Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

PO BOX 7002 PREDERICKSBURG, VA 22404 Moderation Pres Table status S010(3) X S010(5) (4) - 4 (inset to a). S450(7) (in S27 Moderation S27 Moderation S27 Moderation S27 Moderation S27 Moderation S27 Moderation	Α	For th	ie 2020 caleni	dar year, or tax year begin	ning	, 2020,	and endin	g	,	20	
PO BOX 7002 FREDERICKSBURG, VA 22404	В	Check if	f applicable:	С				Dı	Employer identi	fication number	
Do DoX 7002 PREDERICKSBURG, VA 22404 E Telephone number R77-405-4570 G Goost receives S R87-405-4570 G Goost receives G R87-405-4570 G G G G G G G G G		ПА	dress change	NATTONAL ASSOCTA	TION FOR GIIN R	TCHTS IN	·C		54-2015	951	
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Tar-exempt status		\vdash	· ·		VA 22404				•		
Amended return Application period Pro BOX 7002 PREDERTCKSBURG, VA 22404		Init	tial return	TREBURIERS BORG,	VII 22404				877-405	-4570	
Application pession F Name and address of prespolationer: POR DOX 7002 FREDERICKSURG, VA 22404 Property of the property status: \$\frac{1}{3}\text{(Cox 3)}\text{ (Cox 3)}		Fina	al return/terminated								
Application peeding F Name and address of proceal afforce PO BOX 7002 PREDERICKSURG, VA 22404 Take-empt status: \$30(c)(3) X \$30(c) (4) * (nest no.) \$4947(3)(1) or \$527 \$\$ Website: * N/A		Am	nended return					G (Gross receipts	\$ 9,802,	484.
Tacecompt status: 30 (c)(3) X 30 (c) (4) ** (inset no.) 4847(x)!) or 22		Пар	plication pending	F Name and address of principal	officer:			H(a) İ s this a groւ	ıp return for sub	ordinates? Yes	X No
Tacecompt status: 30 (c)(3) X 30 (c) (4) ** (inset no.) 4847(x)!) or 22				PO BOX 7002 FREI	DERICKSBURG V	A 22404		H(b) Are all subor	dinates included	1? Yes	No
Website: N/A	$\overline{\mathbf{I}}$	Tay-e	evemnt status.				527	If "No," attac	h a list. See ins	tructions —	_
Part Summary					(113611110.)	1 +0+7 (d)(1) 01					
Summary					[] \$	Τ.		• • • • • • • • • • • • • • • • • • • •			
Briefly describe the organization's mission or most significant activities: THE_NATIONAL_ASSOCIATION_FOR_GUN_RIGHTS_INC_(MAGR_PERPOSE_TS_TO_EDUCATE_GUN_OWNERS_AND_GUN_RIGHTS_SUPPORTERS_ON_FIREARMS_ISSUES_BOTH_AT_THE_LOCAL_AND_FEDERAL_LEVEL.					Association Other	LY	ear of formation	on: 2001	IVI State of le	egal domicile: VA	
RIGHTS_INC_ (NAGR) PURPOSE IS TO EDUCATE GUN OWNERS AND GUN RIGHTS SUPPORTERS ON FIREARMS ISSUES BOTH AT THE LOCAL AND FEDERAL LEVEL.	Pa										
FIREARMS ISSUES BOTH AT THE LOCAL AND FEDERAL LEVEL.											
b Net unrelated business taxable income from Form 990-T, Part I, line 11. Prior Year Current Year	Ф							D GUN RIC	<u>GHTS SUF</u>	PPORTERS_O	N
b Net unrelated business taxable income from Form 990-T, Part I, line 11. Prior Year Current Year	2		FIREARMS	<u> ISSUES BOTH AT 1</u>	THE LOCAL AND	<u>FEDERAL_LI</u>	EVEL				
b Net unrelated business taxable income from Form 990-T, Part I, line 11. Prior Year Current Year	Ĕ										
b Net unrelated business taxable income from Form 990-T, Part I, line 11. Prior Year Current Year	Š	2	Check this bo	ox ► if the organization	n discontinued its ope	rations or dispo	osed of mo	re than 25% of	of its net as:	sets.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11. Prior Year Current Year	ŏ	3									4
b Net unrelated business taxable income from Form 990-T, Part I, line 11. Prior Year Current Year	•ŏ	4	Number of in-	dependent voting members	of the governing bod	y (Part VI, line	1b)		4		3
Solution Prior Year Current Year Current Year Solution Prior Year Current Year Current Year Solution	<u>:ĕ</u>	5	Total number	of individuals employed in	calendar year 2020 (Part V, line 2a))		5		70
b Net unrelated business taxable income from Form 990-T, Part I, line 11. Prior Year Current Year	⋛	6									0
Revenue less expenses. Subtract line 18 from line 12. Signature Block Signature Signature Block	Ac	7a	Total unrelate	ed business revenue from F	Part VIII, column (C),	line 12			7а		0.
8		b	Net unrelated	l business taxable income t	from Form 990-T, Part	t I, line 11			7b		0.
8								Prior	Year	Current Ye	
9 Program service revenue (Part VIII, line 2g)		8	Contributions	and grants (Part VIII, line	1h)					9 801	513
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ne	1							30,031.	3,001,	313.
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ē										29.
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	æ	1			· ·				27 010		942.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 2,559,432. 2,822,9 16a Professional fundraising fees (Part IX, column (A), line 11e). 48,702. 131,0 131,0 15 16a Professional fundraising expenses (Part IX, column (A), line 12e). 2,232,868. 17 Other expenses (Part IX, column (A), lines 25) 2,232,868. 3,622,896. 6,855,2 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 6,231,030. 9,809,2 19 Revenue less expenses. Subtract line 18 from line 12. -137,329. -6,7 -6,7 17,032. -6,7 17,032. -6,7 18 20 Total assets (Part X, line 16). 2,856,785. 3,259,1 1,205,798. 1,614,9 1,650,987. 1,644,2	_									0 002	
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19 Revenue less expenses. Subtract line 18 from line 12. -137, 329. -6,7											
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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 DUDLEY BROWN Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Prim's name Firm's name Firm's address Firm's address Firm's address Firm's address Firm's ElN ► 20-5616457 Phone no. (970) 352-1642	AB	21	Total liabilitie	s (Part X, line 26)				1,20	05,798.	1,614,	903.
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Preparer Use Only Firm's name Firm's address ► HOOVER HARRIS & CO Firm's EIN ► 20-5616457 GREELEY, CO 80634 Phone no. (970) 352-1642			Print/Type p	reparer's name			Date	Chec	k L if	PIIN	
Preparer Use Only Firm's address ► HOOVER HARRIS & CO Firm's EIN ► 20-5616457 GREELEY, CO 80634 Phone no. (970) 352-1642	Pa	id	RON MA	ARSHALL	RON MARSHALL			self-e	employed	P00436991	
Use Only Firm's address ► 1831 65TH AVE STE 1 Firm's EIN ► 20-5616457 GREELEY, CO 80634 Phone no. (970) 352-1642	Pr	epare		► HOOVER HARRIS	S & CO						
GREELEY, CO 80634 Phone no. (970) 352-1642			I	-				Firm'	s EIN ► 20-	-5616457	
											2
May the IVO discuss this retain with the blebalet shown above: See histractions	Ma	v the If	RS discuss th			structions				. X Yes	No

			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		Χ
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 donor-restricted endowments or in 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	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> .	11 a	Х	
	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>	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? <i>If 'Yes,' complete Schedule D, Part VIII</i>	11 c		Х
C	I 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		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII</i>	12a		Х
t	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	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	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		Х
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
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
17	or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	7.7	X
18	column (Å), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> See instructions	17	X	
	lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24	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
	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 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
	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes, 'complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		Х
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		Х
	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	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	_		
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-	, 63	110
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
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Form 990 (2020) NATIONAL ASSOCIATION FOR GUN RIGHTS, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2 8	a 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 2a 70			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
- 1	a If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule O</i>	3 b		
4 :	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)?	4 a		Х
ı	olf 'Yes,' enter the name of the foreign country►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 8	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	Х	
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
i	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?	7 a		
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e	\neg	
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	\neg	
•	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	12 a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
•	Note: See the instructions for additional information the organization must report on Schedule O.	104		
ı	- · · · · · · · · · · · · · · · · · · ·			
	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			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	o If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		-	
13	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
.0	If 'Yes,' complete Form 4720, Schedule O.			

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 on 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 No Yes 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 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 3 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?...... 5 Χ Did the organization have members or stockholders?..... 6 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a X a The governing body?..... Χ **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 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 on Schedule Q..... 9 Χ **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a 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 Χ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13....... 12 a **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 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Χ 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? X a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... Χ If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16 a Χ **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 (1024 or 1024-A, 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 on Schedule O) Describe on Schedule O 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

DUDLEY BROWN 2300 W EISENHOWER BLVD LOVELAND CO 80537 877-405-4570

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Page **7**

Form **990** (2020)

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

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

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

- 1 a 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.

See instructions for the order in which to list the persons above.

BAA

Check this box if neither the organization nor any relation	ted organız	ation	con	nper	nsate	ed any	cu	rrent officer, direct	or, or trustee.	
				(C))					
(A) Name and title	(B) Average hours	than	n one s both dir	box.	unle: office:	eck more ss persor and a ee)	e n	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee 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
(1) DUDLEY BROWN	40									
PRESIDENT	0	X		Х				145,123.	0.	0.
(2) RYAN_FLUGAUR VICE PRESIDENT	$-\frac{40}{0}$			Х				78,673.	0.	0.
(3) ZACHARY LAUTENSCHLAGER	40									
VICE PRESIDENT	0			Х				55,141.	0.	0.
(4) JOSEPH NEVILLE	40									
VICE PRESIDENT	0			Х				33,854.	0.	0.
_(5) DAVE_WARRINGTON	2									
TREASURER	0	Х		Х				0.	0.	0.
(6)_ CHRISTINA JEFFREY SECRETARY	$-\frac{1}{0}$	X		Х				0.	0.	0.
7 MICHAEL ROTHFELD	2	1		21				0.	0.	<u> </u>
DIRECTOR		Х						0.	0.	0.
(8)		- 21						0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

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Part VII Section A. Officers, Directors, 110	(B)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(C	_	,		Triigilest Goil	ipensatea Emp	Оуссз	(continueu)
(A) Name and title	Average hours per week	box,	unles	Pos neck ss pe	ition more rson i	than o is both or/trust	an tee)	(D) Reportable compensation from	(E) Reportable compensation from	Estima	(F) ated amount f other
	(list any hours	Individual or director	Institu	Officer	Key e	Highes	Form	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comper the or and	nsation from ganization I related
	related organiza - tions	ndividual trustee or director	nstitutional trustee	똑	(ey employee	st comp	ଫ୍			orga	inizations
	below dotted line)	ustee	rustee		8	Highest compensated employee					
(15)						ä					
<u>(16)</u>											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)		•									
<u>(24)</u>											
(25)											
1 b Subtotal				 			>	312,791.	0.		0.
c Total from continuation sheets to Part VII, Secti							▶ .	0.	0.		0.
d Total (add lines 1b and 1c)							ved	312,791. more than \$100,00	0.0 of reportable comp	ensation	0.
from the organization 1										I	Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, truste	e, ke	y en	nplo	yee	, or l	high	nest compensated	employee	3	X
4 For any individual listed on line 1a, is the sum of	f reportab	le cor	mper	nsa	tion	and	oth	er compensation			
the organization and related organizations greate such individual										. 4	X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen s,' <i>comple</i>	satio <i>te Sc</i>	n fro hedu	m a ule .	any <i>J for</i>	unre <i>suc</i>	late h p	d organization or erson	individual	. 5	Х
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated inde	epend	dent	cor	ntrac	tors	tha	t received more th	nan \$100,000 of		
compensation from the organization. Report compensation (A) Name and business add		the ca	alend	lar y	/ear	endir	ng w	(B)		((C)
Name and business add	ress							Description of	of services	Compe	nsation
2. Total number of independent contractors (in-Uniform	المصالية	+0d+-	\ +b = :	- O I	icts d	oh a:	(0)	who received mar-	than		
2 Total number of independent contractors (including the \$100,000 of compensation from the organization)		ied (0	ว เทอร	se II	isted	apo\	ve) \	who received more	uall		

NATIONAL ASSOCIATION FOR GUN RIGHTS, INC Form 990 (2020) 54-2015951 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... **(A)** Total revenue (B) (D) Related or Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1 a **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations..... 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above . . . 1 f 9,801,513 a Noncash contributions included in lines 1a-1f..... 1 g h Total. Add lines 1a-1f..... 9,801,513 Program Service Revenue Business Code **f** All other program service revenue... g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 29 29 Income from investment of tax-exempt bond proceeds Royalties..... (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) | 6c (ii) Other (i) Securities 7 a Gross amount from sales of assets 7a other than inventory **b** Less: cost or other basis 7b and sales expenses c Gain or (loss)..... 7c **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8b **b** Less: direct expenses..... 9 a Gross income from gaming activities. See Part IV, line 19...... 9a **b** Less: direct expenses..... 9b **c** Net income or (loss) from gaming activities..... **10 a** Gross sales of inventory, less..... 10a **b** Less: cost of goods sold.... 10Ы

	_				
	c Net income or (loss) from sales of inv	entory ►			
2		Business Code			
و ا	11a MISCELLANEOUS INCOME	900099	942.	942.	
<u> </u>	b				
8	c				
Re	d All other revenue				
:	e Total. Add lines 11a-11d		942.		

Miscellaneous

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802

. 484

971

Total revenue. See instructions.....

Part IX Statement of Functional Expenses

Do i	not include amounts reported on lines 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 domestic organizations and domestic governments. See Part IV, line 21		·		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	312,791.	156,396.	93,837.	62,558.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described				
7 8	in section 4958(c)(3)(B)	0.	0.	0.	0.
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,158,322. 82,696.	1,080,530. 41,348.	646,133. 24,809.	431,659. 16,539.
9	Other employee benefits	73,860.	29,531.	40,471.	3,858.
10	Payroll taxes	195,316.	97,766.	58,487.	39,063.
11	Fees for services (nonemployees):		,		
a	Management				
b	Legal	56,689.	28,376.	16,975.	11,338.
	: Accounting				
	Lobbying	3,759.	3,759.		
	Professional fundraising services. See Part IV, line 17	131,047.			131,047.
	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A) amount, list line 11g expenses on Schedule 0.) L	742,599.			742,599.
	Advertising and promotion	429,280.	245,332.		183,948.
13	Office expenses	71,695.	47,473.	12,011.	12,211.
14	Information technology				
15	Royalties	104 202	105 004	42.244	25 055
16 17	Occupancy	184,293.	105,094.	43,244.	35,955.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	121,594.	74,727.	21,301.	25,566.
23 24	Insurance				
a	MAIL COMMUNICATION	3,056,432.	2,773,301.		283,131.
	WEBSITE & INTERNET EXPENSE	531,350.	404,273.	45,499.	81,578.
	DEVELOPMENT	444,862.	442,585.		2,277.
	PAC ACTIVITIES	411,530.	411,530.		
	All other expenses	801,146.	131,639.	499,966.	169,541.
	Total functional expenses. Add lines 1 through 24e	9,809,261.	6,073,660.	1,502,733.	2,232,868.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to	o any line in this Part X	<u></u>		<u></u>
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		190,517.	1	618,908.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,120,550.	3	1,120,550.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	er officer, director, I contributor, or 35%			
			H		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section	` -		6	
	7	Notes and loans receivable, net			7	
Ø	8	Inventories for sale or use	<u> </u>	144,726.	8	129,257.
Assets	9	Prepaid expenses and deferred charges	L	22,649.	9	112,033.
As	-		1 1 1	22,049.		112,033.
	104	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,856,586.			
	b	Less: accumulated depreciation	10b 588,054.	1,368,510.	10 c	1,268,532.
	11	Investments — publicly traded securities			11	
	12	Investments – other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11.		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		9,833.	15	9,833.
	16	Total assets. Add lines 1 through 15 (must equal line	2,856,785.	16	3,259,113.	
	17	Accounts payable and accrued expenses		535,674.	17	964,440.
	18	Grants payable		•	18	,
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	L. L		20	
es	21	Escrow or custodial account liability. Complete Part	L.		21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, director, trustee, utor, or 35%		22	
	23	Secured mortgages and notes payable to unrelated the	La contraction of the contractio	670,124.	23	650,463.
	23 24	Unsecured notes and loans payable to unrelated third	· · · · · · · · · · · · · · · · · · ·	0/0,124.	24	030,403.
	25	· ·	•			
		Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	·	1 005 500	25	
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here		1,205,798.	26	1,614,903.
ces		and complete lines 27, 28, 32, and 33.	e ► X			
ā	27	Net assets without donor restrictions		1,650,987.	27	1,644,210.
ñ	28	Net assets with donor restrictions			28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	eck here ►			
9	29	Capital stock or trust principal, or current funds			29	
\$	30	Paid-in or capital surplus, or land, building, or equipm	<u> </u>		30	
SS	31	Retained earnings, endowment, accumulated income	<u> </u>		31	
t A	32	Total net assets or fund balances		1,650,987.	32	1,644,210.
2	33	Total liabilities and net assets/fund balances		2,856,785.	33	3,259,113.
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Part XI 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	9,	802,	484.		
2 Total expenses (must equal Part IX, column (A), line 25)	2	9,	809,	261.		
3 Revenue less expenses. Subtract line 2 from line 1	3		-6,	777.		
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	650,	987.		
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					
9 Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
column (B))	10	1,	644,	<u>210.</u>		
Part XII 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 a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a a	X		
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			h X			
b Were the organization's financial statements audited by an independent accountant?		2	2 b X			
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	ate					
Separate basis X Consolidated basis Both consolidated and separate basis						
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	2	c X			
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
3 a 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?		з	a	Х		
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 on Schedule O and describe any steps taken to undergo such audits		а	3 b			
BAA TEEA0112L 10/19/20		Fo	rm 990	(2020)		

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 to Public Inspection

Department of the Treasury Internal Revenue Service

PAC

TEXAS GUN RIGHTS PAC

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number NATIONAL ASSOCIATION FOR GUN RIGHTS, INC 54-2015951 Part I-A | Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. SEE PART IV (See instructions for definition of 'political campaign activities') Volunteer hours for political campaign activities (See instructions)..... Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955..... Enter the amount of any excise tax incurred by organization managers under section 4955...... ▶\$ If the organization incurred a section 4955 tax, did it file Form 4720 for this year?..... No 4 a Was a correction made?..... No b If 'Yes,' describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities...... > \$ 307,605. Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures, Add lines 1 and 2. Enter here and on Form 1120-POL. line 17b..... 415,829. Did the filing organization file Form 1120-POL for this year?.... X No Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and promptly and directly delivered to a separate filing organization's funds. If none, enter-0political organization. If none, enter -0-GUN RIGHTS AMERICA 2300 W EISENHOWER BLVD 84-5188033 25,000 LOVELAND, CO 80537 PO BO<u>X 821 _ _ _ _ _ _ _ _ </u> MASSIE PAC 5,000. NEWPORT, KY 41072 FLORIDA GUN RIGHTS PAC 2300 W. EISENHOWER BLVD _ _ _ 7,000 LOVELAND, CO 80537 GREAT LAKES GUN RIGHTS 250<u>0 E BELTLINE AVE</u> 30,324 (4)PAC GRAND RAPIDS, MI 49546 PALMETTO GUN RIGHTS 2 OFFICE PARK COURT 1,000 (5)

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

COLUMBIA, SC 29223

RICHARDSON, TX 75083

PO_BOX_835895___

Schedule C (Form 990 or 990-EZ) 2020

39,900

Part II-A Complete if section 501(the organization	on is exempt under se	ction 501(c)(3) and	l filed Form 5768 (el	ection under				
	• • • • • • • • • • • • • • • • • • • •	ngs to an affiliated group (and	l list in Part IV each affili	ated group member's name					
address,	EIN, expenses, ar	nd share of excess lobbying	g expenditures).						
B Check ► if the filing	ng organization che	ecked box A and 'limited co	ontrol' provisions apply.						
(The term	Limits on Lobb 'expenditures' me	ying Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals				
1 a Total lobbying expendit	ures to influence p	bbying)							
b Total lobbying expendit	ures to influence a	bying)							
	•	and 1b)							
	•								
e Total exempt purpose e	expenditures (add I	ines 1c and 1d)							
f Lobbying nontaxable ar both columns	nount. Enter the ar	mount from the following ta	ble in						
If the amount on line 1e, col	umn (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	:	\$100,000 plus 15% of the excess							
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess							
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	amount (antar 25%	\$1,000,000.							
_	g Grassroots nontaxable amount (enter 25% of line 1f)								
=		s, enter -0s, enter -0s							
j If there is an amount other	er than zero on eithe	r line 1h or line 1i, did the or	ganization file Form 4720	reporting	□Yes □No				
300tion +311 tax for this									
(Som		4-Year Averaging Period at made a section 501(h) e elow. See the separate inst	lection do not have to						
		bying Expenditures During							
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total				
2 a Lobbying nontaxable amount									
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									
BAA				Schedule C (Forn	n 990 or 990-EZ) 2020				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)	(b)
For each 'Yes' response on lines 1a through 1i 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
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?			
i Other activities?			
j Total. Add lines 1c through 1i			
2 a 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	

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	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		X

Part III-B 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.'

ı	Dues, assessments and similar amounts from members		
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).		
	a Current year	2 a	
	b 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	0.
5	Taxable amount of lobbying and political expenditures (See instructions)	5	0.

Part IV | 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

LOBBYING AND SUPPORT OF CANDIDATES THROUGH THE POLITICAL ACTION COMMITTEES

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

NAT	IONAL ASSOCIATION FOR GUN RIG	GHTS, INC		54-201	.5951
Par	Organizations Maintaining Don	or Advised Funds or Other	Similar Fu	nds or Accounts.	
	Complete if the organization ans	swered 'Yes' on Form 990, F	Part IV, Iine	· 6 .	
		(a) Donor advised fun	ds	(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 do are the organization's property, subject to the				Yes No
6	Did the organization inform all grantees, don for charitable purposes and not for the benefimpermissible private benefit?	it of the donor or donor advisor, or	r for any othei	r purpose conferring 🔔	 ∏Yes
Par	II Conservation Easements.			<u> </u>	
	Complete if the organization ans	swered 'Yes' on Form 990, F	Part IV, line	· 7.	
1	Purpose(s) of conservation easements held to	by the organization (check all that	apply).		
	Preservation of land for public use (for exam	nple, recreation or education)	Preservat	ion of a historically imp	ortant land area
	Protection of natural habitat		Preservat	ion of a certified histori	c structure
	Preservation of open space		_		
2	Complete lines 2a through 2d if the organization	held a qualified conservation contrib	ution in the for	m of a conservation ease	ement on the
	last day of the tax year.				
	Tatal assessment and assessment and assessment				End of the Tax Year
	Total number of conservation easements				
	Total acreage restricted by conservation ease Number of conservation easements on a cert				
			` '		
(Number of conservation easements included structure listed in the National Register	in (c) acquired after //25/06, and	not on a histo	2 d	
3	Number of conservation easements modified, tra				 1e
	tax year ►	, , , ,	,		
4	Number of states where property subject to cons	ervation easement is located ►			
5	Does the organization have a written policy r				-
	and enforcement of the conservation easeme			<u> </u>	Yes No
6	Staff and volunteer hours devoted to monitoring, •		•		
7	Amount of expenses incurred in monitoring, insp ▶\$	ecting, handling of violations, and er	nforcing conser	vation easements during	the year
8	Does each conservation easement reported cand section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requi	rements of se	ection 170(h)(4)(B)(i)	7v 🖂
9	and section 1/0(h)(4)(B)(ii)?				YesNo nd balance sheet, and
	include, if applicable, the text of the footnote conservation easements.	to the organization's financial state	tements that o	describes the organizati	ion's accounting for
Par	Organizations Maintaining Collection Complete if the organization and	ections of Art, Historical Tro swered 'Yes' on Form 990, F	easures, or Part IV, line	Cother Similar Ass	ets.
1 a	If the organization elected, as permitted under historical treasures, or other similar assets heart XIII the text of the footnote to its financial treasures.	eld for public exhibition, education	, or research	tatement and balance s in furtherance of public	sheet works of art, service, provide in
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items:	for public exhibition, education, or re	search in furth	erance of public service,	provide the
	(i) Revenue included on Form 990, Part VIII				
	(ii) Assets included in Form 990, Part $X \dots$				
2	If the organization received or held works of art, amounts required to be reported under FASE	3 ASC 958 relating to these items:			lowing
	Revenue included on Form 990, Part VIII, line	e 1			
L	Accets included in Form 990 Part Y			▶ ¢	

Part III Organizations Maintaining Coll	ections of Art, Hist	orical Treasures, or	Other Similar Ass	ets (continue	<u>ed)</u>
3 Using the organization's acquisition, accession, items (check all that apply):	and other records, check a	any of the following that ma	ake significant use of its	collection	
a Public exhibition	d Loan	or exchange program			
b Scholarly research	e Othe	r			
c Preservation for future generations	_	-			
4 Provide a description of the organization's collect Part XIII.					
5 During the year, did the organization solicit of to be sold to raise funds rather than to be m				Yes	No
Part IV Escrow and Custodial Arrange line 9, or reported an amount of	ments. Complete if n Form 990, Part X,	the organization ans , l ine 21.	swered 'Yes' on Fo	rm 990, Part	: IV,
1 a Is the organization an agent, trustee, custod on Form 990, Part X?	an or other intermediary	y for contributions or other	er assets not included	Yes	No
b If 'Yes,' explain the arrangement in Part XIII					7
	•			Amount	
c Beginning balance			1c		
d Additions during the year			1 d		
e Distributions during the year			1 e		
f Ending balance					
2 a Did the organization include an amount on F				Yes	No
b If 'Yes,' explain the arrangement in Part XIII	Check here if the expla	anation has been provided	d on Part XIII		
		107 1 5	000 D 10/15	10	
Part V Endowment Funds. Complete i	T T				
(a) Curre	nt year (b) Prior year	ar (c) Two years back	(d) Three years back	(e) Four years	back
1 a Beginning of year balance b Contributions					
b Contributions				+	
c Net investment earnings, gains,					
and losses					
e Other expenditures for facilities					
and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage of the curr	ent year end balance (li	ne 1g, column (a)) held a	as:		
a Board designated or quasi-endowment ►					
	0				
c Term endowment ► %					
The percentages on lines 2a, 2b, and 2c should	equal 100%.				
3 a Are there endowment funds not in the possession	n of the organization that	are held and administered	for the		
organization by:				Yes	No_
(i) Unrelated organizations				3a(i)	
b If 'Yes' on line 3a(ii), are the related organiz				` '	
4 Describe in Part XIII the intended uses of the	·			. 30	
Part VI Land, Buildings, and Equipmen		ient iunus.			
Complete if the organization an		rm 990, Part IV, line	11a. See Form 99	0, Part X, I in	ne 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book val	lue
1 a Land		463,900.		463,	900.
b Buildings		626,100.	66,088.		012.
c Leasehold improvements		311,068.	192,786.		282.
d Equipment		436,446.	310,118.	126,	328.
e Other		19,072.	19,062.		10.
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part X,	column (B), line 10c.)		1,268,	
BAA			Sched	ule D (Form 990)	2020 (

Complete if the organization answere (a) Description of security or category (including name of security)	(b) Book value		t or end-of-year market value
) Financial derivatives	` '	(3) Modified of Valuation. 300	e of one of your market value
2) Closely held equity interests			
3) Other			
	. +		
A) 3) D) E)	_		
<u>"</u>	_		
<u>''</u>	_		
<u>′′</u>	_		
- <u>/</u>	_		
=) G)	_		
-''	-		
<u>'</u> '	-		
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
		NT / 7	
Part VIII Investments – Program Related. Complete if the organization answere	ed 'Yes' on Form 990	N/A) Part IV line 11c See F	orm 990 Part X line 13
(a) Description of investment	(b) Book value		or end-of-year market value
(1)	(4) 2 3 3 1 1 3 1 4 1	(c) meaned or residence in coord	
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
1(1)			
(10)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A), Part IV, line 11d. See F	Form 990, Part X, line 15
Part IX Other Assets. Complete if the organization answere	N/A), Part IV, line 11d. See F	Form 990, Part X, line 15
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990), Part IV, line 11d. See F	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990), Part IV, line 11d. See F	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990), Part IV, line 11d. See F	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990), Part IV, line 11d. See F	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990), Part IV, line 11d. See F	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990), Part IV, line 11d. See F	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990), Part IV, line 11d. See F	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990), Part IV, line 11d. See F	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990), Part IV, line 11d. See F	
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990 Description), Part IV, line 11d. See F	(b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990 Description), Part IV, line 11d. See F	(b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990 Description (B) line 15.)), Part IV, line 11d. See F	(b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990 Description (B) line 15.)), Part IV, line 11d. See F	(b) Book value ▶ line 25.
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990 Description (B) line 15.)), Part IV, line 11d. See F	(b) Book value
Other Assets. Complete if the organization answere (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' organization answered 'Yes' organization income taxes	N/A ed 'Yes' on Form 990 Description (B) line 15.)), Part IV, line 11d. See F	(b) Book value
Other Assets. Complete if the organization answere (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column	N/A ed 'Yes' on Form 990 Description (B) line 15.)), Part IV, line 11d. See F	(b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990 Description (B) line 15.)), Part IV, line 11d. See F	(b) Book value
Other Assets. Complete if the organization answere (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column	N/A ed 'Yes' on Form 990 Description (B) line 15.)), Part IV, line 11d. See F	(b) Book value
Other Assets. Complete if the organization answere (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, column (b) recomplete if the organization answered 'Yes' organization answered	N/A ed 'Yes' on Form 990 Description (B) line 15.)), Part IV, line 11d. See F	(b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990 Description (B) line 15.)), Part IV, line 11d. See F	(b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990 Description (B) line 15.)), Part IV, line 11d. See F	(b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990 Description (B) line 15.)), Part IV, line 11d. See F	(b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990 Description (B) line 15.)), Part IV, line 11d. See F	(b) Book value
otal. (Column (b) must equal Form 990, Part X, column (B) line 13.)	N/A ed 'Yes' on Form 990 Description (B) line 15.)), Part IV, line 11d. See F	(b) Book value ▶ line 25.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, Part 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	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
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:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
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.)	-L
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Daturn M/A
	Return N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retuini N/A
	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 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.).	1
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 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:	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 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. 4 a	1 2e
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 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. 4 a b Other (Describe in Part XIII.) 4 b	2 e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 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.	2 e 3
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 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. 4 a b Other (Describe in Part XIII.) 4 b	2 e 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 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) 2020

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 54-2015951 NATIONAL ASSOCIATION FOR GUN RIGHTS, INC **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events X In-person solicitations **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity (or retained by) have custody or control of contributions? or entity (fundraiser) fundraiser listed in from activity organization column (i) RAINMAKERS Yes No 1 PO BOX 1082 Χ SPRINGFIELD VA 22151 88,420 RIGHTERS GROUP, LLC 2 1807 S CHURCH ST SMITHFIELD VA 23430 Χ 36,281 SOUTH DAKOTA GUN OWNERS 101 WASHINGTON AVE Χ GRAND HAVEN MI 49417 6,347 4 5 6 7 9 10 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) through column (c)) NONE (event type) (event type) (total number) Revenue **1** Gross receipts..... 2 Less: Contributions..... **3** Gross income (line 1 minus line 2)..... Cash prizes..... **5** Noncash prizes..... Direct Expenses 6 Rent/facility costs..... 7 Food and beverages **9** Other direct expenses..... 10 Direct expense summary. Add lines 4 through 9 in column (d)..................▶ Net income summary. Subtract line 10 from line 3, column (d)......▶ Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a, (b) Pull tabs/instant (d) Total gaming Revenue (a) Bingo bingo/progressive bingo (c) Other gaming (add column (a) through column (c)) Gross revenue..... Direct Expenses **2** Cash prizes..... 4 Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No No No 7 Direct expense summary. Add lines 2 through 5 in column (d)...... 8 Net gaming income summary. Subtract line 7 from line 1, column (d)..................................▶ **9** Enter the state(s) in which the organization conducts gaming activities: **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?..... **b** If 'Yes,' explain:

3ch	edule G (Form 990 or 990-EZ) 2020 NATIONAL ASSOCIATION FOR GUN RIGHTS, INC 54-2015951	Page 3
	Does the organization conduct gaming activities with nonmembers?	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?	No
	Indicate the percentage of gaming activity conducted in:	
;	a The organization's facility	%
	b An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ►	
	Address ►	
İ	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	No
	Name •	
	Address ►	i
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?	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 ► \$	
ra	TTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	(V);
	information. See instructions.	

SCHEDULE L (Form 990 or 990-EZ)

(8) (9) (10)

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization NATIONAL ASSOCIATION FOR GUN RIGHTS, INC 54-2015951 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) 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. (d) Corrected? (b) Relationship between disqualified person and (c) Description of transaction 1 (a) Name of disqualified person organization Yes No (1) (2) (3)(4) (5) (6) Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 **►**\$ Part II Loans to and/or From Interested Persons. Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (d) Loan to or (e) Original principal amount (f) Balance due (g) In default? (h) Approved (i) Written from the organization? Τo From Yes No Yes No Yes No (1) (2)(3) (4)(5)(6)(7) (8) (9) (10)Total....._____ **Grants or Assistance Benefiting Interested Persons.** Complete if the organization answered 'Yes' on Form 990, Part IV. line 27. (b) Relationship between interested person and the organization (a) Name of interested person (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (1)(2) (3) (4)(5) (6)(7)

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

Schedule L (Form 990 or 990-EZ) 2020

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) Sha organiz rever	aring of zation's nues?
				Yes	No
(1) DUDLEY BROWN	OFFICER	61,302.	PURCHASES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

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

SUPPLEMENTAL INFORMATION

NAGR PURCHASES DONOR INCENTIVE ITEMS FROM AN ENTITIY OWNED BY THE PRINCIPAL OFFICER OF THE ORGANIZATION.

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.

► Go to www.irs.gov/Form990 for the latest information.

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

54-2015951

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL ASSOCIATION FOR GUN RIGHTS, INC

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 WERE PROVIDED

PART IV, ITEM 2: SCHEDULE B LIST OF CONTRIBUTORS REQUIREMENT

THE NATIONAL ASSOCIATION FOR GUN RIGHTS, INC. RESPECTFULLY DECLINES TO PROVIDE SPECIFIC IDENTIFYING INFORMATION ON ITS DONORS ON GROUNDS THAT SUCH DISCLOSURE MAY CHILL THE DONORS' FIRST AMENDMENT RIGHTS TO ASSOCIATE IN PRIVATE WITH THIS ORGANIZATION. NAACP V. ALABAMA, 357 U.S. 449 (1958); INTERNATIONAL UAW V. NATIONAL RIGHT TO WORK, 590 F.2D 1139, 1152 (D.C.CIR. 1978).

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

Go to www.irs.gov/Form990 for instructions and the latest information.

2020

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 54-2015951 NATIONAL ASSOCIATION FOR GUN RIGHTS, INC

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

(a) Name, address, and EIN (if applicable) 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
<u>(η)</u>					
(2)					
(3)					
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.	ns. Complete if the org during the tax year.	anization answered	'Yes' on Form 99	0, Part IV, line 34,	oecause it

(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) Sec 512(b)(13) controlled entity?	33 ity?
						Yes	_S
(1) PALMETTO GUN RIGHTS, LLC	FDIICATION OF IIS						
<u>LOVELAND</u> , <u>CO 80537</u>	CITIZENS ON GUN						
- $46-4155124$	RIGHTS	SC	501(C)(4)		N/A	×	
(2) GREAT LAKES GUN RIGHTS, LLC							
2300 W EISENHOWER BLVD	EDUCATION OF US						
	CITIZENS ON GUN						
47-4858679	RIGHTS	MI	501(C)(4)		N/A	×	
(3) TEXAS GUN RIGHTS, LLC							
7300 W EISENHOWER BLVD	EDUCATION OF US						
LOVELAND, CO 80537	CITIZENS ON GUN						
46-4166528	RIGHTS	TX	501 (C) (4)		N/A	×	
(4) FLORIDA GUN RIGHTS, LLC							
Z300 W EISENHOWER BLVD	EDUCATION OF US						
	CITIZENS ON GUN						
46-4138020	RIGHTS	FL	501 (C) (4)		N/A	×	
BAA For Paperwork Reduction Act Notice, see the Instructions for Form	tions for Form 990.		TEEA5001L 07/15/20		Schedule R (Form 990) 2020	orm 990) 203	50

Page 2 **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	(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?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form	(f) General or managing partner?		(k) Percentage ownership
		country)		512-514)	1			Yes	9	1065)	Yes No	0	
(1)													
(2)													
(3)													
Part IV Identification or Ine 34, because	Identification of Related Organizations Taxable	izations 7 nore relat		as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, inzations treated as a corporation or trust during the tax year.	n or Trus	t Complete poration or	if the organizations	anization ng the tax	answer	ed 'Yes' on F	orm 990,	Part I	,
(a) Name, address, and EIN of related organization	of related organizatio		(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling		Type of entity (C corp, S corp, to corp.)	(f) Share of total income		(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	o)(13) entity?
				coaliny)			nen)					Yes	No
(1)		<u> </u>											
		 											
(2)		<u> </u>											
		 											
		 											
<u>(3)</u>		<u> </u>											
		-											
		 											
BAA				TEEA5	TEEA5002L 07/15/20					Sc	Schedule R (Form 990) 2020	ırm 990)	2020

Page 3

54-2015951

Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

a Receipt of (I) Interest, (II) annuities, (III) royalties, or (IV) rent from a controlled entity			- a	×
b Gift, grant, or capital contribution to related organization(s)			. 1b	$ \bowtie$
Ciff grapt or capital contribution from related organization(s)			(>
Calif, grant, or capital contribution from Flated organization (3)			ر د	4
d Loans or loan guarantees to or for related organization(s)			. Jd	×
e Loans or loan guarantees by related organization(s)			1e	×
f Dividends from related organization(s).			11	×
a Sale of assets to related organization(s)			10	: ×
Durchard of account from valued argumentation(c)				4 ;
n Pulchase of assets from related organization(s)				×
i Exchange of assets with related organization(s)			. 1i	\bowtie
j Lease of facilities, equipment, or other assets to related organization(s)			. 1j	×
k Lease of facilities, equipment, or other assets from related organization(s)			. 1k	×
Performance of services or membership or fundraising solicitations for related organization(s)			. 11 X	
m Performance of services or membership or fundraising solicitations by related organization(s)			. Tm	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			. 1n X	
o Sharing of paid employees with related organization(s)			10 X	
p Reimbursement paid to related organization(s) for expenses			. 1p	×
q Reimbursement paid by related organization(s) for expenses			. 1q .	$ \times $
r Other transfer of cash or property to related organization(s)			11	\bowtie
s Other transfer of cash or property from related organization(s)			1s	×
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 trans	action thresholds.	•	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved Me	(d) Method of determining amount involved	ing
(1) PALMETTO GUN RIGHTS, LLC	П	2,000.ES	ESTIMATE	
(2) PALMETTO GUN RIGHTS, LLC	M	2,000.ES	ESTIMATE	
(3) PALMETTO GUN RIGHTS, LLC	N	2,000.ES	ESTIMATE	
(4) PALMETTO GUN RIGHTS, LLC	0	2,000.ES	ESTIMATE	
(5) GREAT LAKES GUN RIGHTS, LLC	Ц	2,000.5	ESTIMATE	
(6) GREAT LAKES GUN RIGHTS, LLC	M	2,000.ES		
BAA TEEA5003L 07/15/20		Schedule R	R (Form 990) 2020	320

54-2015951

Schedule R (Form 990) 2020 NATI

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) (b) (c) (d) (e) Name, address, and EIN of entity Primary activity Legal domicile Predominant Are all partners S	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all part	tners	Share of	(g) Share of	(h) Dispropor-	Code V-UBI		(K) or Percentage
				section 501(c)(3) organizations?		tal income		tionate allocations?	amount in box 20 of Schedule K-1 (Form 1065)		
			sections 512-514)	Yes	N _O			Yes No		Yes	No
<u>(1)</u>											
(3)											
<u>(4)</u>											
(<u>5</u>)											
(9)											
0											
(8)											
ВАА			TE	TEEA5004L 07/15/20	7/15/20	_		_	Schedu	ule R (For	Schedule R (Form 990) 2020

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

BAA TEEA5005L 07/15/20 Schedule **R** (Form 990) 2020

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Continuation Page 1

54-2015951

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) address, and EIN	(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) Sec 512(b)(13) controlled entity? Yes No
HOOSIER GUN RIGHTS, LLC 2300 W EISENHOWER BLVD LOVELAND, CO 80537 47-4844980	EDUCATION OF US CITIZENS ON GUN RIGHTS	IN	501 (C) (4)		N/A	×
NEW HAMPSHIRE GUN RIGHTS, LLC 2300 W EISENHOWER BLVD LOVELAND, CO 80537 47-3518585	EDUCATION OF US CITIZENS ON GUN RIGHTS	NH	501 (C) (4)		N/A	×
TENNESSEE GUN RIGHTS, LLC 2300 W EISENHOWER BLVD LOVELAND, CO 80537 47-4881912	EDUCATION OF US CITIZENS ON GUN RIGHTS	NL	501 (C) (4)		N/A	×
ARIZONA GUN RIGHTS, LLC 2300 W EISENHOWER BLVD LOVELAND, CO 80537 47-3072940	EDUCATION OF US CITIZENS ON GUN RIGHTS	AZ	501 (C) (4)		N/A	×
NEBRASKA GUN RIGHTS, LLC 2300 W EISENHOWER BLVD LOVELAND, CO 80537 46-4126581	EDUCATION OF US CITIZENS ON GUN RIGHTS	NE	501 (C) (4)		N/A	×
PENNSYLVANIA GUN RIGHTS LLC 2300 W EISENHOWER BLVD LOVELAND, CO 80537	EDUCATION OF US CITIZENS ON GUN RIGHTS	PA	501 (C) (4)		N/A	×
MISSISSIPPI GUN RIGHTS LLC 2300 W EISENHOWER BLVD LOVELAND, CO 80537 47-2137590	EDUCATION OF US CITIZENS ON GUN RIGHTS	MS	501 (C) (4)		N/A	×
		TEEA5102L 07/15/20			Schedule R Cont (Form 990) 2020	orm 990) 20

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

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Continuation Page 1 of

54-2015951

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
GREAT LAKES GUN RIGHTS, LLC.	N	2,000.	ESTIMATE
GREAT LAKES GUN RIGHTS, LLC	0	2,000.	ESTIMATE
TEXAS GUN RIGHTS, LLC	П	2,000.	ESTIMATE
TEXAS GUN RIGHTS, LLC	×	2,000.	ESTIMATE
TEXAS GUN RIGHTS, LLC	N	2,000.	ESTIMATE
TEXAS GUN RIGHTS, LLC.	0	2,000.	ESTIMATE
FLORIDA GUN RIGHTS, LLC.	П	2,000.	ESTIMATE
FLORIDA GUN RIGHTS, LLC	W	2,000.	ESTIMATE
FLORIDA GUN RIGHTS, LLC.	N	2,000.	ESTIMATE
FLORIDA GUN RIGHTS, LLC.	0	2,000.	ESTIMATE
HOOSIER GUN RIGHTS, LLC.	П	2,000.	ESTIMATE
HOOSIER GUN RIGHTS, LLC.	W	2,000.	ESTIMATE
HOOSIER GUN RIGHTS, LLC.	N	2,000.	ESTIMATE
HOOSIER GUN RIGHTS, LLC.	0	2,000.	ESTIMATE
NEW HAMPSHIRE GUN RIGHTS, LLC.	ᄓ	2,000.	ESTIMATE
NEW HAMPSHIRE GUN RIGHTS, LLC	×	2,000.	ESTIMATE
NEW HAMPSHIRE GUN RIGHTS, LLC.	N	2,000.	ESTIMATE
NEW HAMPSHIRE GUN RIGHTS, LLC	0	2,000.	ESTIMATE
TEEA5105L 07/15/20		Schedule F	Schedule R Cont (Form 990) 2020

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Continuation Page 2

54-2015951

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
TENNESSEE GUN RIGHTS, LLC	Ц	2,000.	ESTIMATE
TENNESSEE GUN RIGHTS, LLC.	M	2,000.	ESTIMATE
TENNESSEE GUN RIGHTS, LLC	N	2,000.	ESTIMATE
TENNESSEE GUN RIGHTS, LLC.	0	2,000.	ESTIMATE
ARIZONA GUN RIGHTS, LLC.	Ц	2,000.	ESTIMATE
ARIZONA GUN RIGHTS, LLC	M	2,000.	ESTIMATE
ARIZONA GUN RIGHTS, LLC	N	2,000.	ESTIMATE
ARIZONA GUN RIGHTS, LLC	0	2,000.	ESTIMATE
NEBRASKA GUN RIGHTS, LLC.	Ы	2,000.	ESTIMATE
NEBRASKA GUN RIGHTS, LLC.	M	2,000.	ESTIMATE
NEBRASKA GUN RIGHTS, LLC.	N	2,000.	ESTIMATE
NEBRASKA GUN RIGHTS, LLC.	0	2,000.	ESTIMATE
PENNSYLVANIA GUN RIGHTS LLC.	Ц	2,000.	ESTIMATE
PENNSYLVANIA GUN RIGHTS LLC.	M	2,000.	ESTIMATE
PENNSYLVANIA GUN RIGHTS LLC.	N	2,000.	ESTIMATE
PENNSYLVANIA GUN RIGHTS LLC.	0	2,000.	ESTIMATE
MISSISSIPPI GUN RIGHTS LLC.	ы	2,000.	ESTIMATE
MISSISSIPPI GUN RIGHTS LLC	М	2,000.	2,000. ESTIMATE
TEEA5105L 07/15/20		Schedule F	Cont (Form 990) 2020

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Continuation Page

54-2015951

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
MISSISSIPPI GUN RIGHTS LLC.	N	2,000.	ESTIMATE
MISSISSIPPI GUN RIGHTS LLC	0	2,000.	ESTIMATE
TEEA5105L 07/15/20		Schedule	Schedule R Cont (Form 990) 2020