND, AND NRA CIVIL RIGHTS DEFENSE FUND WAYNE LAPIERRE SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FOUNDATION CHRIS W COX SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA FREEDOM ACTION FOUNDATION WILSON H PHILLIPS JR SPENDS 1 ADDITIONAL HOUR PER WEEK ON EACH OF NRA FOUNDATION, NRA SPECIAL CONTRIBUTION FUND, NRA CIVIL RIGHTS DEFENSE FUND, AND NRA FREEDOM ACTION FOUNDATION KAYNE ROBINSON SPENDS 1 ADDITIONAL HOUR PER WEEK ON NRA SPECIAL CONTRIBUTION FUND

Identifier	Return Reference	Explanation
Form 990 Part VII		OTHER MEMBERS OF THE NRA BOARD ALSO SPEND TIME ON BOARDS OF CHARITABLE AFFILIATES AS FOLLOWS, AT APPROXIMATELY 1 ADDITIONAL HOUR PER WEEK PER ENTITY JOE ALLBAUGH ON NRA FOUNDATION THOMAS ARVAS ON NRA SPECIAL CONTRIBUTION FUND BILL BACHENBERG ON NRA FOUNDATION CAROL BAMBERY ON NRA CIVIL RIGHTS DEFENSE FUND DAVID BENNETT ON NRA SPECIAL CONTRIBUTION FUND BILL CARTER ON NRA SPECIAL CONTRIBUTION FUND ALLAN CORS ON NRA FOUNDATION CHARLES COTTON ON NRA CIVIL RIGHTS DEFENSE FUND BOB COTTROL ON NRA CIVIL RIGHTS DEFENSE FUND JOHN CUSHMAN ON NRA SPECIAL CONTRIBUTION FUND BILL DAILEY ON NRA SPECIAL CONTRIBUTION FUND AND NRA CIVIL RIGHTS DEFENSE FUND SANDY FROMAN ON NRA FOUNDATION BUZ MILLS ON NRA FOUNDATION CLETA MITCHELL ON NRA FREEDOM ACTION FOUNDATION BOB SANDERS ON NRA CIVIL RIGHTS DEFENSE FUND JOHN SIGLER ON NRA SPECIAL CONTRIBUTION FUND AND NRA FOUNDATION

Identifier	Return Reference	Explanation
Form 990 Part VII		CONTINUED FROM ABOVE BOB VIDEN ON NRA SPECIAL CONTRIBUTION FUND HAROLD VOLKMER ON NRA CIVIL RIGHTS DEFENSE FUND

Identifier	Return Reference	Explanation
Form 990 Part VII		READER NOTE 990 PART VII SECTION B TOTAL COMPENSATION TO INDEPENDENT CONTRACTOR INFOCISION SHOULD NOT BE EXPECTED TO TIE TO SCHEDULE G DISCLOSURE OF COMPENSATION TO INFOCISION AS A PAID FUND RAISING SOLICITOR, BECAUSE 990 PART VII SECTION B REPORTS TOTAL COMPENSATION FOR ALL WORK INCLUDING BOTH MEMBERSHIP PROCESSING AND SOLICITATION OF CONTRIBUTIONS, WHEREAS SCHEDULE G DISCLOSES VENDOR COMPENSATION SPECIFICALLY FOR SOLICITATION OF CONTRIBUTIONS

Identifier	Return Reference	Explanation
Form 990 Part X		READER NOTE REGARDING THE NRA BALANCE SHEET DEFERRED COSTS AND DEFERRED REVENUES RELATED TO MEMBERSHIP ACQUISITION AND RENEWAL ARE ACCOUNTING ENTRIES REQUIRED UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES DEFERRED REVENUE FOR DUES IS NOT A LIABILITY, AS IT RECOGNIZES REVENUE TO BE COLLECTED IN FUTURE AND MATCHED WITH FUTURE SERVICES PROVIDED TO NRA MEMBERS DUES REVENUE IS RECOGNIZED OVER THE LIFE OF THE MEMBERSHIP

Identifier	Return Reference	Explanation
Form 990 Part III	4e	OTHER PROGRAM SERVICES INCLUDE MEMBERSHIP SERVICES, PUBLIC AFFAIRS, ANNUAL MEETING AND MEMBERS EXHIBIT HALL, EXECUTIVE, ADVANCEMENT, AND ADMIN PROGRAM EXPENSES

Identifier	Return Reference	Explanation
Form 990 Part XI	5	RECONCILIATION INCLUDES ADJUSTMENT FOR AGENCY TRANSACTIONS, UNREALIZED GAINSLOSSES ON INVESTMENTS AND DERIVATIVE INSTRUMENT, AND ACCOUNTING PROCEDURE VALUATION ADJUSTMENT TO PENSION PLAN

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL RIFLE ASSOCIATION OF AMERICA

Employer identification number

53-0116130

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

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) NRA FOUNDATION INC 11250 WAPLES MILL RD FAIRFAX, VA 22030 52-1710886	CHARITABLE	DC	501c3	LINE 7	NRA	Yes	
(2) NRA SPECIAL CONTRIBUTION FUND PO BOX 700 RATON, NM 87740 23-7367534	CHARITABLE	NM	501c3	LINE 11-TYPE I	NRA	Yes	
(3) NRA CIVIL RIGHTS DEFENSE FUND 11250 WAPLES MILL RD FAIRFAX, VA 22030 52-1136665	CHARITABLE	VA	501c3	LINE 7	NRA	Yes	
(4) NRA FREEDOM ACTION FOUNDATION 11250 WAPLES MILL RD FAIRFAX, VA 22030 26-1277941	CHARITABLE	VA	501c3	LINE 7	NRA	Yes	

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**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 **(iv)** rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)

	Yes	No
1a	Yes	
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o		No
1p	Yes	
1q		No
1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) NRA FOUNDATION INC	c	12,573,541	ACTUAL COST
(2) NRA FOUNDATION INC	n	4,126,180	ACTUAL COST
(3) NRA FOUNDATION INC	p	5,066,935	ACTUAL COST
(4) NRA SPECIAL CONTRIBUTION FUND	a	120,000	ACTUAL COST
(5) NRA SPECIAL CONTRIBUTION FUND	p	328,252	ACTUAL COST
(6) NRA CIVIL RIGHTS DEFENSE FUND	p	59,825	ACTUAL COST

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Software ID: 10000149
Software Version: 2010.2.15
EIN: 53-0116130
Name: NATIONAL RIFLE ASSOCIATION OF AMERICA

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) NRA FOUNDATION INC	c	12,573,541	ACTUAL COST
(2) NRA FOUNDATION INC	n	4,126,180	ACTUAL COST
(3) NRA FOUNDATION INC	p	5,066,935	ACTUAL COST
(4) NRA SPECIAL CONTRIBUTION FUND	a	120,000	ACTUAL COST
(5) NRA SPECIAL CONTRIBUTION FUND	p	328,252	ACTUAL COST
(6) NRA CIVIL RIGHTS DEFENSE FUND	p	59,825	ACTUAL COST

Additional Data

Software ID: 10000149
Software Version: 2010.2.15
EIN: 53-0116130
Name: NATIONAL RIFLE ASSOCIATION OF AMERICA

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WAYNE LAPIERRE EXEC VP	57 00			X				835,469	0	125,615
CHRIS W COX EXEC DIR, ILA	57 00			X				588,412	0	70,796
WILSON H PHILLIPS JR TREASURER	52 00			X				519,338	0	124,168
KAYNE B ROBINSON EXEC DIR, GENERAL OPERATIONS	50 00			X				1,027,217	0	45,056
EDWARD J LAND JR SECRETARY	50 00			X				412,527	0	45,832
RONALD L SCHMEITS PRESIDENT	20 00	X		X				0	0	0
DAVID A KEENE 1ST VICE PRESIDENT	20 00	X		X				0	0	0
JAMES W PORTER II 2ND VICE PRESIDENT	20 00	X		X				0	0	0
TYLER SCHROPP EXEC DIRECTOR, ADVANCEMENT	52 00					X		442,476	0	54,463
MARY CORRIGAN CHIEF OF STAFF	40 00					X		329,168	0	30,373
JOSEPH GRAHAM DIRECTOR, PUBLICATIONS	40 00					X		352,474	0	40,832
MICHAEL MARCELLIN MANAGING DIRECTOR	40 00					X		345,102	0	49,348
ROBERT MARCARIO DIRECTOR, MEMBERSHIP	40 00					X		250,757	0	44,773
JOE M ALLBAUGH DIRECTOR	1 00	X						0	0	0
WILLIAM H ALLEN DIRECTOR	1 00	X						0	0	0
THOMAS P ARVAS DIRECTOR	1 00	X						0	0	0
SCOTT L BACH DIRECTOR	1 00	X						0	0	0
WILLIAM A BACHENBERG DIRECTOR	1 00	X						0	0	0
FE BACHHUBER JR DIRECTOR	1 00	X						0	0	0
M CAROL BAMBERRY DIRECTOR	1 00	X						0	0	0
BOB BARR DIRECTOR	1 00	X						0	0	0
RONNIE G BARRETT DIRECTOR	1 00	X						0	0	0
CLEL BAUDLER DIRECTOR	1 00	X						0	0	0
DAVID E BENNETT III DIRECTOR	1 00	X						0	0	0
J KENNETH BLACKWELL DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATT BLUNT DIRECTOR	1 00	X						0	0	0
DAN BOREN DIRECTOR	1 00	X						0	0	0
ROBERT K BROWN DIRECTOR	1 00	X						0	0	0
PETE BROWNELL DIRECTOR	1 00	X						0	0	0
JOHN P BURTT DIRECTOR	1 00	X						0	0	0
DAVID BUTZ DIRECTOR	1 00	X						151,033	0	0
J WILLIAM CARTER DIRECTOR	1 00	X						0	0	0
RICHARD CHILDRESS DIRECTOR	1 00	X						0	0	0
PATRICIA A CLARK DIRECTOR	1 00	X						0	0	0
ALLAN D CORS DIRECTOR	1 00	X						0	0	0
CHARLES L COTTON DIRECTOR	1 00	X						0	0	0
DAVID G COY DIRECTOR	1 00	X						0	0	0
LARRY E CRAIG DIRECTOR	1 00	X						0	0	0
JOHN L CUSHMAN DIRECTOR	1 00	X						0	0	0
WILLIAM H DAILEY DIRECTOR	1 00	X						0	0	0
JOSEPH P DEBERGALIS JR DIRECTOR	1 00	X						0	0	0
DONN C DIBIASIO DIRECTOR	1 00	X						0	0	0
MANUEL FERNANDEZ DIRECTOR	1 00	X						0	0	0
EDIE P FLEEMAN DIRECTOR	1 00	X						0	0	0
JOEL FRIEDMAN DIRECTOR	1 00	X						0	0	0
SANDRA S FROMAN DIRECTOR	1 00	X						45,180	0	0
TOM GAINES DIRECTOR	1 00	X						0	0	0
JAMES S GILMORE III DIRECTOR	1 00	X						0	0	0
MARION P HAMMER DIRECTOR	1 00	X						190,000	0	0
GRAHAM HILL DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE HORNADY DIRECTOR	1 00	X						0	0	0
SUSAN HOWARD DIRECTOR	1 00	X						0	0	0
ROY INNIS DIRECTOR	1 00	X						0	0	0
H JOAQUIN JACKSON DIRECTOR	1 00	X						0	0	0
CURTIS S JENKINS DIRECTOR	1 00	X						0	0	0
D CYNTHIA JULIEN DIRECTOR	1 00	X						0	0	0
TOM KING DIRECTOR	1 00	X						0	0	0
HERBERT A LANFORD JR DIRECTOR	1 00	X						0	0	0
KARL A MALONE DIRECTOR	1 00	X						0	0	0
CAROLYN D MEADOWS DIRECTOR	1 00	X						0	0	0
JOHN F MILIUS DIRECTOR	1 00	X						0	0	0
BILL MILLER DIRECTOR	1 00	X						0	0	0
OWEN P MILLS DIRECTOR	1 00	X						0	0	0
CLETA MITCHELL DIRECTOR	1 00	X						0	0	0
GROVER G NORQUIST DIRECTOR	1 00	X						0	0	0
OLIVER L NORTH DIRECTOR	1 00	X						0	0	0
JOHNNY NUGENT DIRECTOR	1 00	X						0	0	0
TED NUGENT DIRECTOR	1 00	X						0	0	0
LANCE OLSEN DIRECTOR	1 00	X						90,000	0	0
TIMOTHY W PAWOL DIRECTOR	1 00	X						0	0	0
PETER J PRINTZ DIRECTOR	1 00	X						0	0	0
TODD J RATHNER DIRECTOR	1 00	X						0	0	0
WAYNE ANTHONY ROSS DIRECTOR	1 00	X						0	0	0
CARL T ROWAN JR DIRECTOR	1 00	X						0	0	0
DON SABA DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT E SANDERS DIRECTOR	1 00	X						0	0	0
STEVEN C SCHREINER DIRECTOR	1 00	X						0	0	0
HAROLD W SCHROEDER DIRECTOR	1 00	X						0	0	0
TOM SELLECK DIRECTOR	1 00	X						0	0	0
JOHN C SIGLER DIRECTOR	1 00	X						0	0	0
DWIGHT D VAN HORN DIRECTOR	1 00	X						0	0	0
ROBERT L VIDEN JR DIRECTOR	1 00	X						0	0	0
HOWARD J WALTER DIRECTOR	1 00	X						0	0	0
JD WILLIAMS DIRECTOR	1 00	X						0	0	0
DENNIS L WILLING DIRECTOR	1 00	X						0	0	0
ROBERT J WOS DIRECTOR	1 00	X						0	0	0
DONALD E YOUNG DIRECTOR	1 00	X						0	0	0