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 private foundations)

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

	roi tiit	2014 Calendar y	real, of tax year begin	ning	, 2014	, and ending	!				
В	Check if	applicable C						D Employe	er identifica	tion number	
	Add		TIONAL ASSOCIA	TION FOR GUN	RIGHTS, IN	NC			201595	1	
	Nam		BOX 7002				į.	E Telephor	ne number	-	
	[ ] Initia	al return FRE	EDERICKSBURG,	VA 22404			- 1	877-	405-4	570	
	Final	return/terminated					Ī				
	Ame	ended return						G Gross re	ceipts \$	12,451,	. 900
	App	lication pending F N	Name and address of principal	officer DUDLEY	BROWN	Н	i(a) is this a	group return	for subord		XNo
		501	MAIN STREET			н	(b) Are all s	subordinates	included?	Yes	No
$\overline{}$	Tax-ex		501(c)(3) X 501(c) ( Z			r   527	It 'No,' a	attach a list	(see instruc	tions)	
J		site: ► N/A	- 1///				(c) Group e	xemption nui	mber 🕨		
K			Corporation Trust	Association Other	.► L	Year of formation	<del></del>			domicile: VA	
		Summary					2001	. 1 5.		dominio. VA	
ग रूट	1 E	Briefly describe th	ne organization's missi	on or most signific	ant activities: т	he Natio	nal As	ssociat	ion f	or Gun	
		Rights Inc	(NAGR) purpos	se is to edu	cate min ow	mers and	mar n	riahte	21100/	orters o	
ဦ			sues both at t				<u>. 94</u> .	= = 411.00	<u> </u>	or cera "d	<u> </u>
Governance	-	= =====================================	<u> </u>		zz						
ě	2 0	Check this box	If the organization	n discontinued its o	perations or disp	osed of more	e than 25	% of its r	et asset	 s.	
පි			members of the gover				•	. 1	3	•	7
•ઇ	4 N	Number of indepe	ndent voting members	of the governing l	oody (Part VI, line	e 1b)			4		0
ië.	5 T	Total number of in	ndividuals employed in	calendar year 201	4 (Part V, line 2a	a) .			5	·	64
Activities &	6 T	otal number of vo	olunteers (estimate if i	necessary)				.	6		0
¥			isiness revenue from F			•			7a		0.
	bΛ	Net unrelated busi	iness taxable income t	from Form 990-T, I	ine 34				7b		0.
							Pr	ior Year		Current Ye	ar
d)			grants (Part VIII, line		RECE	IVED	16	,083,5	33.	12,451,	734.
Revenue		-	evenue (Part VIII, line		looit -		ل	·			
eve	10 li	nvestment income	e (Part VIII, column (A	$\lambda$ ), lines 3, 4, and $7$	展 NUV.a	g 2045	2	8.	59.		166.
æ	11 C	Other revenue (Pa	art VIII, column (A), lin	nes 5, 6d, 8c, 9c, 1	perand They 4.	a zuid i	X	348,2	64.		
	12 T	otal revenue – a	add lines 8 through 11	(must equal Part V	III, (colum <u>n (A), lı</u>	ine 12)	2 16	, 432, 6	56.	12,451,	900.
	<b>13</b> G	Grants and similar	r amounts paid (Part I	X, column (A), line	s 1-3)OGDE	M. UT	<u> </u>	640,0	00.	940,	500.
į	14 E	Benefits paid to oi	r for members (Part IX	(, column (A), line	4).	300	₩	_			
	<b>15</b> S	Salaries, other cor	mpensation, employee	benefits (Part IX,	column (A), lines	5-10)	1,	, 277, 4	25.	1,924,	969.
Ses	16a F	Professional fundr	raising fees (Part IX, c	olumn (A), line 11	e) .			95,8	26.		602.
Expenses	ЬΤ	otal fundraising e	expenses (Part IX, col	umn (D), line 25)	- 2.82	21,864.	F				
Ω			Part IX, column (A), lir			11,004.	12	067 0	1.0	0 510	101
			dd lines 13-17 (must e			•		,067,9		9,512,	
			enses, Subtract line 18		1111 (74), 1111C 25)			081,1		12,473,	
<del>- 8 8</del>	13		enses, Subtract line it	5 HOIT III TE	• •			, 351, 4			<u>352.</u>
ets or	20 T	otal assets (Part	X line 16)					of Current		End of Ye	
Ass			art X, line 26)	•	•		<del></del>	, 723, 4, 327, 2		3,173,	
Net Asser Fund Bala		•	•	 21 from lung 20		•	<u> </u>				976.
			balances Subtract lii	ne 21 from fine 20	• •			,396,1	/1.	2,478,	<u>486.</u>
		Signature BI						<del></del> -	<del></del>	<del></del>	
Unde	r penaltie siete Dec	es of perjury, I declare t laration of preparer (ot	that I have examined this retuit if er than officer) is based on a	rn, including accompanyi all information of hhich p	ng schedules and state reparer has any knowle	ments, and to the	e best of my	knowledge a	and belief, if	is true, correct,	and
					· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	1117	<del></del>		
C!		Signature of o	officer		·· <del>·</del>		Date	1/10/	75_	<del></del> _	
Sig	iu Iu	1.					D !	- -			
He	e	DUDLEY Type or print r	BROWN name and title				Presi	<u>aent</u>			
		Print/Type prepare	<del></del>	Preparer's signature		Date			ıf PTII		
_		1				11/10/	// I	Check	J."		
Pa		RON MARSHAL		RON MARSHALL		10/19//	<b>'</b>	self-employed	1 P00	0436991	
	parer		MARSHALL CPA, LL		HARRIS & CO. F	P.C					
US	e Only	Firm's address	4075 W. 11th Str				!	Firm's EIN	84-070	01119	
			Greeley, CO 8063				!	Phone no		52-1642	
_			turn with the preparer					•	[2	Yes	No
BA	A For F	Paperwork Reduc	ction Act Notice, see t	he separate instru	ctions.	TEEA	0113L 05/28	B/14		Form <b>990</b>	(2014)





BAA		TEEA0102L 05/28/14		Forn	n <b>990</b>	(2014)
4 e	Total program service expenses	8,686,395.				
→u	(Expenses \$	including grants of \$ ) (Revenue \$			)	
	Other program services. (Describe in	Schedule O )				
				. – – –		
				. – – –		
4 c	(Code: ) (Expenses \$	including grants of \$) (Reven	ue \$			
4b	(Code: ) (Expenses \$	including grants of \$ ) (Reven	ue \$			)
				. <b>-</b>		
	ARMS.					
	EDUCATION OF UNITED STATE	TES CITIZENS ON THEIR CONSTITUTIONAL RIGHTS I	O KEEF	AND	BEA	R
4a	(Code: ) (Expenses \$	8, 686, 395. including grants of \$ 940, 500.) (Reven	ue \$			)
	and revenue, it any, for each program	i service reporteu				
7	Section 501(c)(3) and 501(c)(4) organ and revenue, if any, for each program	service accomplishments for each of its three largest program services, nizations are required to report the amount of grants and allocations to observe reported	others, the	total e	xpens	es,
4			as measu	red by a	exnen	Ses
3	Did the organization cease conducting If 'Yes,' describe these changes on So	g, or make significant changes in how it conducts, any program services	·7 ·	Yes	X	No
_	If 'Yes,' describe these new services of		` _			
	Form 990 or 990-EZ? .			Yes	X	No
	Did the organization undertake any signif	ficant program services during the year which were not listed on the prior		_		
	0 0 1 1 1 0					
1	Briefly describe the organization's mis					11
n en		ervice Accomplishments a response or note to any line in this Part III				X

Page 2

Form 990 (2014) NATIONAL ASSOCIATION FOR GUN RIGHTS, INC

	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? .	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III .	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
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? If 'Yes,' complete Schedule D, Part VI	11 a	X	
	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? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	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? If 'Yes,' complete Schedule D, Part VIII	11 c		х
	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? If 'Yes,' complete Schedule D, Part IX.	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		X
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		_ <u>X</u> _
		14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u> </u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV | Checklist of Required Schedules (continued)

<u> </u>			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		Х
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		х
i	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		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule L, Part I.	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
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).			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
1	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		_X
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
ŀ	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		<u> </u>
36	<b>Section 501(c)(3) organizations.</b> 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? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38		
BAA		Form	990 (	2014)

## Form 990 (2014) NATIONAL ASSOCIATION FOR GUN RIGHTS, INC Party Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	31		1
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b	_0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?	portable gaming	10	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2 a	64		
b If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	. 21	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	•			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year	?	3 8	-	X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	•	31	<u>'</u>	<del> </del> -
<ul> <li>4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other fine b if 'Yes,' enter the name of the foreign country</li> </ul>	authority over, a nancial account)?	4 2		Х
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	· ·	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	•	5 t		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 0		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, ar solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a	х	
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contribution not tax deductible?	ons or gifts were	. 6 b	Х	
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 paservices provided to the payor?	artly for goods and	7 a		
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 Form 8282?	as required to file	7 c	;	
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be		7 e	+	<u> </u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7 f	<b>  </b>	<u> </u>
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Formula as required?.		. <u>7g</u>		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	by the sponsoring			
organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				ļ., ·
a Did the sponsoring organization make any taxable distributions under section 4966?	3	9 a	<del>                                     </del>	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers	on?	9 b		
10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12	10a			
taran da antara da a	10b			
11 Section 501(c)(12) organizations. Enter.	100		-	Ŀ
1 · · · · · · · · · · · · · · · · · · ·	11 a			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources	116			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041?	. 12a		
<b>b</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?	•	13a		
Note. See the instructions for additional information the organization must report on Schedule	О.			
<b>b</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	136			
- · · · · · · · · · · · · · · · · · · ·	130			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	chedule O	14b	<del>                                     </del>	<u>:-</u>
BAA TEEA0105L 05/28/14	<del></del>		990 (2	2014)

Part'VI 🕏 Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members 1 a of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? . 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?. Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8 a a The governing body? X 86 **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10 a Did the organization have local chapters, branches, or affiliates? 10 a X b if 'Yes.' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .. . . . 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X b Describe in Schedule 0 the process, if any, used by the organization to review this Form 990 See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b . . . c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. 12 c . . . . . . . 13 13 Did the organization have a written whistleblower policy? 14 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х 15 b X **b** Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? . b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records CHARLES DETRIE 501 MAIN STREET WINDSOR CO 80550 877-405-4570

Form <b>990</b> (2014)	NATIONAL	ASSOCIATION	FOR	GUN	RIGHTS,	INC	54-	20159
				_			 	

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

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

BAA

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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. (C) Position (do not check more than one box, unless person is both an officer and a (B) (F) Reportable compensation from related organizations (W-2/1099-MISC) Name and Title Reportable compensation from Average hours Estimated amount of other director/trustee) per week the organization (W-2/1099-MISC) compensation Officer or director Individual trustee Institutional from the ormer (list any hours for related ighest comper employee organizations organiza-tions below dotted trustee (1) DAVE WARRINGTON 2 0 0. Chairman X 0 0 (2) TOM CAMPBELL, JR. 1 X 0 0 0 Treasurer 0. 1 (3) CHRISTINA JEFFREY 0 Х 0. 0 Secretary 0. 2 (4) MICHAEL ROTHFELD Х 0 0. 0 0. Director 40 (5) DUDLEY BROWN President 0 Х 122,035 0 0. 40 (6) JACOB LEIS 0 X 51,791 0 Vice President 0. 40 (7) Lucius O'Dell Vice President 0 Х 61,780 0 0. (8) (9) (10) (11) (12) (13)(14)

TEEA0107L 02/27/14

Form 990 (2014)

Part VIII Section A. Officers, Directors, Tru	ıstees,	Key	En	1ple	oye	es,	ane	d Highest Con	pensated Emp	oloyees (continued)
•	(B)	1			C)					
(A) Name and title	Average hours per week	box	, unle	ess po	erson direct	than is boti or/trus	h an tee)	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	(list any hours for related organiza tions below dotted	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	related organizations (W·2/1099-MISC)	compensation from the organization and related organizations
	line)	"	8			) ate				
(15)										
(16)										
(17)								<del>-</del>		
(18)										
(19)								:		
(20)										
(21)					<u> </u>				<del></del>	
(22)										
(23)									<del></del>	
(24)									·-	
(25)				· ·						
1 b Sub-total		L		•	<del></del>		>	235,606.	0.	0.
c Total from continuation sheets to Part VII, Section	on A						>	0.	0.	0.
d Total (add lines 1b and 1c)							<b>•</b>	235,606.	0.	0.
2 Total number of individuals (including but not limited from the organization ► 1	to those li	sted	abov	ve) v	who	ecei	ved	more than \$100,00	0 of reportable com	pensation
Tomato organization 1										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	or, or tru	stee, <i>al</i>	key	em	ploy	ee, d	or h	ighest compensat	ed employee	. 3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportabl r than \$1	e cor 50,00	mpe 00?	nsa If 'Y	tion ′es′	and comp	othe	er compensation t e Schedule J for	from	
<ul><li>such individual</li><li>Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'</li></ul>	compen	satio	n fre	om a	any	unrel	late	d organization or erson		4 X 5 X
Section B. Independent Contractors	, comple	ie 00	,,,,,,,	uic	3 10	340	n p		<del>- · · - · · · · · · · · · · · · · · · ·</del>	5 X
Complete this table for your five highest compensation from the organization. Report compensation.	sated inde	epend	dent	cor	ntrac	tors	tha	t received more th	nan \$100,000 of	
(A) Name and business addr			21011	<u> </u>	<u>, ou.</u>	<u> </u>	ig .	(B) Description of		(C) Compensation
							$\dashv$		<del></del>	
		_								
2 Total number of independent contractors (including b		ted to	tho	se l	ıstec	abov	ve) \	who received more	than	
\$100,000 of compensation from the organization	<u>_</u>	TEEA0	108L	03/0	09/15		<u></u>	<del> </del>	ā	Form <b>990</b> (2014)

<del></del>		Check if Schedule O co	ntains a resp	onse or note to an	y line in this Part V	TIL TILL		
	,			-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Federated campaigns.  Membership dues Fundraising events Related organizations Government grants (contributions All other contributions, gifts, gransimilar amounts not included about the contributions included in	nts, and ove 1 f	12,451,734.			, -	
E E	_	Total. Add lines 1a-1f	illies la-ti. Q		12,451,734.		•	
<u>0 e</u>		Total. Add lilles 1a-1t	<del></del> .	Business Code	12,451,754.	<del></del>		, , ,
Program Service Revenue	2 a b c d e f		revenue					
5	q	Total. Add lines 2a-2f					,	, 1
	3 4 5	Investment income (include other similar amounts). Income from investment of Royalties	of tax-exempt	bond proceeds. ► . ►	166.	166.		
	b	Gross rents.  Less: rental expenses  Rental income or (loss).	(i) Real	(ii) Personal	, ;	3 12		
	d	Net rental income or (loss	<u>)                                    </u>	<u> </u>				
	b	Gross amount from sales of assets other than inventory  Less: cost or other basis and sales expenses	(i) Securities	(ii) Other	,		*	
	d	Net gain or (loss) .						
Other Revenue	b	Gross income from fundra (not including \$ of contributions reported of See Part IV, line 18 Less: direct expenses	on line 1c)	a b				
δ		Net income or (loss) from	=	events.			. ,	
		Gross income from gamini See Part IV, line 19 Less direct expenses		a		-		-
	C	Net income or (loss) from	gaming activ	ities				
		Gross sales of inventory, I and allowances		a				
		Less cost of goods sold .		otom:			<del></del>	
	<u> </u>	Net income or (loss) from  Miscellaneous Revenue	sales of life	Business Code				
	11 a b			Susmissi votte				
	C	All all and a second						
		All other revenue.  Total. Add lines 11a-11d	L	•	<u> </u>			<del></del>
		Total revenue. See instruc	ctions	·	12,451,900.	166.	0.	· · ·
					16, 301, JUU.	, 100.	ι υ.	υ.

## Pant 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) Check if Schedule O contains a response or note to any line in this Part IX (A) (D) Do not include amounts reported on lines Total expenses Program service Management and Fundraising 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments 940,500 940,500. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 235,606 126,035 36,554 73,017. Compensation not included above, to 6 disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. 1,427,347 671,927 347,075 Other salaries and wages . 408,345. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 123,627 61,915 33,458 Other employee benefits 28,254. 10 Payroll taxes 138,389 66,449 32,503 39,437. 11 Fees for services (non-employees): a Management **b** Legal c Accounting 1,134,320 1,134,320 **d** Lobbying e Professional fundraising services See Part IV, line 17 95,602 95,602. f Investment management fees g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 111,321 327,961 111,320 105,320. Advertising and promotion 46,789 46,789. 564 564 13 Office expenses Information technology. . . 14 Royalties . . . 161,949 57.342 85,547 19,060. Occupancy . 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . Conferences, conventions, and meetings Interest . .. . .. Payments to affiliates . . 22 Depreciation, depletion, and amortization. 56,910 18,970 18,970 18,970. 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O). 354,827. a MAIL COMMUNICATION 3,056,214 2,701,387 1,124,950 994,343 130,607. b INTERNET COMMUNICATIONS 706,795 624,735 82,060. c TELEMARKETING 337,723 d PAC ACTIVITIES 440,833 103,110. e All other expenses See Sch. O 1,316,466. 2,454,896 839,428 299,002 12,473,252 8,686,395 964,993 2,821,864. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1 1 Cash - non-interest-bearing 1,329,558 892,446. Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 372,651 891,741. 4 Accounts receivable, net . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 75,312 3,154 Inventories for sale or use 8 137,622 Prepaid expenses and deferred charges 17,329 9 21,057. 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 876,561 10b **b** Less: accumulated depreciation 78,499 784,772 10 c 798,062. Investments - publicly traded securities 11 11 12 Investments – other securities See Part IV, line 11. 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 4,662. 15 Other assets See Part IV, line 11 15 6,200 562,340. 2,723,444 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,173,462. 327,273 Accounts payable and accrued expenses 17 17 606,685. 18 Grants payable . . . 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilitie Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L. 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 88,291 327,273 26 694,976 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here |X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 2,396,171 27 2,291,261. 28 Temporarily restricted net assets 187,225. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds Net/ 33 33 Total net assets or fund balances . . . 2,396,171 2,478,486.

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Total liabilities and net assets/fund balances.

3, 173, 462. Form **990** (2014)

2,723,444

	1 990 (2014) NATIONAL ASSOCIATION FOR GUN RIGHTS, INC	34-201393	<u> </u>	age 12
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		·	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,451,	900.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,473,	252.
3	Revenue less expenses Subtract line 2 from line 1	3	-21,	352.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,396,	171.
5	Net unrealized gains (losses) on investments .	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments .	8	103,	667.
9	Other changes in net assets or fund balances (explain in Schedule O).	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,478,	486.
<b>P</b> ai	☆※IIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII .			. П
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	viewed on a		
	b Were the organization's financial statements audited by an independent accountant?		26 X	
•	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s	eparate		
	basis, consolidated basis, or both  Separate basis  Both consolidated and separate basis			1000
(	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?		2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?		3 a	х
	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	3 b	
BAA			Form <b>990</b>	(2014)

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open of Public

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• 5	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III						
Name	of organization			Employer identifica	ation number			
NA	TIONAL ASSOCIATION	FOR GUN RIGHTS, INC		54-201595	1			
Par	飛 <mark>ルA Complete if the o</mark>	rganization is exempt under section	on 501(c) or is a	section 527 organiz	zation.			
1	Provide a description of the	organization's direct and indirect political of	ampaign activities in	Part IV See Part	IV			
2	Political expenditures			<b>►</b> \$	194,500.			
3	Volunteer hours							
Pa	Complete if the o	rganization is exempt under section	on 501(c)(3).					
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955 .	. <b>►</b> \$				
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	. ►\$				
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year? .		Yes No			
4 a	Was a correction made?	•			Yes No			
Ŀ	If 'Yes,' describe in Part IV.							
Pa	Complete if the or	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).				
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities . >\$	······································			
2		organization's funds contributed to other organ		7 exempt				
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b							
4	Did the filing organization file Form 1120-POL for this year?							
5	organization made payments	and employer identification number (EIN) s. For each organization listed, enter the ail is received that were promptly and directly delil action committee (PAC) If additional spa	mount paid from the t	iling organization's fund	ts Also enter the			
	(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-			
(1)								
(2)								
(3)								
(4)								
(5)								
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BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990 EZ) 2014

	ASSOCIATION FOR GUN RIGHTS, INC on is exempt under section 501(c)(3) a		
A Check ► ☐ if the filing organization below	ongs to an affiliated group (and list in Part IV each a	ffiliated group member's na	me,
à address, EIN, expenses, a	and share of excess lobbying expenditures)		
B Check ► ☐ if the filing organization cl	necked box A and 'limited control' provisions app	oly	
Limits on Lob (The term 'expenditures' m	bying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
<b>b</b> Total lobbying expenditures to influence	a legislative body (direct lobbying) .		
c Total lobbying expenditures (add lines 1a	and 1b)		
d Other exempt purpose expenditures.			
e Total exempt purpose expenditures (add	lines 1c and 1d)	<u>.</u>	
f Lobbying nontaxable amount Enter the a both columns	amount from the following table in		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is.		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 259	% of line 1f)		
h Subtract line 1g from line 1a. If zero or le	ess, enter -0-		<u> </u>
i Subtract line 1f from line 1c. If zero or les	ss, enter -0-		
j If there is an amount other than zero on eith section 4911 tax for this year?	er line 1h or line 1i, did the organization file Form 47	720 reporting	Yes No

## 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	(e) Total				
2a Lobbying non-taxable amount					<del></del>				
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))									
c Total lobbying expenditures									
d Grassroots nontaxable amount									
e Grassroots ceiling amount (150% of line 2d, column (e))									
f Grassroots lobbying expenditures									

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Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 of 990-EZ) 2014 NATIONAL ASSOCIATION FOR GON RIGHTS, INC	54-201		Page
Part;II-B & Complete if the organization is exempt under section 501(c)(3) and has NO	T filed For	m 5768	
(election under section 501(h)).			
	(2)	(h)	

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description		2)	(b)	
or each ites response to lines to through it below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Output  Description:				
a Volunteers?	<u> </u>			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?				
	<u> </u>		_ <del></del>	
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?			·	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			· <del></del>	
i Other activities?				
j Total Add lines 1c through 1i			<del></del>	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If 'Yes,' enter the amount of any tax incurred under section 4912				
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or		
section 501(c)(6)	•			

				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		

## PartillEB Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.'

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
ā	Current year	2 a	
t	Carryover from last year	2 b	
c	:Total	2 c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

## Part Va Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

## Part I-A, Line 1 - Direct and Indirect Political Campaign Activities

SUPPORTED CANDIDATES THROUGH THE POLITICAL ACTION COMMITTEE

## SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047

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Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	NATIONAL ASSOCIATION FOR G	UN RIGHTS, INC	54-2015951
Par	Organizations Maintaining Dono	or Advised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization ansi	wered 'Yes' to Form 990, Part IV, line (	5.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year.		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year).		
4	Aggregate value at end of year .		
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the assets held in do organization's exclusive legal control?	nor advised funds
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant fund t of the donor or donor advisor, or for any other 	s can be used only purpose conferring Yes No
Par	Conservation Easements.		
		wered 'Yes' to Form 990, Part IV, line 7	7.
1	Purpose(s) of conservation easements held by	y the organization (check all that apply).	
	Preservation of land for public use (e.g., re	ecreation or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation contribution in the form	n of a conservation easement on the
			Held at the End of the Tax Year
	Total number of conservation easements.	•	2 a
	Total acreage restricted by conservation easer		2 b
•	: Number of conservation easements on a certif	fied historic structure included in (a)	2 c
(	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on a histor	2 d
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, or terminated by th	e organization during the
4	Number of states where property subject to conse	rvation easement is located >	_
5	Does the organization have a written policy regard enforcement of the conservation easement	garding the periodic monitoring, inspection, han	dling of violations,
6	Staff and volunteer hours devoted to monitoring, ii	nspecting, and enforcing conservation easements d	during the year
7	Amount of expenses incurred in monitoring, inspe ▶\$	cting, and enforcing conservation easements during	the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(i)?	n line 2(d) above satisfy the requirements of sec	etion 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports	conservation easements in its revenue and expens to the organization's financial statements that de	se statement, and balance sheet, and
	conservation easements.		•
<u>Par</u>	Complete if the organization answ	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line 8	Other Similar Assets.
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	r SFAS 116 (ASC 958), not to report in its reven eld for public exhibition, education, or research in fu incial statements that describes these items.	ue statement and balance sheet works of rtherance of public service, provide,
ŧ	If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items:	r SFAS 116 (ASC 958), to report in its revenue sor public exhibition, education, or research in further	statement and balance sheet works of art, rance of public service, provide the
	(i) Revenue included in Form 990, Part VIII, I	ine 1	<b>►</b> \$
	(ii) Assets included in Form 990, Part X	• • • •	<b>►</b> \$
2	If the organization received or held works of art, h amounts required to be reported under SFAS	istorical treasures, or other similar assets for financ 116 (ASC 958) relating to these items	cial gain, provide the following
ē	Revenue included in Form 990, Part VIII, line	1	<b>.</b>
	Assets included in Form 990, Part X		▶ ¢

Schedule D (Form 990) 2014 NATI Parkill Organizations Mainta							54-201		ntını	Page 2
<del></del>									Turiu	<u>ea)</u>
3 Using the organization's acquisition items (check all that apply).	n, accession, a	and other re	_				a significant use of its	collection		
a Public exhibition					ange p	rograms				
b Scholarly research			e   Other							
c Preservation for future gene 4 Provide a description of the organi		tions and ex	kplain how the	y further	the org	anızatıon's e	exempt purpose in			
Part XIII  5 During the year, did the organizato be sold to raise funds rather t	ation solicit or	receive d	onations of a	rt, histor	ical tre	asures, or o	other similar assets	Yes	Г	No
Part W Escrow and Custodia	Arranger	nents. C	omplete if	the ord	anıza	tion answ	vered 'Yes' to Fo		Part	
line 9, or reported an	amount or	Form 9	90, Part X,	line 2	1.			550,		,
1 a la the experience on exact true	otoo oustodis	n or otho	r intermedian	y for cor	tebutio	ans or other	accets not included			
1 a Is the organization an agent, tru on Form 990, Part X?	stee, custouia	ari, or othe	r mitermediary	y ioi coi	mbunc	ons or other	assets not included	Yes	Г	No
b If 'Yes,' explain the arrangement	t in Part XIII a	and comple	ete the follow	ing table	,					_
								Amount		
<b>c</b> Beginning balance .							1 c			
<b>d</b> Additions during the year							1 d			
e Distributions during the year.							. 1 e	<del> </del>		
f Ending balance							1 f			
2 a Did the organization include an a	emount on Fo	rm 990. Pa	art X. line 21.	for esc	row or	custodial ad		Yes		No
<b>b</b> If 'Yes,' explain the arrangement									⊢	┤''Ŭ
Bit 103, explain the arrangement	. ,		<sub>p</sub>					·	<u>_</u>	J
Part V. Endowment Funds. C	omplete if	the orga	nization ar	swere	d 'Ye	s' to Form	990 Part IV Jun	e 10		
Paragraphic Control Co	(a) Current		(b) Prior yea			years back	(d) Three years back	(e) Fol	ır vears	hack
1 a Beginning of year balance	(a) carron	1,001	(2) ( ) (0)		(0) 1110	Joans Buok	(a) Three years back	(0).00	i yours	Buck
<b>b</b> Contributions				<del>-  </del>				+		
_				i			-	<del>                                     </del>		
c Net investment earnings, gains, and losses										
d Grants or scholarships .	<del></del>							-		
e Other expenditures for facilities and programs			<del></del>					ļ		
f Administrative expenses .	<u> </u>		·				<del> </del>	<b></b>		
<b>g</b> End of year balance							<u> </u>	<u></u>		
2 Provide the estimated percentage		ent year en	id balance (lii	ne 1g, c	olumn (	(a)) held as	:			
a Board designated or quasi-endown	nent ►		<del></del> %							
<b>b</b> Permanent endowment ►	·	;	_							
c Temporarily restricted endowmen	nt ►		<b>સ</b>							
The percentages in lines 2a, 2b,	and 2c shoul	d equal 10	0%							
3 a Are there endowment funds not in	the possession	of the ora	anization that	are held	and adr	ministered fo	or the			
organization by	россовии							\	es	No
(i) unrelated organizations .			• •					3a(i)		
(ii) related organizations .		•			•			3a(ii)		
<b>b</b> If 'Yes' to 3a(II), are the related	organizatıons	listed as r	equired on S	chedule	R?			3b		
4 Describe in Part XIII the intender	d uses of the	organizati	on's endowm	ent fund	s					
Part VI Land, Buildings, and	Equipmen	t.					<del> </del>			
Complete if the organ			es' to Forr	n 990,	Part	IV, line 1	1a. See Form 990	), Part እ	K, line	e 10.
Description of property		(a) Cost o	r other basis stment)	(b) (	Cost or	other	(c) Accumulated depreciation	(d) Bo		
<b>1 a</b> Land		<u>,,</u>		1		,886.		<del>-</del>	39	886.
<b>b</b> Buildings	-			<del> </del>		,118.	20,404.			714.
c Leasehold improvements						,759.	3,517.			242.
d Equipment	•		<del></del>		٦۷	, 133.	<i></i>		47,	<u> </u>
e Other	•	<del></del>		<del>                                     </del>	171	,798.	E / E 70	<del></del> .	117	220
Total. Add lines 1a through 1e (Colum	nn (d) must s	qual Form	990 Part V	column			<u>54,578.</u> ►			220.
	iii (u) IIIusi e	quai i UliTi	J9υ, ΓαΙΙ Λ,	COIGITIT	וווו , נט)	· 100.) .	Schod	ule <b>D</b> (Forr		062.
BAA							Scried	ווטד) ע סוט (רטוו	い ブブリ)	201 <del>4</del>

Part VIII Investments - Other Securities.		N/A	
Complete if the organization answered		<u>, Part IV, line 11b. See Form 9</u>	990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)	-		
<u>(C)</u>			
(D) (E)			<del></del>
(E)		<del></del>	
(F) (G)		<del></del>	
(H)	<del></del> -		<del></del>
(I)			
	<del></del>		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)		N/A	<u> </u>
Complete if the organization answered	'Yes' to Form 990	. Part IV. line 11c. See Form 9	90. Part X. line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or en	
(1)			<del></del>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).	<u></u>		<del></del>
Complete if the organization answered	'Yes' to Form 990	. Part IV. line 11d. See Form 9	990. Part X. line 15
	cription		(b) Book value
(1) INVESTMENT IN AFFILIATE			556,140.
(2) SECURITY DEPOSIT			6,200.
(3)			
(4)			<del> </del> -
(5) (6)	<del> </del>		<u> </u>
(7)			
			<del></del>
(8) (9)			
(8)			
(8)	i), line 15.) .		562,340.
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities.			302,340.
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X  Other Liabilities.  Complete If the organization answered 'Yes' to Fo	rm 990, Part IV, line 11		302,340.
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' to Fo  (a) Description of liability			302,340.
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes	rm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25	302,340.
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) PERSONAL LEAVE PAYABLE	rm 990, Part IV, line 11 (b) Book value 88, 29	e or 11f. See Form 990, Part X, line 25	302,340.
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) PERSONAL LEAVE PAYABLE (3) Rounding	rm 990, Part IV, line 11 (b) Book value 88, 29	e or 11f. See Form 990, Part X, line 25	302,340.
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) PERSONAL LEAVE PAYABLE (3) Rounding (4)	rm 990, Part IV, line 11 (b) Book value 88, 29	e or 11f. See Form 990, Part X, line 25	302,340.
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) PERSONAL LEAVE PAYABLE (3) Rounding	rm 990, Part IV, line 11 (b) Book value 88, 29	e or 11f. See Form 990, Part X, line 25	302,340.
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) PERSONAL LEAVE PAYABLE (3) Rounding (4) (5)	rm 990, Part IV, line 11 (b) Book value 88, 29	e or 11f. See Form 990, Part X, line 25	302,340.
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) PERSONAL LEAVE PAYABLE (3) Rounding (4) (5) (6) (7) (8)	rm 990, Part IV, line 11 (b) Book value 88, 29	e or 11f. See Form 990, Part X, line 25	302,340.
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) PERSONAL LEAVE PAYABLE (3) Rounding (4) (5) (6) (7) (8) (9)	rm 990, Part IV, line 11 (b) Book value 88, 29	e or 11f. See Form 990, Part X, line 25	302,340.
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) PERSONAL LEAVE PAYABLE (3) Rounding (4) (5) (6) (7) (8) (9) (10)	rm 990, Part IV, line 11 (b) Book value 88, 29	e or 11f. See Form 990, Part X, line 25	302,340.
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B)  Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) PERSONAL LEAVE PAYABLE (3) Rounding (4) (5) (6) (7) (8) (9) (10) (11)	rm 990, Part IV, line 116 (b) Book value 88, 29	e or 11f. See Form 990, Part X, line 25	302,340.
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (E)  Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) PERSONAL LEAVE PAYABLE (3) Rounding (4) (5) (6) (7) (8) (9) (10)	rm 990, Part IV, line 116 (b) Book value 88, 29	e or 11f. See Form 990, Part X, line 25	302,340.

Schedule <b>D</b> (Form 990) 2014	NATIONAL	ASSOCIATION	FOR	GUN	RIGHTS,	INC

Page 4

PartiXি Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' to Form 990, Pa	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2 a	
<b>b</b> Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII )	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
<b>b</b> Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
		37.73
PairtXIII Reconciliation of Expenses per Audited Financial Statemen	its With Expenses per l	Return. N/A
Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered 'Yes' to Form 990, Pa		Return. N/A
		Return. N/A
Complete if the organization answered 'Yes' to Form 990, Pa		1
Complete if the organization answered 'Yes' to Form 990, Pa  1 Total expenses and losses per audited financial statements		1
Complete if the organization answered 'Yes' to Form 990, Pa  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	art IV, line 12a.	1
Complete if the organization answered 'Yes' to Form 990, Pa  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	art IV, line 12a.	1
Complete if the organization answered 'Yes' to Form 990, Pa  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments	art IV, line 12a.  2a  2b	1
Complete if the organization answered 'Yes' to Form 990, Part 1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses	2a 2b 2c	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Complete if the organization answered 'Yes' to Form 990, Part 1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities  b Prior year adjustments  c Other losses  d Other (Describe in Part XIII)	2a 2b 2c	1
Complete if the organization answered 'Yes' to Form 990, Pat 1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII ) e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c	1
Complete if the organization answered 'Yes' to Form 990, Pat 1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII ) e Add lines 2a through 2d 3 Subtract line 2e from line 1. 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	2a	1
Complete if the organization answered 'Yes' to Form 990, Part 1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII ) e Add lines 2a through 2d 3 Subtract line 2e from line 1. 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 b Other (Describe in Part XIII.)	2a	1 2e 3
Complete if the organization answered 'Yes' to Form 990, Part 1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII ) e Add lines 2a through 2d 3 Subtract line 2e from line 1. 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b	2a	1 2e 3
Complete if the organization answered 'Yes' to Form 990, Part 1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII ) e Add lines 2a through 2d 3 Subtract line 2e from line 1. 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 b Other (Describe in Part XIII.)	2a	1 2e 3

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

BAA

Schedule **D** (Form 990) 2014

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2014

elldry of rego referral

Employer identification number

NA'	NATIONAL ASSOCIATION FOR GUN RIGHTS, INC 54-2015951								
Pa	Fundraising Activities. Com Form 990-EZ filers are not re	plete if the orga	anization a plete this c	nswered '\ part	Yes' to Form 990, Part	IV, line 17.			
1	Indicate whether the organization				owing activities. Check	all that apply	<del></del>		
	a Mail solicitations e Solicitation of non-government grants								
ı	b 🗍 Internet and email solicitation	s		f	Solicitation of gove	rnment grants			
	Phone solicitations			g	Special fundraising	•			
	d X In-person solicitations			,					
	a Did the organization have a written of	or oral agracmon	st with any	individual (i	naluduna officare, director	ro truotogo er keu			
2 0	employees listed in Form 990, Par	rt VII) or entity	in connec	tion with p	rofessional fundraising	services?	Yes X No		
ı	If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by the	viduals or entities	s (fundrais	ers) pursua	nt to agreements under w	which the fundraiser is to			
7	Name and address of individual	(ii) Activity		fundrator	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to		
Ų.	or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control	from activity	(or retained by)	(or retained by)		
			of conti	ributions?	_	fundraiser listed in	organization		
		<u> </u>	Yes	No		column (i)			
	THE RAINMAKERS PO BOX		163	<del>  10</del>					
1	1082 SPRINGFIEL VA 22151 STRATEGIC FUND 2225	PROGRAMS		x	574,717.	89,602.	485,115.		
2	OFFSHORE R FERNANDINA FL				,				
	**** ·			Х		6,000.			
3									
4									
	<del></del>		-		<del></del>				
5									
6									
7									
8									
9	· · · · · · · · · · · · · · · · · · ·								
			<del> </del>						
10									
	······································		<del>\</del>	' i		- · · · · · · · · · · · · · · · · · · ·			
Γota		<u> </u>	· · · · ·	<u> </u>	574,717.	95,602.	485,115.		
3	List all states in which the organization or licensing.	on is registered (	or licensed	to solicit co	ontributions or has been r	notified it is exempt from	registration		
	•								
					~				
						· <b></b>			

Pa	ÚÚ.	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts grows.	event contribution	ns and gross income	orm 990, Part IV, li e on Form 990-EZ,	ne 18, or reported lines 1 and 6b.		
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events None	(d) Total events (add column (a) through column (c))		
R E V			(event type)	(event type)	(total number)	(0))		
REVENUE	1	Gross receipts .						
E	2	Less: Contributions .						
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes .						
	5	Noncash prizes						
D I R E C T	6	Rent/facility costs			_			
C T	7	Food and beverages .						
E X P	8	Entertainment						
EXPENSES	9	Other direct expenses						
Š	10	Direct expense summary Add lines 4 thr	ough 9 in column (d).					
0	11	Net income summary. Subtract line 10 from			<b>. &gt;</b>			
Rai	italliji	<b>Gaming.</b> Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or rep	orted more than		
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))		
Ē	1	Gross revenue .						
	2	Cash prizes .						
D I R E N S E S	3	Noncash prizes .						
C S T E S	4	Rent/facility costs .						
	5	Other direct expenses						
	6	Volunteer labor	Yes 8	Yes%	Yes 8			
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d).					
	8	Net gaming income summary. Subtract Ii	ne 7 from line 1, colum	nn (d)	· •			
a	a is the organization licensed to conduct gaming activities in each of these states?  Yes No							
10 a	 Wer	e any of the organization's gaming license				. Yes No		
BAA			TEEA3702L (	09/16/14	Schedule G (Form	n 990 or 990-EZ) 2014		

Schedule G (Form 990 or 990 EZ) 2014 NATIONAL ASSOCIATION FOR GUN RIGHTS, INC

ЭСП	edule G (Form 990 of 990-E2) 2014 NATIONAL ASSOCIATION FOR GUN RIGHTS, INC	54-201	.5951	Page
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 administer charitable gaming?	to	Yes	No
13	Indicate the percentage of gaming activity conducted in	1 1		
	a The organization's facility	13a		કૃ
ŀ	b An outside facility .	13b		8
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:		
	Name •			
	Address ►			
15 a	a Does the organization have a contact with a third party from whom the organization receives gaming reve	nue?	Yes	∏No
Ł	_ ·	d the amou	<u></u>	□•
	of gaming revenue retained by the third party ► \$			
c	of 'Yes,' enter name and address of the third party:			
	Name •			
	Address ►	<b></b>		
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	e	Yes	∏No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
_	organization's own exempt activities during the tax year • \$		Z. 25	
rei	Supplemental Information. Provide the explanations required by Part I, line 2b, and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide	columns any addi	(III) and ( tional	V),
	information (see instructions).			

# SCHEDULE I

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

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

Attach to Form 990.

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OMB No 1545-0047

Open to Public

Toursell of the Transfer	
Department of the Treasury Internal Revenue Service	► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.
Name of the organization	
NATIONAL ASSOCI	OCIATION FOR GUN RIGHTS, INC

Part I' General Information on Grants and Assistance

1 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

% ⊠ Yes :

54-2015951

Part. II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

						, , , , , , , , , , , , , , , , , , ,	•
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GRAE	46-1584629 501 (4)	501 (4)	.000,000	.0			FUNDING OPERATIONS
(2) PALMETTO GUN RIGHTS	54-2015951 501 (C) 4	501 (C) 4	15,000.	.0			FUNDING
(3) VARIOUS STATE GROUPS		501 (C) 4	. 52, 500	0.			FUNDING
(4)							
( <u>6</u> )							
(A)							_
1 1 1							
<ol> <li>Enter total number of section 501(c)(3) and government organizations</li> <li>Enter total number of other organizations listed in the line 1 table</li> </ol>	and government o		listed in the line 1 table			<b>A</b> .	0
- 1	als used in the inie	י ומטוכ				•	m

Schedule I (Form 990) (2014)

TEEA3901L 06/19/14

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

Page 2

**Partitle Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

במין בה משליו מממונים ומו באמרה וז ווכרתה.	מככ וש ווככמכמ.				
(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					
2					
3					
4					
£.					
9					
7					
Partell Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	required in Part I,	line 2, Part III, col	lumn (b), and any othe	r additional information.

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

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 2014 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL ASSOCIATION FOR GUN RIGHTS, INC

Employer identification number

54-2015951

## Form 990, Part III, Line 1 - Organization Mission

As an advocacy group, the National Association for Gun Rights (NAGR) purpose is to educate gun owners and gun rights supporters on firearms issues both at the local and federal level. NAGR assists the growing movement of state level grassroots gun rights organizations, as well as, organizing grassroots advocacy at every level.

## Form 990, Part VI, Line 11b - Form 990 Review Process

No review was or will be conducted.

## Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No documents available to the public.

### Form 990, Part IX, Line 24e **Other Expenses**

	(A)	(B)	(C)	(D)
	Total	Program <u>Services</u>	Management <u>&amp; General</u>	Fundraising
BANK CHARGES	7,993.		7,993.	
CREDIT CARD FEES	281,899.		,	281,899.
DONOR GIFTS	68,151.			68,151.
DUES AND PUBLICATIONS	15,786.		15,786.	,
EVENTS EXPENSE	212,682.	212,682.	•	
FLD EXPENSES	365,727.		6,198.	359,529.
GRASS ROOTS DEVELOPMENT	98,027.	98,027.		,
GUN SHOW PROSPECTING	39,820.	39,820.		
LEGAL AND COMPLIANCE	107,106.		107,106.	
MERCHANDIZE	194,488.			194,488.
OFFICE SUPPLIES & POSTAGE	145,072.		72,536.	72,536.
OTHER OPERATIONS	12,163.	4,421.	5,742.	2,000.
PHONE AND INTERNET	67,721.		67,721.	,
PROMOTIONAL ITEMS	321,944.			321,944.
SERVICE COSTS	11,199.		5,600.	5,599.
SMALL OFFCIE EQUIP	20,640.		10,320.	10,320.
STAFF DEVELOPMENT & TRAINING	126,076.	126,076.		
TOUR PROMOTION	358,402.	358,402.		
Total	\$ 2,454,896.	839,428.	\$ 299,002.	\$ 1,316,466.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL ASSOCIATION FOR GUN RIGHTS, INC

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

Related Organizations and Unrelated Partnerships

2014

OMB No 1545-0047

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

Employer identification number 54-2015951

Part [5] Identification of Disregarded Entities Complete if the	omplete if the organiza	e organization answered 'Yes' on Form 990, Part IV, line 33.	s' on Form 990,	Part IV, line 33			ĺ
(a) Name, address, and EIN (if applicable) of disregarded entity	ntity Primary activity		(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	_
(3)							
Part II Identification of Related Tax-Exempt Organizations Complete If the one or more related tax-exempt organizations during the tax year.		Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had the tax year.	answered 'Yes'	on Form 990, 1	Part IV, line 34 b	ecause it had	ı
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(f section 501(c)(3))	(f) Direct controlling entity	(g) Ning Sec 512(b)(13) controlled entity?	ર્વેલ
7.2						Yes	ا ا
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(2)							ĺ
(3)							
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(4)							1
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| Partilling 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	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections	!	(f) Share of total Income	(g) Share of end-of-year assets		(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form		<del> </del>	(k) Percentage ownership
ž		country)		19-515	4)			Yes	s No	1065)	Yes	٥ 2	
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					<del></del>								
		•											
(2)													
				·				<del></del>					
(3)													
Parily Identification c	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answelline 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	izations nore relat	<b>Taxable as</b> ed organiz	s a Corporati	ion or Tru	<b>st</b> Complete rporation or	if the or trust dur	ganization ing the tax	answer year.	s a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, zations treated as a corporation or trust during the tax year.	orm 990,	Part I	,
(a) Name, address, and EIN of related organization	of related organizatic		(b) Primary activity	(c) Legal domicile (state or foreign country)	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	(i) Sec 512(b)(13) controlled entity?	(b)(13) 1 entity?
					- 1	$\top$	,					Yes	No
(1) FRONT RANGE ENTER - 501 MAIN ST WINDSOR, CO 80550 46-3745650	ENTERPRISES AND CO	<del></del>	FULFILLMEN	8	N/A	<u>.</u>	CORP			0	100.00	×	
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		1				<u>.</u>							
(3)							:	ı					
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Parive Transactions With Related Organizations Complete of the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	2
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?	d in Parts II-IV2			_ , _	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a	`	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1 b	×	
c Gift, grant, or capital contribution from related organization(s).			-		×
d Loans or loan guarantees to or for related organization(s)		•	-		¦×
e Loans or loan quarantees by related organization(s)			-		<b>﴿</b>  >
			2		<
f Dividends from related organization(s)			-		>
<b>a</b> Sale of assets to related organization(s)		•		1	⁴∖
	•	-	2 4	<u> </u> ,	(۱
i Exchange of assets with related organization(s)	:		=   ;	1	;
i Lease of facilities equipment or other accept to related organization(s)		:	<u>:</u>		×
ל בפספ עו ומתוונופט, פקעוף וויפוני, עו טוויפו מסספים נט ופומופט טוטמוונגמונטוו(ט)					×
					¥
k Lease of facilities, equipment, or other assets from related organization(s)		•	<u>+</u>		×
l Performance of services or membership or fundraising solicitations for related organization(s)	:	•	<b>=</b>		×
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			_ 	 	×
o Sharing of paid employees with related organization(s)			<u>-</u>		×
p Reimbursement paid to related organization(s) for expenses	:		1 p		×
<b>q</b> Reimbursement paid by related organization(s) for expenses	•	٠	19		×
r Other transfer of cash or property to related organization(s)	:		-		×
ωl	•		15		×
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	relationships and trar	saction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	(d) f determine	E p
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(2) FRONT RANGE ENTERPRISES AND COMMUNICATIO	h	163,699.	INVOICES	Ŋ	
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(5)					
(9)					1
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Parim Unrelated Organizations Taxable as a Partnership Complete If the organization answered 'Yes' on Form 990, Part IV, line 37. Schedule R (Form 990) 2014

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

Name address and FIN of entity   Drimary activity   Local dominal   Drimary activity   Local dominal   Drimary activity   Drima	(b)	(c)	(b)	(e)	(f) (great	(b) (c)	( <del>l</del> )	0,70		3
ימווס, מכמוסס, מוס בווע סו מווע)		(state or foreign country)	income (related, unre-	Section 501(c)(3)	total income	end-of-year assets	Ulspropor- tionate allocations?	amount in box	General or managing partner?	Percentage ownership
			from tax under	organization	<u></u>		- 1	Form (1065)		
			section 512-514)	Yes No	0		Yes No		Yes No	
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Supplemental Information

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