Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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. Department of the Treasury Internal Revenue Service

Open to Public Inspection

A	For t	he 2024 caleı	ndar year, or tax year begin	ning	, 2024 , a	and ending			, 20	
В	Check	if applicable:	С				D Er	nploye	r identification	on number
	Пас	ddress change	NATIONAL ASSOCIA	TION FOR GUN R	IGHTS, INC	7	5	4-2	015951	
	\prod_{N_i}	ame change	PO BOX 7002						e number	<u> </u>
	-	itial return	FREDERICKSBURG,	VA 22404			ء ا	377-	405-45	70
	\mathbf{H}	nal return/terminated						, , ,	103 13	
	\mathbf{H}	mended return					م ا		eipts \$	10,998,768.
	$\boldsymbol{\vdash}$		F Name and address of principal	officer:		н	(a) Is this a group			
	ША	oplication pending	1		7 00404	1				
_	Т			DERICKSBURG, V			(b) Are all subordi If "No," attach	a list. S	See instruction	ons. Lites Like
<u> </u>		exempt status:	501(c)(3) X 501(c) (Z	(insert no.)	4947(a)(1) or	527				
<u>J</u>			/A		1-		(c) Group exempt			
K		n of organization:		Association Other	L Ye	ear of formation	: 2001	M Sta	ate of legal d	lomicile: VA
Pa	art I	Summa								
	1		ibe the organization's missi							
မွ			INC. (NAGR) PURPOS				<u> GUN RIG</u>	<u>HTS</u>	SUPPO.	RTERS_ON
au		F.TKEYKW	S ISSUES BOTH AT T	HE LOCAL AND E	EDERAL LE	<u>'VET' </u>				
Governance	_	5								
õ	2	Check this b	ox if the organization oting members of the gover	n discontinued its oper						_
			oling members of the governdependent voting members						3 4	6
es	5		r of individuals employed in						5	<u>3</u> 70
Activities &	6		er of volunteers (estimate if						6	70
Ę	7a		ted business revenue from F						7a	0.
	1		d business taxable income						7b	0.
				· · · · · · · · · · · · · · · · · · ·			Prior Y			Current Year
	8	Contribution	s and grants (Part VIII, line	1h)						10,430,133.
Revenue	1		vice revenue (Part VIII, line	•			10,20	<i>O</i> ,		10, 130, 133.
Ver		-	ncome (Part VIII, column (A				-1	8,38	34.	
æ			ue (Part VIII, column (A), Iir	• • • • • • • • • • • • • • • • • • • •				4,70		568,635.
	12	Total revenu	e - add lines 8 through 11	(must equal Part VIII,	column (A), lin	e 12)	10,63			10,998,768.
	13	Grants and	similar amounts paid (Part I	X, column (A), lines 1-	·3)			3,00		105.
	14	Benefits pai	d to or for members (Part I)	(, column (A), line 4).				•		
	15 Salaries, other compensation, employee benefits (Part IX, column					3,691,702.)2.	4,730,299.	
ses	16a		fundraising fees (Part IX, o	· ·		· ·		6,29		369,227.
Expenses							<u> </u>	0,23	,,,	303,227.
꼾	D		ising expenses (Part IX, col		1,534				-	
_	17		ses (Part IX, column (A), lir				5,74			6,666,881.
			ses. Add lines 13-17 (must e				9,62			11,766,512.
		Revenue les	s expenses. Subtract line 1	8 from line 12			1,00			- 767,744.
Assets or							Beginning of C			End of Year
set:	20		(Part X, line 16)				3,95			2,967,918.
t As	21	Lotal liabiliti	es (Part X, line 26)				1,19	1,75	50.	972,549.
Net /	22	Net assets of	r fund balances. Subtract li	ne 21 from line 20			2,76	3,11	.3.	1,995,369.
Pa	art II	Signatu	re Block							
Und	er penal	ties of perjury, I	declare that I have examined this returnary (other than officer) is based on a	rn, including accompanying so	chedules and statem	ents, and to the	e best of my know	ledge a	nd be l ief, it i	s true, correct, and
com	plete. D	eclaration of prep	earer (other than officer) is based on a	all information of which prepar	er has any knowledo	ge.				
Sig	gn	Signature of	f officer				Date			
He	re	DUDLE	Y BROWN			PR	ESIDENT			
		Type or pri	nt name and title							
		Preparer's	name	Preparer's signature		Date	Check		if PTIN	
Pa	id	RON M	ARSHALL	RON MARSHALL			se l f-er	mployed	POC	436991
	epare									
	e On						Firm's	EIN	20-56	16457
		-	GREELEY, CO 8				Phone	no.		352-1642
Ma	v the I	IRS discuss t	his return with the preparer		structions		15110			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? <i>If "Yes," complete Schedule C, Part II.</i>	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	X	
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? <i>If "Yes," complete Schedule D, Part II.</i>	7		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		Х
С	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>	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
1 4 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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		Х
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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24 a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		X
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</i> "Yes," complete Schedule L, Part II	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	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28 a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in noncash 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		X
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? <i>If "Yes," complete Schedule N, Part II.</i>	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		X
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	X	
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)? If "Yes," complete Schedule R, Part V, line 2	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
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			. [
15	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
D A A	$1 \leftarrow 1 \land $	C	000 /	いいつり

Form 990 (2024) NATIONAL ASSOCIATION FOR GUN RIGHTS, INC

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

			res	NO
2 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4 a	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
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
	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	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Х	
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		
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?	7e	\neg	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	1 (A)			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
'' a	Gross income from members or shareholders			
h	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1 2 a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	1 3 a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
		14D		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		Х
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
BAA	TEEA0105L 09/05/24	Form	990 ((2024)

Form 990 (2024) NATIONAL ASSOCIATION FOR GUN RIGHTS, INC 54-2015951 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 Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. 6 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..... 1h 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?..... 4 Χ Did the organization become aware during the year of a significant diversion of the organization's assets?...... 5 Χ 5 Did the organization have members or stockholders?..... 6 Χ 7a 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?.... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or persons other than the governing body?..... 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?.... 8a **b** Each committee with authority to act on behalf of the governing body?..... Χ 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 O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b | ff "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? 10h Χ Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe on Schedule O how this was done Χ 13 Did the organization have a written whistleblower policy?..... Χ 13 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official..... Χ 15a X **b** Other officers or key employees of the organization..... 15h If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a 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 SEE_SCHEDULE_O 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. Own website 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 20 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**

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any relate	ed organiz	ation	con	npen	ısate	ed any	cu	rrent officer, directo	or, or trustee.	
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unle:	ss pe	ition more rson irecto	than of its both of trusted Highest compensated employee	an	(D) Reportable compensation from the organization (W.2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-271099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DUDLEY BROWN	_ 40 _	v		v				154 000	0	0
PRESIDENT (2) RYAN FLUGAUR	40	Х		X				154,000.	0.	0.
VICE PRESIDENT	$-\frac{40}{0}$			Х				108,750.	0.	0.
(3) STEPHEN HUMPHREY	_ 40 _									
VICE PRESIDENT	0			Χ				98,000.	0.	0.
	2	.,						24 000	0	
TREASURER TARRENGEON	0	X						24,000.	0.	0.
	$-\frac{2}{0}$	X		Х				0.	0.	0.
(6) KRISTIN MCCOOK	1	1						<u> </u>	· ·	<u> </u>
SECRETARY	0	X						0.	0.	0.
(7) DAVID PRIDGEON	2									
DIRECTOR	0	X						0.	0.	0.
_(8)_TRAVIS_SWARTZ	2									
DIRECTOR	0	Х						0.	0.	0.
_ (9)		-								
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)		-								

rait	VII Section A. Onicers, Directors, Tre	15(665, 1	Ney		. (C)	C S,	аш		ipensateu Empi	oyees	(COIIII	nuea)
	(A) Name and title	(B) Average hours per week	box, offic	unle: er an	heck ss pe id a d	rson i	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estima o comper	(F) ited ame f other isation	
		(list any hours for related organiza-	Individual to or director	nstitutio	Officer	Key employee	Highest o	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the or and	ganizat I related nization	ion d
		tions below dotted line)	Individual trustee or director	Institutional trustee		loyee	Highest compensated employee						
(15)				æ			ated						
(1.0)													
(16)													
(17)													
(18)			-										
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
	ubtotal								384,750.	0.			0.
	otal from continuation sheets to Part VII, Sectional (add lines 1b and 1c)								<u> </u>	0.			0.
2 To	otal number of individuals (including but not limited on the organization										ensatior)	
	2											Yes	No
3 Di	d the organization list any former officer, direct In line 1a? <i>If "Yes,"complete Schedule J for suc</i>	tor, truste <i>h individu</i>	e, ke <i>al</i>	ey e 	mplo	oyee	e, or	high	nest compensated	l employee	3		X
4 Fo	or any individual listed on line 1a, is the sum of e organization and related organizations greate ach individual	f reportab er than \$1	le co 50,0	mpe 00?	ensa If "	ition Yes,	and " cor	oth nple	er compensation ete Schedule J for	from	4	X	
	d any person listed on line 1a receive or accru r services rendered to the organization? If "Yes										-	Λ	Х
Section	on B. Independent Contractors												
CO	omplete this table for your five highest compen mpensation from the organization. Report compen	sated indes	epen the c	den alen	t coi dar <u>:</u>	ntra year	ctors endi	tha ng v	it received more to vith or within the or	han \$100,000 of ganization's tax year.	ı		
	(A) Name and business add	ress							Description (of services	Compe	;) nsatio	n
2 To	otal number of independent contractors (including b	out not limi	ted t	o the	ose I	listed	d abo	ve)	 who received more	than			
	00,000 of compensation from the organization												

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 ls, Grants, Amounts 1a Federated campaigns **b** Membership dues..... 1b c Fundraising events..... 1с Contributions, Gifts, d Related organizations..... 1d e Government grants (contributions) 1e and Other Sin All other contributions, gifts, grants, and similar amounts not included above . . . 1f 10,430,133. g Noncash contributions included in 1q h Total. Add lines 1a-1f...... 10,430,133 Business Code Program Service Revenue 2a All other program service revenue. . . . g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties..... 5 (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c **d** Net rental income or (loss) (i) Securities (ii) Other **7a** Gross amount from sales of assets other than inventory Less: cost or other basis 7a 7b and sales expenses **c** Gain or (loss)..... 7с d Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18...... 8a **b** Less: direct expenses..... 8b 9a Gross income from gaming activities. 9a 9b **b** Less: direct expenses..... c Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less.... 10a **b** Less: cost of goods sold.... 10b c Net income or (loss) from sales of inventory...... **Business Code** Miscellaneous 900099 11a MISCELLANEOUS_INCOME 568,635 568,635 Revenue d All other revenue e Total. Add lines 11a-11d 568,635

10,998,768

568,635

0.

0

Total revenue. See instructions.....

12

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re	<u>'</u>			
Do i 6b,	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	105.	105.		
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	384,750.	268,863.	95,841.	20,046.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	3,037,109.	2,122,601.	756,409.	158,099.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,031,103.	2,122,001.	730, 103.	130,033.
9	Other employee benefits	922,712.	644,864.	229,811.	48,037.
10	Payroll taxes	385,728.	269,577.	96,070.	20,081.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	69,886.	35,799.	26,901.	7,186.
С	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	369,227.			369,227.
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule 0.)	159,883.	70,666.	14,362.	74,855.
12	Advertising and promotion	389,048.	186,619.	21,0021	202,429.
13	Office expenses	133,973.	72,967.	36,058.	24,948.
14	Information technology	•			•
15	Royalties				
16	Occupancy	270,531.	140,198.	78,762.	51,571.
17	Travel	43,735.	34,932.	4,032.	4,771.
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	57,262.	35,604.	9,024.	12,634.
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).				
а	MAIL COMMUNICATION	3,387,870.	3,152,198.		235,672.
b		645,205.	600,474.		44,731.
С	CREDIT CARD CHARGES	362,506.	337,374.		25,132.
d	<u> </u>	219,871.	161,239.	18,609.	40,023.
e	All other expenses	927,111.	511,582.	220,481.	195,048.
25	Total functional expenses. Add lines 1 through 24e	11,766,512.	8,645,662.	1,586,360.	1,534,490.
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				

		Check if Schedule O contains a response or note to	o any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing			1,164,584.	1	279,693.
	2	Savings and temporary cash investments		L		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, substantia controlled entity or family member of any of these pe	ner office I contribu	r, director, utor, or 35%		5	
	_			h		3	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), and persons described in section				6	
	_	Notes and loans receivable, net		` ' ` '			
(A	7				0.65 5.66	7	055 040
ě	8	Inventories for sale or use			265,566.	8	255,018.
Assets	9	Prepaid expenses and deferred charges			149,207.	9	97,827.
1		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		1,813,577.			
	b	Less: accumulated depreciation		604,247.	1,249,456.	10c	1,209,330.
	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	<u>-</u>		14		
	15	Other assets. See Part IV, line 11			5,500.	15	5,500.
	16	Total assets. Add lines 1 through 15 (must equal line	33)		3,954,863.	16	2,967,918.
	17	Accounts payable and accrued expenses			517,056.	17	392,330.
	18	Grants payable		L	•	18	·
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribution controlled entity or family member of any of these pe	ficer, dire utor, or 3 rsons	ector, trustee, 35%		22	
コ	23	Secured mortgages and notes payable to unrelated the		<u> </u>	669,694.	23	575,219.
	24	Unsecured notes and loans payable to unrelated third	•	L	000,004.	24	313,213.
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	•	L	5,000.	25	5,000.
	26	Total liabilities. Add lines 17 through 25		⊢	1,191,750.	26	972,549.
ces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	e	X	, ,		
a	27	Net assets without donor restrictions			2,763,113.	27	1,995,369.
ä	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.	ck here				
ō	29	Capital stock or trust principal, or current funds				29	
sts	30	Paid-in or capital surplus, or land, building, or equipm				30	
SS	31	Retained earnings, endowment, accumulated income				31	
t A	32	Total net assets or fund balances			2,763,113.	32	1,995,369.
ž	33	Total liabilities and net assets/fund balances			3,954,863.	33	2,967,918.
BA	Δ			L 09/05/24	.,,		Form 990 (2024)

Pai	rt XI Reconciliation of Net Assets				_		
	Check if Schedule O contains a response or note to any line in this Part XI.				. Ц		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,9	98,	768.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,766,512.				
3	Revenue less expenses. Subtract line 2 from line 1	3	- 767,744.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,7	63,3	113.		
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	9 Other changes in net assets or fund balances (explain on Schedule O)						
10							
Pai	rt XII Financial Statements and Reporting		-, -	50,0	369.		
	Check if Schedule O contains a response or note to any line in this Part XII						
-	Check if Schedule O contains a response of note to any line in this rart Air			Yes			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			163	NO		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis	ed on a					
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. Separate basis Both consolidated and separate basis	ate					
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?		2c	Х			
	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 Guidance, 2 C.F.R. Part 200, Subpart F?	Uniform	3 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		3b				
BAA			Form	990	(2024)		

SCHEDULE C (Form 990)

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 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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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) o	organizations: Complete Part III.			
Name	e of organization			Employer identificat	ion number (EIN)
		FOR GUN RIGHTS, INC		54-201595	
	-	rganization is exempt under section	• •	•	zation.
	See instructions for definition	organization's direct and indirect political c n of "political campaign activities."		SEE PART	
2 3	Political campaign activity ex Volunteer hours for political	xpenditures. See instructionscampaign activities. See instructions		\$	112,900.
	rt I-B Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	sise tax incurred by the organization under	section 4955	\$	
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.	\$	
3		a section 4955 tax, did it file Form 4720 for			
Δ:	_	·	-		
	b If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the or	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	
1		pended by the filing organization for section			
2	Enter the amount of the filing	g organization's funds contributed to other	organizations for sec	tion	
3	Total axampt function axpan	ditures. Add lines 1 and 2. Enter here and	on Form 1120 DOI		
4		e Form 1120-POL for this year?			
5	organization listed, enter the a were promptly and directly d	, and EINs of all section 527 political orgar mount paid from the filing organization's funds lelivered to a separate political organization al space is needed, provide information in	s. Also enter the amourn, such as a separate	nt of political contributions	s received that
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)	GUN RIGHTS AMERICA	2300 W EISENHOWER BLVD LOVELAND, CO 80537		57,500.	
(2)					
(3)					
(4)					
(5)					
(6)					

Schedule C (Form 990) 2024

5/	-2	N 1	Ις	a	۲,	1
J		$^{\prime}$	LJ	J	J	_

Pai	t II-A Complete if section 501(the organization (h)).	is exempt under see	ction 501(c)(3) and	filed Form 5768 (el	ection under
Α	Check if the filin	g organization belongs	to an affiliated group (and	list in Part IV each affilia	ited group member's name	9,
	address,	EIN, expenses, and	expenditures).			
В	Check if the filin	g organization checked	d box A and "Iimited control	" provisions apply.		
	(The term	Limits on Lobbyi "expenditures" mear	ng Expenditures ns amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expendite	ures to influence pub	lic opinion (grassroots lob	bying)		
b	Total lobbying expenditor	ures to influence a le	gislative body (direct lobb	ying) [
С	Total lobbying expenditor	ures (add lines 1a an	d 1b)			
d						
е	Total exempt purpose e	expenditures (add line	es 1c and 1d)			
f			ount from the following tal			
	IF the amount on line 1e, col	lumn (a) or (b), is: 1	THEN the lobbying nontaxa	ble amount is:		
	not over \$500,000	2	0% of the amount on line 1e.			
	over \$500,000 but not over \$1,	000,000 \$	100,000 plus 15% of the excess	over \$500,000.		
	over \$1,000,000 but not over \$	1,500,000 \$	175,000 plus 10% of the excess	over \$1,000,000.		
	over \$1,500,000 but not over \$	17,000,000 \$	225,000 plus 5% of the excess of	over \$1,500,000.		
	over \$17,000,000	\$	1,000,000.			
g	Grassroots nontaxable	amount (enter 25% o	f line 1f)			
h	Subtract line 1g from lin	ne 1a. If zero or less,	enter -0			
i	Subtract line 1f from lin	e 1c. If zero or less,	enter -0			
j	If there is an amount othe section 4911 tax for this	er than zero on either I s year?	ine 1h or line 1i, did the org	anization file Form 4720	reporting	Yes No
		4	-Year Averaging Period l	Inday Castian F01(b)		
	(Som		made a section 501(h) el ow. See the separate inst	ection do not have to c		
	(Som	columns belo	made a section 501(h) el	ection do not have to c ructions for lines 2a the	rough 2f.)	
Cale	ndar year (or fiscal year beginning in)	columns belo	made a section 501(h) el ow. See the separate inst	ection do not have to c ructions for lines 2a the	rough 2f.)	(e) Total
	ndar year (or fiscal year	columns belo	made a section 501(h) el ow. See the separate inst ing Expenditures During	ection do not have to c ructions for lines 2a thi 4-Year Averaging Perio	rough 2f.) od	(e) Total
2 a	ndar year (or fiscal year beginning in) Lobbying nontaxable	columns belo	made a section 501(h) el ow. See the separate inst ing Expenditures During	ection do not have to c ructions for lines 2a thi 4-Year Averaging Perio	rough 2f.) od	(e) Total
2a b	ndar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line	columns belo	made a section 501(h) el ow. See the separate inst ing Expenditures During	ection do not have to c ructions for lines 2a thi 4-Year Averaging Perio	rough 2f.) od	(e) Total
2a b	ndar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e)) Total lobbying	columns belo	made a section 501(h) el ow. See the separate inst ing Expenditures During	ection do not have to c ructions for lines 2a thi 4-Year Averaging Perio	rough 2f.) od	(e) Total
2a b c	ndar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e)) Total lobbying expenditures Grassroots nontaxable	columns belo	made a section 501(h) el ow. See the separate inst ing Expenditures During	ection do not have to c ructions for lines 2a thi 4-Year Averaging Perio	rough 2f.) od	(e) Total
2a b c d	ndar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column (e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures	columns belo	made a section 501(h) el ow. See the separate inst ing Expenditures During	ection do not have to c ructions for lines 2a thi 4-Year Averaging Perio	(d) 2024	(e) Total

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)
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Amount
1 a	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: Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	Mailings to members, legislators, or the public?			
g	Grants to other organizations for lobbying purposes?			
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?			
	Total. Add lines 1c through 1i			
С	If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	till A Constant (the research of the constant			

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		Χ
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		Х

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."

1	Dues, assessments, and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
а	Current year	2 a	
b	Carryover from last year	2b	
С	Total	2c	
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 expenditures 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)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection
Employer identification number

NAT	IONAL ASSOCIATION FOR GUN RI	GHTS, INC		54	I-2015951
Par	l Organizations Maintaining Do	onor Advised Funds or Oth	er Similar F	unds or Acc	ounts
	Complete if the organization a	answered "Yes" on Form 99	0, Part IV, li	ne 6.	
		(a) Donor advised fu	nds	(b) Fund	ls 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	onor advisors in writing that the a e organization's exclusive legal co	ssets held in do ontrol?	onor advised fun	ds Yes No
6	Did the organization inform all grantees, don for charitable purposes and not for the benefimpermissible private benefit?	fit of the donor or donor advisor. o	or for anv other	purpose conferi	rina
Par	Conservation Easements				
	Complete if the organization a	answered "Yes" on Form 99	00, Part IV, Ii	ine 7.	
1	Purpose(s) of conservation easements held I	,	<u></u> **		
	Preservation of land for public use (for exan	nple, recreation or education)			Ily important land area
	Protection of natural habitat		Preservati	on of a certified	historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation contri	bution in the forr	n of a conservation	on easement on the
	last day of the tax year.			Held	at the End of the Tax Year
a	Total number of conservation easements				Tat the Life of the Tax Tour
	Total acreage restricted by conservation ease				
	Number of conservation easements on a cer				_
	Number of conservation easements included	on line 2c acquired after July 25	2006 and not		_
	a historic structure listed in the National Reg	ister		2d	
3	Number of conservation easements modified, tratax year	ansferred, released, extinguished, or	terminated by the	ne organization di	uring the
4	Number of states where property subject to o	conservation easement is located			
5	Does the organization have a written policy r	egarding the periodic monitoring,	inspection, har	– ndling of violatio	ns,
	and enforcement of the conservation easeme				
6	Staff and volunteer hours devoted to monitoring,	, inspecting, handling of violations, a	and enforcing co	nservation easem	ents during the year
7	Amount of expenses incurred in monitoring, insp	pecting, handling of violations, and e	enforcing conserv	vation easements	during the year
_	' <u> </u>			. 1704.4440	<i>(</i>)
8	Does each conservation easement reported and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization re include, if applicable, the text of the footnote conservation easements.	eports conservation easements in to the organization's financial state	its revenue and atements that d	d expense stater lescribes the org	ment and balance sheet, and panization's accounting for
Par	Organizations Maintaining Co Complete if the organization a	ollections of Art, Historical answered "Yes" on Form 99	Treasures, 90, Part IV, Ii	or Other Sim ine 8.	ilar Assets
1a	If the organization elected, as permitted und historical treasures, or other similar assets h Part XIII the text of the footnote to its financi	eld for public exhibition, education	n, or research i	atement and ba n furtherance of	lance sheet works of art, public service, provide in
b	If the organization elected, as permitted und historical treasures, or other similar assets held following amounts relating to these items.	er FASB ASC 958, to report in its for public exhibition, education, or re	revenue stater esearch in furthe	nent and balancerance of public se	e sheet works of art, ervice, provide the
	(i) Revenue included on Form 990, Part VIII	, line 1			\$
	(i) Revenue included on Form 990, Part VIII(ii) Assets included in Form 990, Part X				\$
	If the organization received or held works of art, amounts required to be reported under FASE	historical treasures, or other similar ASC 958 relating to these items	assets for finan	cial gain, provide	the following
а	Revenue included on Form 990, Part VIII, lin				\$
b	Assets included in Form 990, Part X				\$

Part III Organizations Main	italilling Collection	DIIS OI AIL, IIIS	torical freasures,	or Other Sillillar A	55E15	(COITUI	<u>llueu)</u>
3 Using the organization's acquisition items (check all that apply).	n, accession, and othe	r records, check a	ny of the following that m	ake significant use of its	collectio	n	
a Public exhibition		d Loan	or exchange program				
b Scholarly research		e Other					
c Preservation for future gene							
4 Provide a description of the organi. Part XIII.		-					
5 During the year, did the organizato be sold to raise funds rather t	han to be maintaine	d as part of the o	t, historical treasures, o rganization's collection	or other similar assets	Yes		No
Part IV Escrow and Custoo Complete if the organization	dial Arrangemen	ts ed "Yes" on F	orm 990 Part IV li	ine 9 or reported :	an ame	ount o	n
Form 990, Part X, li	ne 21.			•		Julit 0	''
1a Is the organization an agent, tru on Form 990, Part X?				ner assets not included	Yes	. [No
b If "Yes," explain the arrangement i	n Part XIII and comple	ete the following ta	ble.				
					Amoun	<u>t</u>	
c Beginning balance							
d Additions during the yeare Distributions during the year							
f Ending balance							
2a Did the organization include an					Yes		No
b If "Yes," explain the arrangemen				-		_	-
Part V Endowment Funds							
Complete if the orga	anization answer	ed "Yes" on F	orm 990, Part IV, I	ine 10.			
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e)	Four year	s back
1a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships					+		
e Other expenditures for facilities and programs							
f Administrative expenses					+		
q End of year balance							
2 Provide the estimated percentage	ge of the current year	r end balance (lin	e 1g, column (a)) held	as:			
a Board designated or quasi-endo	wment	%					
b Permanent endowment	%						
c Term endowment	%						
The percentages on lines 2a, 2b, a	and 2c should equal 10	00%.					
3a Are there endowment funds not in	the possession of the	organization that a	are held and administered	for the	Г		
organization by: (i) Unrelated organizations?					3a(i)	Yes	No
(ii) Related organizations?							
b If "Yes" on line 3a(ii), are the re							
4 Describe in Part XIII the intende		·					.1
Part VI Land, Buildings, an	d Equipment						
Complete if the organizat		n Form 990, Part	IV, line 11a. See Form 9	90, Part X, line 10.			
Description of property	(a) Co	st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	alue
1a Land		masanoni)	463, 900.	аоргосіаціон		463	,900.
b Buildings			626,100.	149,568.			,532.
c Leasehold improvements			508,808.	336,334.			,474.
d Equipment			207,665.	111,241.			,424.
e Other			7,104.	7,104.			0.
Total. Add lines 1a through 1e. (Colum	nn (d) must equal Fo	orm 990, Part X, I	ine 10c, column (B))		1	.,209	,330.

Part VII	Investments — Other Securities Complete if the organization answered "Yes" or	Form 990 Part IV lin	N/A a 11h Saa Form 990 Part X lina 12	
(a) Descri	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	nf-vear market value
	al derivatives	(0)	(C) medica or taradioni cost or ona	your marrier value
` '	held equity interests			
(3) Other	The squary mercental transfer and the square			
(A)	-			
(B) (B)				
(B) (C)				
(D) (D)				
(E)				
<u>(F)</u>				
<u>(G)</u> — — — —				
$\frac{(G)}{(H)}$ – – – –				
	nn (b) must equal Form 990, Part X, line 12, column (B))			
Part VIII	Investments – Program Related		N/A	
	Complete if the organization answered "Yes" or		e 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1)			
	nn (b) must equal Form 990, Part X, line 13, column (B))	77 /:	7	
Part IX	Other Assets Complete if the organization answered "Yes" or (a) De	N/2 <u>n Form 990, Part IV, lin</u> scription		(b) Book value
(1)	(4) 30			(a) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
	umn (b) must equal Form 990, Part X, line 15, o	column (B))		
Part X	Other Liabilities	.о.и.т. (Ву)		
I dit X	Complete if the organization answered "Yes" or	Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 2	25.
1.	(a) Descr	iption of liability		(b) Book value
	al income taxes			
	JRITY DEPOSIT			5,000.
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, line 25, c	olumn (B))		5,000.
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's	financial statements that reports the organization's	liability for uncertain
tax positions u	nder FASB ASC 740. Check here if the text of the footnote ha	s been provided in Part XIII.	<u></u>	

Schedule D (Form 990)	(Rev. 12-2024)	NATTONAT.	ASSOCTATION	FOR	GIIN RIGHTS	TNC

54-2015951

Page 4

Pa	t XI	Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Ro	eturn	N/A
		Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ınts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net u	nrealized gains (losses) on investments	2a		
k	Dona	ted services and use of facilities	2b		
C	Reco	veries of prior year grants	2c		
C	l Other	(Describe in Part XIII.)	2d		
6	Add I	ines 2a through 2d		2e	
3		act line 2e from line 1		3	
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:			
		tment expenses not included on Form 990, Part VIII, line 7b			
		(Describe in Part XIII.)			
		ines 4a and 4b		4c	
		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai	t XII	December 1 in the contract of	.t. \\/:th	D ~ 4	⊷ NT/7\
	· //II	Reconciliation of Expenses per Audited Financial Statemen		Retur	II N/A
	C XIII	Complete if the organization answered "Yes" on Form 990, F		Retur	II N/A
1	Total	Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements	Part IV, line 12a.	1 1	II N/A
1 2	Total Amou	Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements	Part IV, line 12a.		II N/A
1 2	Total Amou Dona	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements	Part IV, line 12a.		N/A
1 2 a	Total Amou Dona Prior	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements	Part IV, line 12a.		
1 2 a	Total Amou Dona Prior Other	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements	2a 2b 2c		II N/A
1 2 a k	Total Amou Dona Prior Other	Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements	2a 2b 2c 2d		II N/A
1 2 a k	Total Amou Dona Prior Other	Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. (Describe in Part XIII.) ines 2a through 2d.	2a 2b 2c 2d		II N/A
1 2 a k	Total Amou Dona Prior Other Other Add I	Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. (Describe in Part XIII.) ines 2a through 2d. act line 2e from line 1.	2a 2b 2c 2d	1	II N/A
1 2 a k c c c c s 3 4	Total Amou Dona Prior Other Other Add I Subtr	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements	2a 2b 2c 2d	1 2e	II N/A
1 2 a k c c c c c 3 4 a a	Total Amou Dona Prior Other Add I Subtr Amou	Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. (Describe in Part XIII.) ines 2a through 2d. act line 2e from line 1. unts included on Form 990, Part IX, line 25, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b.	Part IV, line 12a. 2a 2b 2c 2d	1 2e	II N/A
1 2 a k c c c c c 3 4 a k	Total Amou Dona Prior Other Other Add I Subtr Amou Inves	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments. [losses.] [Chescribe in Part XIII.] [Interestate the area of the	Part IV, line 12a. 2a 2b 2c 2d 4a 4b	2e 3	II N/A
1 2 a k c c c c c c c c c c c c c c c c c c	Total Amou Dona Prior Other Add I Subtr Amou Inves Other Add I	Complete if the organization answered "Yes" on Form 990, F expenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments losses. (Describe in Part XIII.) ines 2a through 2d. act line 2e from line 1. unts included on Form 990, Part IX, line 25, but not on line 1: tment expenses not included on Form 990, Part VIII, line 7b. (Describe in Part XIII.) ines 4a and 4b.	2a 2b 2c 2d 4a 4b	2e 3	II N/A
1 2 a k c c c c c c c c c c c c c c c c c c	Total Amou Dona Prior Other Add I Subtr Amou Inves Other Add I	Complete if the organization answered "Yes" on Form 990, Fexpenses and losses per audited financial statements unts included on line 1 but not on Form 990, Part IX, line 25: ted services and use of facilities year adjustments. [losses.] [Chescribe in Part XIII.] [Interestate the area of the	2a 2b 2c 2d 4a 4b	2e 3	II N/A

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.

Schedule D (Form 990) (Rev. 12-2024)

BAA

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

NAT	TIONAL ASSOCIATION FOR					54-201595	1	
Par	Part I 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.							
1	Indicate whether the organization				owing activities. Check	all that apply.		
a	x X Mail solicitations			е	Solicitation of nong	overnment grants		
k	X Internet and email solicitation	S		f	Solicitation of gove	rnment grants		
(H			g	H			
	I X In-person solicitations			9				
	Did the organization have a writte	n or oral agreer	ment with	any individ	dual (including officers	diractore truetage or l	(AV	
	employees listed in Form 990, Pa	rt VII) or entity	in connect	tion with p	rofessional fundraising	services?	XYes No	
k	If "Yes," list the 10 highest paid indiv	viduals or entities	s (fundraise	ers) pursua	nt to agreements under w	hich the fundraiser is to	be	
	compensated at least \$5,000 by the	he organization.						
(i`	Name and address of individual	212 A . I . I	(iii) Did	fundraiser	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to	
(',	or entity (fundraiser)	(ii) Activity	have custoo	dy or control ibutions?	from activity	fundraiser listed in	(or retained by) organization	
						col. (i)		
	RAINMAKERS		Yes	No				
1	PO BOX 1082	DONOR						
	SPRINGFIELD VA 22151	MEETINGS		X	693,200.	238,230.	454,970.	
_	RIGHTERS GROUP, LLC							
2	1807 S CHURCH ST							
	SMITHFIELD VA 23430	WRITE COPY		X	2,837,455.	128,547.	2,708,908.	
9								
3								
4								
•								
5								
•								
6								
7								
8								
9								
10								
.					0 500 655	066 888	0.100.000	
ı ota	List all states in which the organizati				3,530,655.	366,777.	3,163,878.	
5	or licensing.	on is registered (or licensed	to solicit c	onundudons or has been l	nounea it is exempt from	registration	
	AL AK AR CA CO CT FL	GA HI IL K	KS KY M	E MD M	A MN MS MO NV N	IH NJ NM NY NC	ND OH OK OR	
	PA RI SC TN UT VA WA		= = = = = = = = = = = = = = = = =	=_=				

Schedule G (Form 990) (Rev. 12-2024) NATIONAL ASSOCIATION FOR GUN RIGHTS, INC 54-2015951 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. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through col. (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..... Direct Expenses 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 (add col. (a) through col. (c)) Revenue (a) Bingo (c) Other gaming bingo/progressive bingo 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: a Is the organization licensed to conduct gaming activities in each of these states?..... No **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:

Sche	edule G (Form 990) (Rev. 12-2024) NATIONAL ASSOCIATION FOR GUN RIGHTS, INC 54	!− 2015951	Page 3
11	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 for administer charitable gaming?		— ∏ No
	Indicate the percentage of gaming activity conducted in: The organization's facility	_{13a}	%
	a The organization's facility.	13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		%
•	The file hall data data does of the person this properties the organization of garming opposition of the books and records.		
	Name	- – – – – – -	
	Address		
ŀ	a Does the organization have a contract with a third party from whom the organization receives gaming revenue of If "Yes," enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$ If "Yes," enter the name and address of the third party:	e? Ye e amount	s No
	Name	· — — — — — —	. – – – – 1
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
ā	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		s No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in to organization's own exempt activities during the tax year \$		3NO
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, color and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information. See instructions.	umns (iii) and additional	(v);

SCHEDULE J

(Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

NATIONAL ASSOCIATION FOR GUN RIGHTS, INC 54-2015951 **Questions Regarding Compensation** Part I Yes Nο 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain... 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?..... Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a **b** Participate in or receive payment from a supplemental nonqualified retirement plan?..... 4b Χ c Participate in or receive payment from an equity-based compensation arrangement?..... 4c Χ If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?..... 5a Χ 5b Χ If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?..... 6a Χ **b** Any related organization? 6b Χ If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III...... 7 Χ Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III..... 8 Χ If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53.4958-6(c)?

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

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Schedule J (Form 990) (Rev. 12-2024)

Page 2

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	ır 1099-NEC compensatio		(D) Nontaxable	(E) Total of	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DUDLEY BROWN 1 PRESIDENT	(i) $-154,000$	0	0	000		$-\frac{154}{0}$.	0
	(ii)						
m	(ii)						
4	(ii)						
5	(ii)						
9	(ii)						
7	(ii)		 				
8							
െ	(ii)						
10	(ii)						
11	(ii)		-				
12	(ii)						
13	(i)						
14	(i) (ii)						
15	(i) (ii)	-					
	(ii)					 	
ВАА		TEEA4102L 12/1	12/17/24		S	Schedule J (Form 990) (Rev. 12-2024)	0) (Rev. 12-2024)

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L (Form 990)

(Rev. December 2024)

(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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number 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. (b) Relationship between disqualified person and (d) Corrected? 1 (c) Description of transaction (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..... \$ Loans to and/or From Interested Persons Part II 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. **(b)** Relationship with organization (a) Name of interested person (c) Purpose of loan (d) Loan to or (e) Original principal amount (f) Balance due (h) Approved by board or committee? (i) Written (g) In default? organization? То From Yes No No No (1) (2) (3) (4) (5)(6) (7) (8) (9) (10)**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 (e) Purpose of assistance (a) Name of interested person (c) Amount of assistance (d) Type 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) (Rev. 12-2024)

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	4,834.	PURCHASES, PALADIN TACT.		Х
(2) MICHAEL ROTHFELD	DIRECTOR	137,893.	SERVICES, SABER COMMUN.		Х
(3) DAVE WARRINGTON	DIRECTOR	21,315.	LEGAL SERVICES		Х
(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 PALADIN TACTICAL FOR PURCHASES FOR FIREARMS GIVEAWAYS TO MEMBERS. DUDLEY BROWN IS ALSO AN OWNER OF PALADIN TACTICAL. THE NUMBER SHOWN IS THE GROSS AMOUNT PAID TO PALADIN TACTICAL FOR THOSE TRANSACTIONS.

SABER COMMUNICATIONS PROVIDES CONSULTING AND PRINT PURCHASING AND DIRECT MAIL SERVICES FOR NAGR. MICHAEL ROTHFELD IS ALSO AN OWNER OF SABER COMMUNICATIONS. THE NUMBER SHOWN IS THE GROSS AMOUNT PAID TO SABER COMMUNICATIONS FOR THOSE SERVICES.

DHILLON LAW PROVIDES LEGAL SERVICES FOR NAGR. DAVE WARRINGTON WAS AFFILIATED WITH DHILLON LAW IN 2024. THE NUMBER SHOWN IS THE GROSS AMOUNT PAID TO DHILLON LAW FOR THOSE SERVICES.

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

NATIONAL ASSOCIATION FOR GUN RIGHTS, INC

Employer identification number
54-2015951

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

AS AN ADVOCACY GROUP, THE NATIONAL ASSOCIATION FOR GUN RIGHTS (NAGR) PURPOSE IS TO EDUCATE GUN OWNERS AND GUN RIGHTS SUPPORTERS ON FIREARMS ISSUES BOTH AT THE LOCAL AND FEDERAL LEVEL. NAGR ASSISTS THE GROWING MOVEMENT OF STATE LEVEL GRASSROOTS GUN RIGHTS ORGANIZATIONS, AS WELL AS, ORGANIZING GRASSROOTS ADVOCACY AT EVERY LEVEL.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

EXPENSES	INCLUDING GRANTS	REVENUE
104,832.		221,130.
OTHER PROGRAM EXPENSES		

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE BOARD REVIEWS THIS EVERY YEAR AT EITHER THE ANNUAL MEETING, OR DURING PERIODIC BOARD CALLS WHEN AN ISSUE MAY ARISE AS THE DIRECTORS ARE OBLIGATED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED

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

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)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Open to Public Inspection

Employer identification number 54-2015951

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

INC NATIONAL ASSOCIATION FOR GUN RIGHTS, Name of the organization

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>π</u>					
<u>(2)</u>					
(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.	lanization answered	l "Yes" on Form 99	90, Part IV, line 34,	because it

(g) Sec 512(b)(13) controlled entity?	Yes No			×				×			×				X	0) (Rev. 12-2024)
(f) Direct controlling entity				N/A				N/A			N/A				N/A	Schedule R (Form 990) (Rev. 12-2024)
(e) Public charity status (if section 501(c)(3))																
(d) Exempt Code section				501 (C) (4)				501(C)(4)			501(C)(4)				501 (C) (4)	TEEA5001L 11/20/24
(c) Legal domicile (state or foreign country)				SC				MI			ΙΧ				FL	
(b) Primary activity		EDUCATION OF US	CITIZENS ON GUN	RIGHTS		EDUCATION OF US	CITIZENS ON GUN	RIGHTS	EDUCATION OF US	CITIZENS ON GUN	RIGHTS		EDUCATION OF US	CITIZENS ON GUN	RIGHTS	tions for Form 990.
(a) Name, address, and EIN of related organization		(1) PALMETTO GUN RIGHTS, LLC - 2300 W EISENHOWER BLVD	LOVELAND, _CO_80537	46-4155124	(2) GREAT LAKES GUN RIGHTS, LLC		LOVELAND, CO 80537		7300 W EISENHOWER BLVD 7300 W	LOVELAND, CO 80537	-46-4166528	(4) FLORIDA GUN RIGHTS, LLC		 	<u> </u>	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Schedule R (Form 990) (Rev. 12-2024) NATIONAL ASSOCIATION FOR GUN RIGHTS, INC

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 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	opor- aate a ions? 20	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(K) Percentage ownership	ortage ship
(1)											-		
<u>(2)</u>													
(3)													
Part IV Identification o	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	izations T or more r	Faxable as elated org	s a Corporatio anizations tre	on or Trus ated as a	t. Complete corporation	if the orga or trust du	nization ar iring the ta	ıswered x year	l "Yes" on f	orm 990,	Part	
(a) Name, address, and EIN of related organization	of related organizatio		(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling	Type of entity (C corp, S corp,		(f) Share of total income	Share	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	(13) ntity?
				coaliny)	Citility		()SP					Yes	9
(1)													
		 											
•													
	 	- 											
		 											
(6)													
		 											
		 											
ВАА				TEEA	TEEA5002L 11/20/24	4				Schedule R (Schedule R (Form 990) (Rev. 12-2024)	ev 12 20	24)

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.

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-2024)	ev. 12	A) (066 m	84, 164. Schedule R (Form 990) (Rev. 12-2024)	I	TEEA5003L 11/20/24
			135, 970.	Ŋ	LLC
			3,641.	0	
			18,452.	N	
			109,285.	Н	
			73,567.	Ü	
ining	eterm	(d) Method of determining amount involved	Amount involved Me	(b) Transaction type (a-s)	(a) Name of related organization
		•	Ī	red relationships and tr	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.
$ \times $		18			Other transfer of cash or property from related organization(s)
×		-			Other transfer of cash or property to related organization(s)
$ \times $		1 p			Reimbursement paid by related organization(s) for expenses
×		10			b Reimbursement paid to related organization(s) for expenses
	×	10			Sharing of paid employees with related organization(s)
	×	_ _			n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
$ \times $		<u>۔</u> ع			m Performance of services or membership or fundraising solicitations by related organization(s)
×		=			Performance of services or membership or fundraising solicitations for related organization(s)
×		<u>+</u>			k Lease of facilities, equipment, or other assets from related organization(s)
×		1			Lease of facilities, equipment, or other assets to related organization(s)
	×	Ξ			Exchange of assets with related organization(s)
×		٦			Purchase of assets from related organization(s)
×		19			
×		7			Dividends from related organization(s)
×		- 9			
$ \times$		1 d			
	×	ا د			c Gift, grant, or capital contribution from related organization(s)
×		1 b			Gift, grant, or capital contribution to related organization(s)
×		1 a			Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
				sted in Parts II-IV?	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
2	Yes				Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

54-2015951

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. INC

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.

(d) (d) (d) (d) (e) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		Are all partners section	Share of total income	Share of end-of-vear	Dispropor- tionate	Code V-UBI	General or managing	Percentage ownership
	rtry) (related, unre- lated, excluded from tax under	501(c)(3) organizations?		assets	allocations?	20 of Schedule K-1 (Form 1065)	partner?	5
	sections 512-514)	Yes No			Yes No	,	Yes No	1
(9)								
(9)								
(9)								
<u></u>								
(8)								
ВАА	1 1	TEEA5004L 11/20/24				Schedule R (Form 990) (Rev. 12-2024)	orm 990) (Re	v. 12.2024)

Schedule R (Form 990) (Rev. 12-2024) NATIONAL ASSOCIATION FOR GUN RIGHTS, INC 54-201599

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

Continuation Page 1 of 1

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, INC	
ASSOCIATION FOR GUN RIGHTS,	t Organizations
FOR (
ATION	d Tax-l
ASSOCI.	Relate
Cont (Form 990) (Rev. 12-2024) NATIONAL ASSOCIATION	Continuation of Identification of Related Tax-Exeml
Schedule R	Part II

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(if section 501(c)(3))	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	NI	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	HN	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	X
		TEEA5102L 11/20/24		S	Schedule R Cont (Form 990) (Rev. 12-2024)	90) (Rev. 12-2024)

Schedule R Cont (Form 990) (Rev. 12-2024) NATIONAL ASSOCIATION FOR GUN RIGHTS, INC

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

1 of

Continuation Page

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(d)
Method of determining amount involved 100. 2,030. 74,872. 1,718. 3,163. 1,651. -7,935. 58,939. 7,318 14,000 97,881 120,980 25,177 (c) Amount involved (b) Transaction type (a-s) \mathbb{Z} ပ \mathcal{C} \vdash 0 \mathcal{C} \mathcal{O} (a)
Name of related organization NEW HAMPSHIRE GUN RIGHTS, LLC PENNSYLVANIA GUN RIGHTS LLC. LLC PENNSYLVANIA GUN RIGHTS LLC ARIZONA GUN RIGHTS, LLC..... FLORIDA GUN RIGHTS, LLC.... TENNESSEE GUN RIGHTS, LLC FLORIDA GUN RIGHTS, LLC.. FLORIDA GUN RIGHTS, LLC. HOOSIER GUN RIGHTS, LLC. GREAT LAKES GUN RIGHTS, HOOSIER GUN RIGHTS, LLC TEXAS GUN RIGHTS, LLC. TEXAS GUN RIGHTS, LLC

Schedule R Cont (Form 990) (Rev. 12-2024)

TEEA5105L 11/20/24

2024

FEDERAL SUPPORTING DETAIL

PAGE 1

NATIONAL ASSOCIATION FOR GUN RIGHTS, INC	54-2015951
CONTRIBUTIONS, GIFTS, AND GRANTS OTHER CONTRIBUTIONS, GIFTS, GRANTS, ETC.	
TOTAL \$ \$ \$ \$	10,430,133. 10,430,133.