Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

Open to Public Inspection

<u>A</u>	For the	2011 calendar year, or tax year beginning	and	ending						
В	Check if applicable	C Name of organization CITIZENS COMMITTEE FOR THE	RIGHT TO K	EEP	D Employer identific	cation number				
	Addre chang	AND BEAR ARMS								
	Name chang	Doing Business As			91-0	904621				
	Initial return Termir ated	Number and street (or P 0 box if mail is not delivered to 12500 NE 10TH PLACE	street address)	Room/suite	E Telephone number (425	,)454-4911				
Ē	Ameno		· · · · · · · · · · · · · ·		G Gross receipts \$	2,430,656.				
	Applic				H(a) is this a group re					
	pendir	F Name and address of principal officer:ALAN M.	GOTTLIEB		for affiliates?	Yes X No				
	_	12500 NE 10TH PLACE, BELLEV		05	H(b) Are all affiliates inc	luded? Yes No				
1	Tax-exe	empt status: 501(c)(3) X 501(c) (4) ◀ (inse	ert no) 4947(a)(1) (or 527	If "No," attach a	list. (see instructions)				
J	Websit	e: ► WWW.CCRKBA.ORG			H(c) Group exemption	n_number ►				
K	Form of	organization X Corporation Trust Association	Other ▶	L Year	of formation 1974 N	State of legal domicile WA				
P	art I	Summary								
AUD /	1	Briefly describe the organization's mission or most signification CONSTITUTION AND THE RIGHT TO				ENT OF THE				
raa	2	Check this box 🕨 🔲 if the organization discontinued i	its operations or dispos	sed of more	than 25% of its net as	sets.				
, o	3	Number of voting members of the governing body (Part VI,			3	7				
	4	Number of independent voting members of the governing I			4	4				
SS	5	Total number of individuals employed in calendar year 201	1 (Part V, line 2a)		5	8				
€ţ	6	Total number of volunteers (estimate if necessary)			6	18				
₩	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	1,330.				
<u>5`</u>	b	Net unrelated business taxable income from Form 990-T, li	ne 34		7b	0.				
₹					Prior Year	Current Year				
<u>⊋•</u>	8	Contributions and grants (Part VIII, line 1h)		<u></u>	2,862,347.	2,425,000.				
Revenue	9	Program service revenue (Part VIII, line 2g)			0.	0.				
~	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,289.	4,326.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c	c, and 11e)		1,642.	1,330.				
		Total revenue: add-lines-8-through 11 (must equal Part VIII			2,874,278.	2,430,656.				
90	13	Grants and similar amounts paid (Part 🔊 column (A), lines	1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, co) (m) (A), line 4)		<u> </u>	0.	0.				
es	15	Salaries, other compansation, employee benefits (Part IX, o	column (A), lines 5-10)		219,423.	222,555.				
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.				
Expenses	p.		▶ 496,64	17.	0.650.506					
ш	17	Other expenses (Partil Rocollim N/A) Unies 11a-11d, 11f-24e			2,650,506.	2,263,643.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, colum	n (A), line 25)	<u> </u>	2,869,929.	2,486,198.				
- (0	19	Revenue less expenses. Subtract line 18 from line 12			4,349.					
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year				
sset	20	Total assets (Part X, line 16)		<u> </u>	3,643,113.	3,578,382.				
et A	21	Total liabilities (Part X, line 26)			317,986.	308,797.				
22	22	Net assets or fund balances Subtract line 21 from line 20			3,325,127.	3,269,585.				
	art II	Signature Block			·					
		ties of perjury, I declare that I have examined this return, including	·			/ knowledge and belief, it is				
true	, correc	, and complete (egaration of preparer (other than office) is base	ed on all information of wh	ich preparer	has any knowledge	2012				
		Signature of officer			Date Date	2012				
Sig					Duto					
Hei	re	ALAN M. GOTTLIEB, CHAIRMAN Type or print name and title								
		· · · · · · · · · · · · · · · · · · ·	1	Ir	ate / Check	PTIN				
D~··	.	Print/Type preparer's name JOHN C. GUNNING Prepare	7/21/20 11] ₁						
Paid	ł	011111111111111111111111111111111111111	2 7 00 6 5 5.0 50	P00144778 91-1584061						
	Darer Only	Firm's name GUNNING, STENSOR & P. Firm's address 10655 N.E. 4TH STREE'		<u> </u>	Firm's EIN ▶	71-1304001				
02E	200 400 1151									
1.4	u tha ID	S discuss this return with the preparer shown above? (see	n Instructions)		Phone no 2	X Yes No				
ivia)	y uie ir	o discuss this return with the preparer shown above? (See	monucions)			162140				

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP 91-0904621 AND BEAR ARMS Page 2 Form 990 (2011) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: DEFEND THE 2ND AMENDMENT OF THE CONSTITUTION AND THE RIGHT TO KEEP AND BEAR ARMS Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 1,030,238. including grants of \$) (Revenue \$) (Expenses \$ ____ EDUCATION OF THE PUBLIC REGARDING PRESENT AND PROPOSED GUN CONTROL LEGISLATION. 711,699. including grants of \$) (Expenses \$ GRASS-ROOTS LOBBYING AGAINST GUN CONTROL 69,303. including grants of \$ (Code) (Expenses \$ DIRECT LOBBYING AGAINST GUN CONTROL

4d Other program services (Describe in Schedule O.)

including grants of \$

4e Total program service expenses ► 1,811,240.

Form 990 (2011)

) (Revenue \$

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Form 990 (2011) AND BEAR ARMS
Part IV Checklist of Required Schedules

			V	N-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
·	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		J.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	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; 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_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		Х
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Α_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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? If "Yes," complete Schedule D, Part VII	11b	X	
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? If "Yes," complete Schedule D, Part VIII	11c		X
þ	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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
120	Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		i	
	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		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	10		Х
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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1 41	CTF Officerist of Negative Octivations (continued)	т	,	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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 25	24a		<u>X</u>
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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	17
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	l		17
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			17
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		,,	
	Note. All Form 990 filers are required to complete Schedule O	_ 38	X	
		Form	990 ¢	2011).

Form 990 (2011)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Par	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7			
	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Χ	
	At any time during the calendar year, did the organization have an interest in, or a signature or other					,,
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action's	,	5b		^
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	ho	anization colloit	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne org	amzation solicit	6a	Х	
	any contributions that were not tax deductible?	tions c	r offe	Va		
D	If "Yes," did the organization include with every solicitation an express statement that such contribu	idons c	y girts	6b	х	
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			- 00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and si	ervices i	provided to the payor?	7a	İ	Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	,		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas rec	uired			
-	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con-	tract?		7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file F	Form 88	399 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		<u></u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. I					1
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any tin	ne during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.					1
	Did the organization make any taxable distributions under section 4966?			9a_		<u> </u>
	Did the organization make a distribution to a donor, donor advisor, or related person?			9ь		
	Section 501(c)(7) organizations. Enter	مه ا	Ī			
	Initiation fees and capital contributions included on Part VIII, line 12	10a		1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u></u>	1		1
11	Section 501(c)(12) organizations. Enter:	11a				
	Gross income from other sources (Do not not amounts due or paid to other sources against	114	-	1		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		ĺ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		 -		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ıle O		14b		<u> </u>
				Form	990	(2011)

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Form 990 (2011) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion 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 7			
	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
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?	2_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	_X_	
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion 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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13_		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	-		17
	taxable entity during the year?	16a		<u>X</u>
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►WA, PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vallab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request		_	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	t finan	cıal	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ion: 🕨	·	
	ALAN M. GOTTLIEB - 425-454-4911			
	12500 N.E. 10TH PLACE, BELLEVUE, WA 98005			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter ·0· in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(B) Average hours per week (describe hours for related organizations in Schedule O)	stee or director	not c	Pos heck ss pe id a d	more rson recto	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
week (describe hours for related organizations in Schedule	offi	c, unle	ss pe d a d	rson irecto	s bot or/trus	h an	from			
(describe hours for related organizations in Schedule	\vdash					tee)	1	from related	other	
hours for related organizations in Schedule	wdual trustee or directo	nal trustee							other	
related organizations in Schedule	wdual trustee or o	nal trustee					the organization	organizations (W-2/1099-MISC)	compensation from the	
organizations in Schedule	vidual truste	멸			Highest compensated employee		(W-2/1099-MISC)	(44-27 1099-141100)	organization	
ın Schedule	Matual	, -		8	Jun Dec		(112 1000 111100)		and related	
O)		불	 	emp.	leste	<u> </u>			organizations	
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	CII.		COLULTITIE	LOI	11111	111
Form 990 (2011)	AND	BEAR	ARMS			

Par	t VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
	(A)	(B)			(0	C)			(D)	(E)		F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Estin	nated
		hours per	вох	, unte	ss pe	rson	is bot	h an	1	compensation	וי		unt of
		} ************************************				1	<u> </u>	from the	from related organizations	.		ner nsation	
		hours for	director			ļ	g		organization (W-2/1099-M			•	the
		related	Individual trustee or	ustee			Highest compensated emptoyee		(W-2/1099-MISC)			organ	ızatıon
		organizations	al frus	盲		84 0	E S						elated
		in Schedule O)	JA GF	Institutional trustee	Officer	Key employee	phest	Former				organi	zations
		0,	Ĕ	프	5	\$	£.2	윤					
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		<u> </u>	<u> </u>			<u> </u>	Ļ	L	84,000.		0.	1.0	531.
										0.		0.	
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	ii, Section A							84,000.		0.	18.	,531.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed a	bov	e) wi	10 r		0.000 of reportable			
_	compensation from the organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					-,					_	0
												Y	es No
3	Did the organization list any former officer,	, director, or tru	ıste	e, ke	у е	mplo	oyee	, or	highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for s	such individual									F	3	<u> </u>
4	For any individual listed on line 1a, is the si	-								the organization			v
_	and related organizations greater than \$15										}	4	X
5	Did any person listed on line 1a receive or					-		ela	ted organization or indiv	idual for services		5	Х
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	ipiete Schedul	e J i	or s	ucn	per	son					<u> </u>	
1	Complete this table for your five highest co	moensated in	depe	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of com	 pensa	tion from	n
•	the organization Report compensation for												
	(A)								(B)			(C)	
	Name and business	address							Description of s		C	mpensa	ation
	RRIL ASSOCIATES				_				MAIL, MARKET	ING AND		105	0.4.0
125	000 NE 10TH PL, BELLEV	UE, WA	986	00!	5				LIST RENTAL			135,	048.
									<u> </u>				
2	Total number of independent contractors (ot li	mite	d to		-	ste	d above) who received r	nore than			
	\$100,000 of compensation from the organ	ization 🕨					1						

AND BEAR ARMS

Pa	rt '	VIII	Statement of Rever	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1	а	Federated campaigns	1	a					
irar			Membership dues	1	<u> </u>					
Š,			Fundraising events	1			1			
ar/a			Related organizations	_	d		1			
s, G			Government grants (contribut	—	\neg					
Sign			All other contributions, gifts, gran	· -		-	1			
t be			similar amounts not included abo		, 2	425,000.				
Contributions, Gifts, Grants and Other Similar Amounts		9	Noncash contributions included in lines	_						
9 E		h	Total. Add lines 1a-1f			>	2,425,000.			
						Business Code				
ce	2	? a								
ervi Je		b								
n Si		C							"	
rar Rev		d	 							
Program Service Revenue		е								
_			All other program service reve	enue			 			······································
	_		Total. Add lines 2a-2f			<u> </u>				
	3	•	investment income (including other similar amounts)	aiviaenas,	ınter	est, and	4,326.			4,326.
	4	1	Income from investment of ta	v.ovomnt h	ond :		1,320.			173201
	5		Royalties	A-exempt L	ona	proceeds -				
	•		Hoyanies	(ı) Re	al	(II) Personal		,		
	6	a	Gross rents			(1) (0.00.14.				
		b	Less: rental expenses							
		С	Rental income or (loss)							
		d	Net rental income or (loss)			>]			
	7	a	Gross amount from sales of	(ı) Secur	ities	(II) Other				
			assets other than inventory							
		ь	Less: cost or other basis							
			and sales expenses							
		С	Gain or (loss)	L						
			Net gain or (loss)							
ne	8	a	Gross income from fundraisin		ot					
ven			including \$							
Other Revenue			contributions reported on line	1c). See						
her			Part IV, line 18		a					
б			Less: direct expenses Net income or (loss) from fund	dua:a.a.a.	b	`L	†		İ	
	c		Gross income from gaming ac							•••••
	•		Part IV, line 19	Mivilies. Se	a					
		b	Less: direct expenses		b		1			
			Net income or (loss) from garr	nna activiti		•	1			
	10		Gross sales of inventory, less							
			and allowances		а	,				
		ь	Less: cost of goods sold		b]			
		c	Net income or (loss) from sale	s of invent	ory	>				
			Miscellaneous Revenu	е		Business Code				
	11	а	MAILING LIST RE	NTAL		541900	1,330.		1,330.	<u> </u>
		b								
		С								
		d	All other revenue				1 222			
			Total. Add lines 11a-11d			•	1,330.		1 222	
	12	•	Total revenue. See instructions				2,430,656.	0.	1,330.	4,326.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the United States See Part IV, line 22				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	84,000.	75,000.	4,500.	4,500.
6	trustees, and key employees Compensation not included above, to disqualified	04,000.	73,000.	4,300.	4,500.
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	89,937.	85,416.		4,521.
8	Pension plan accruals and contributions (include	03/30/6	03/1101		1/3211
Ŭ	section 401(k) and section 403(b) employer contributions)			i	
9	Other employee benefits	35,524.		35,524.	·
10	Payroll taxes	13,094.	11,597.	1,219.	278.
11	Fees for services (non-employees):		· · · · · · · · · · · · · · · · · · ·		
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	299,797.	153,704.	76,316.	69,777.
12	Advertising and promotion	382,333.	382,333.		
13	Office expenses	18,485.	12,673.	2,337.	3,475.
14	Information technology				
15	Royalties				·
16	Occupancy	92,782.	63,609.	11,731.	17,442.
17	Travel .		_		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,330.	21,330.		 .
20	Interest				
21	Payments to affiliates	1 051		1 051	
22	Depreciation, depletion, and amortization	1,051.		1,051.	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	TELEPHONE MARKETING	561,148.	372,432.		188,716.
b	POSTAGE & SHIPPING	464,696.	351,227.		113,469.
С	PRINTING	272,393.	207,195.		65,198.
d	MAILING LIST	62,746.	41,830.		20,916.
е	All other expenses	86,882.	32,894.	45,633.	8,355.
25	Total functional expenses. Add lines 1 through 24e	2,486,198.	1,811,240.	178,311.	496,647.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	İ			
	educational campaign and fundraising solicitation	}			
	Check here ► X If following SOP 98-2 (ASC 958-720)				

AND BEAR ARMS

Form 990 (2011)

Part X Balance Sheet (A) (B) Beginning of year End of year 183,534. 116,169. 1 Cash - non-interest-bearing 1,864,305. 1,859,248. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 2,027. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 7 Notes and loans receivable, net Inventories for sale or use 8 2,741. 917. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 111,617. 10a basis. Complete Part VI of Schedule D 110,579 2,089. 1,038. 10b 10c b Less: accumulated depreciation 11 11 Investments - publicly traded securities 1,589,593. 1,589,593. 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 5,908. 4,333. Other assets. See Part IV, line 11 15 15 3,643,113. 3,578,382. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 308,797 317,986. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 308,797. 317,986. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 3,325,127. 3,269,585. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 3,325,127. 3,269,585. 33 Total net assets or fund balances 3,643,113. 3,578,382. Total liabilities and net assets/fund balances

Form 990 (2011)

91-0904621 Page 11

Forn	1990 (2011) AND BEAR ARMS	91-090	14621	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check If Schedule O contains a response to any question in this Part XI				
			_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,43		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,48		
3	Revenue less expenses. Subtract line 2 from line 1	3		 _	42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,32	5,1	<u>27.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5		_	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,269	9,5	<u>85.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		· · · · · · · · · · · · · · · · · · ·		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				ļ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			İ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			l
	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 in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a		- 1	
	separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		

Form **990** (2011)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2011 Open to Public Inspection

Name of the organization

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP AND BEAR ARMS

Employer identification number 91-0904621

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds of	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		-
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	in deliter devices, et les dis, ettles perpette et.	Yes No
Par		panization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		ically important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space	T Possivation of a sortino.	- 1115.0116 51.05.016
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	a conservation easement on the last
-	day of the tax year.	ned donder validit dontinadilari in the form of t	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired		****
u	listed in the National Register	arter of 17700, and not on a historic structure	2d
3	Number of conservation easements modified, transferred, re	leased extreguebed or terminated by the or	L
J	vear	leased, extinguished, or terminated by the or	gainzation during the tax
А	Number of states where property subject to conservation ea	eament is located	
5	Does the organization have a written policy regarding the per		
9	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
Ü	and section 170(h)(4)(B)(ii)?	re satisfy the requirements of section Trough	Yes No
9	in Part XIV, describe how the organization reports conservati	ion eacements in its revenue and expense st	
3	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion 3 interioral statements that describes the	organization o accounting for
Pa	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
12	If the organization elected, as permitted under SFAS 116 (AS		at and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		of poole control provide, in Factory,
.	If the organization elected, as permitted under SFAS 116 (AS		nd balance sheet works of art, historical
U	treasures, or other similar assets held for public exhibition, e		
	•	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		b ¢
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X	annua an ath an aireilea ann a fan finn ann aireilea	
2	If the organization received or held works of art, historical tre	-	ain, provide
	the following amounts required to be reported under SFAS 1	To (ASC 958) relating to these items:	▶ ¢
a	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		> \$

Sche	dule D (Form 990) 2011 AND BEAL	R ARMS						<u>91-09</u>	<u>0462</u>	<u>l</u> Pa	<u> 1ge 2</u>
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	er Simil	ar Asse	ts (conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following that	at are a s	ignificant	use of its	collection	ı itemi	S
	(check all that apply):										
а	Public exhibition		, <u> </u>	Loan or exc	hange progra	ams					
b	Scholarly research	•	, [Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	llections and expla	ın how tl	ney further t	he organizati	on's exe	mpt purp	ose in Par	t XIV		
5	During the year, did the organization solicit or	receive donations	of art, h	istorical trea	sures, or oth	er sımılaı	r assets		_		_
,	to be sold to raise funds rather than to be ma	intained as part of	the orga	nization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	e organizatio	on answered	"Yes" to	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par									—	
1a	Is the organization an agent, trustee, custodia	an or other interme	diary for	contribution	ns or other as	ssets not	ıncluded	,	_	_	1
	on Form 990, Part X?							L	」 Yes	L_	No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	ollowing	table:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		1		 -
2a	Did the organization include an amount on Fo	orm 990, Part X, line	217					Ł	Yes	L	No
	If "Yes," explain the arrangement in Part XIV_										
Par	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0				
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions				_						
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities					1					
	and programs										
f	Administrative expenses										
9	End of year balance										
2	Provide the estimated percentage of the curre	ent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment ▶	%	_								
С	Temporarily restricted endowment ▶	 %									
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.									
За	Are there endowment funds not in the posses		ation the	at are held a	ind administe	ered for t	he organi	zation	_		
	by:	_								Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
ь	If "Yes" to 3a(ii), are the related organizations	listed as required of	on Sche	dule R?					3ь		
4	Describe in Part XIV the intended uses of the	·									
Pai	t VI Land, Buildings, and Equipm	ent. See Form 99	0, Part X	, line 10.							
	Description of property	(a) Cost or o			or other	(c) A	ccumulate	ed	(d) Book	c value	
		basis (investi	ment)		(other)	de	preciation		•		
1a	Land .										
	Buildings					1 1 11 1					
	Leasehold improvements			-							
	Equipment										
	Other			11	1,617.		110,5	79.		1,0	38.
	l. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X, colur							1,0	

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 AND BEAR AF			71-0904621 Page
Part VII Investments - Other Securities. Se	ee Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
		Cost of chief of year	namer value
(1) Financial derivatives			
(2) Closely-held equity interests		-	
(3) Other (A) INVESTMENT IN RADIO AND			
(B) TV STATIONS	1,443,898.	COST	
(C) GOLD COINS	2,880.	END-OF-YEAR MARKE	מוזבמע חיב
(C) GOLD COINS (D) INVESTMENT IN INTERNET	2,000.	END-OF-TEAR MARKE	SI VALUE
(E) MEDIA WEB SITE	142,815.	COST	
	142,015.	COBI	
(F) (G)			
(H)			<u> </u>
(1)			<u> </u>
Total (Col (b) must equal Form 990, Part X, col (B) line 12)	1,589,593.		
Part VIII Investments - Program Related. S		ł	
		(c) Method of va	aluation:
(a) Description of investment type	(b) Book value	Cost or end-of-year r	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX Other Assets. See Form 990, Part X, line			——————————————————————————————————————
	Description		(b) Book value
(1)			-
(2)			
(3)			· - · · · · · · · · · · · · · · · · · ·
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X,			
(a) Description of liability		b) Book value	
(1) Federal income taxes	<u> </u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
	e 25.)		
Total. (Column (b) must equal Form 990, Part X, col (B) line. FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to FIN 48 (ASC 740)	o the organization's financial stateme	ents that reports the organization's liability for unc	ertain tax positions under

Sche	dule D (Form 990) 2011 AND BEAR ARMS				91-	0904621	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ted Finan	cial S	tatemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		2,430	,656.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		2,486	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		-55	,542.
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5	-		
6	Investment expenses			6			_
7	Prior period adjustments			7		·	
8	Other (Describe in Part XIV.)	•	•	8			
9	Total adjustments (net). Add lines 4 through 8			9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	a		10		-55	542.
	t XII Reconciliation of Revenue per Audited Financial Statemer		ith Reve		er Retur		
1	Total revenue, gains, and other support per audited financial statements	***			1	2,430	656.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
_ _a	Net unrealized gains on investments	2a	1			1	
b	Donated services and use of facilities	2b					
	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
e	Add lines 2a through 2d		!				0.
3	Subtract line 2e from line 1				3	2,430	656.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				<u>-</u> -	2,130	030.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1				
b	Other (Describe in Part XIV.)	4b				Ì	
c	Add lines 4a and 4b	-40	L		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	2,430	656.
	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	Nith Expe	nses			7030.
1	Total expenses and losses per audited financial statements	1163	TILLI EXP	211300	1	2,486	198.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				-	2,100,	, 130.
	Donated services and use of facilities	2a	1				
a		2b					
b	Prior year adjustments Other losses	2c	-				
c C		2d					
d	Other (Describe in Part XIV.)	20	<u> </u>		2e		n
e	Add lines 2a through 2d Subtract line 2e from line 1				3	2,486,	198
3					3	2,400	170.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1	1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
D	Other (Describe in Part XIV.)	4b	l				0.
_	Add lines 4a and 4b				4c	2,486	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) It XIV Supplemental Information				5	2,400	130.
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple						4; Part
							

SCHEDULE L (Form 990 or 990-EZ)

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. ► See separate instructions.

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP

Employer identification number 91-0904621

Schedule L (Form 990 or 990-EZ) 2011

		D BEAR A							1-09	0462	1	
Part I E	xcess Benefit	Transaction	ns (section	on 501(c)(3) an	d section	501(c)(4) organization	ons only)					
C	omplete if the orga	anization answ	ered "Yes"	on Form 990,	Part IV, I	ine 25a or 25b, or Fo	rm 990-E	Z, Part	V, line 40	b		
1	(a) Name of die	and all front and an				(h) December	of transa	otion			(c) Cor	ected?
	(a) Name of dis	squalified pers	on 			(b) Description	or transa	Ction			Yes	No
2 Enter the	amount of tax imp	osed on the o	rganızatıon	managers or o	disqualific	ed persons during the	e year un	der	_			
section 4	958								▶ \$			
3 Enter the	amount of tax, if a	ny, on line 2, a	bove, reim	bursed by the	organiza	tion			▶ \$			
D1		- Frank Ind			 ,							
	oans to and/o											
				1		ine 26, or Form 990-E			Ba I /n Ann	roved		
	e of interested and purpose	(b) Loan to the organ		(c) Original p amour		(d) Balance due		In ault?	by bo	ard or	d or	
	····	То	From				Yes	No	Yes	No	Yes	No
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Fotal Part III C	rants or Assis	tongo Pon	ofiting l	staracted E	Dorson				<u> </u>			
			_									
	complete if the orga		ered res			en interested person		7	(a) Am	ount and	d tupo o	
(a) i	lame of interested	person		(b) helationsi		ganization	ano			assistan		ı
				-					•			
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~-												

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

Schedule L (Form 990 or 990-EZ) 2011 AND BEAR ARMS

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (c) Amount of (b) Relationship between interested (a) Name of interested person (d) Description of organization's person and the organization transaction transaction revenues? Yes No MERRIL ASSOCIATES OWNED BY ALAN GOTTL 135,048.MAIL, MARKE X Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: MERRIL ASSOCIATES (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: OWNED BY ALAN GOTTLIEB, CHAIRMAN (C) AMOUNT OF TRANSACTION \$ 135,048. (D) DESCRIPTION OF TRANSACTION: MAIL, MARKETING AND LIST RENTAL INCLUDES PASS THROUGH PAYMENTS TO OTHER VENDORS. (E) SHARING OF ORGANIZATION REVENUES? = NO

91-0904621 Page 2

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service CITIZENS COMMITTEE FOR THE RIGHT TO KEEP **Employer identification number** Name of the organization 91-0904621 AND BEAR ARMS FORM 990, PART VI, SECTION A, LINE 6: INDIVIDUALS MAY BECOME CONTRIBUTING MEMBERS OF THE ORGANIZATION WITH NO VOTING RIGHTS. FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS GIVEN TO EACH BOARD MEMBER FOR REVIEW AFTER FILING. THE FORM IS DISCUSSED AT THE NEXT BOARD MEETING AND APPROVED. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MONITORS ALL EXPENDITURES FOR POTENTIAL CONFLICTS OF INTEREST FORM 990 PART VI SECTION B QUESTION 15. ALL COMPENSATION DECISIONS ARE REVIEWED AND APPROVED BY THE BOARD. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

2011 Open to Public Inspection Employer identification number 91-0904621 OMB No 1545-0047 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. Related Organizations and Unrelated Partnerships ► See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) CITIZENS COMMITTEE FOR THE RIGHT TO KEEP ARMS AND BEAR Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part !

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) ε End-of-year assets e Total income চ Legal domicile (state or foreign country) છ WASHINGTON Primary activity Name, address, and EIN of disregarded entity Part II

2(b)(13) led ?	Š		×				
(g) Section 512(b)(13) controlled entity?	Yes	 					
(f) Direct controlling entity							
(e) Public charity status (if section	501(c)(3))						
(d) Exempt Code section							
(c) Legal domicile (state or foreign country)			WASHINGTON				
(b) Primary activity							
(a) Name, address, and EIN of related organization			N/A				

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

132161 01-23-12 LHA

Schedule R (Form 990) 2011

COMMITTEE FOR THE RIGHT TO KEEP CITIZENS

AND BEAR ARMS Schedule R (Form 990) 2011

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

Page 2

91-0904621

Percentage ownership 50.00% 800 50.00 Percentage managing ownership 50.00 Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 50. Ξ 3 Yes No 165. 149,110. 140 550. × Share of end-of-year assets 145, 9 Code V-UBI amount in box '20 of Schedule -K-1 (Form 1065) N/A 766. 024. 824 697 Share of total income 135, 36, 89 ate allocations? Yes No Disproportion-Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e CORP CORP CORP CORP Direct controlling entity Share of total Income K/Z Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) WA WA WA WA Û <u>e</u> 2 Primary activity INTERNET WEBSITE BROADCAST RADIO BROADCAST RADIO SROADCAST RADIO Direct controlling entity ত্ত STATION STATION STATION (c)
Legal
domicile
(state or
foreign MA Primary activity 9 20-1551728 Name, address, and EIN of related organization - 91-2019576 - 91-1669197 KBNP RADIO INC. - 91-1420974 KEEPANDBEARARMS.COM, INC. BELLEVUE, WA 98005-2532 BELLEVUE, WA 98005-2532 98005-2532 Name, address, and EIN of related organization 98005-2532 <u>e</u> KITZ RADIO, INC. KSBN RADIO, INC. 12500 NE 10TH PL 12500 NE 10TH PL 12500 NE 10TH PL 12500 NE 10TH PL MA ž 132162 01-23-12 BELLEVUE BELLEVUE Part IV

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP AND BEAR ARMS

Page 3

91-0904621

Schedule R (Form 990) 2011 AND BEAR ARMS

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	in Parts II-IV?	,		
a Receipt of (i) interest (ii) annutiles (iii) royalties or (iv) rent from a controlled entity				19		×
b Gift, grant, or capital contribution to related organization(s)				10		×
c Gift, grant, or capital contribution from related organization(s)		•		10		×
d Loans or loan guarantees to or for related organization(s)				1d		×
e Loans or loan guarantees by related organization(s)				9		×
f Sale of assets to related organization(s)				+		×
g Purchase of assets from related organization(s)				19		×
				4		×
i Lease of facilities, equipment, or other assets to related organization(s)				=		×
j Lease of facilities, equipment, or other assets from related organization(s)				<u>;</u>		×
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			¥		×
	anization(s)			=	×	>
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	lon(s)			٤		< :
n Sharing of paid employees with related organization(s)				Ę		×
 Reimbursement paid to related organization(s) for expenses 				9		×
p Reimbursement paid by related organization(s) for expenses				10		×
 Qther transfer of cash or property to related organization(s) Qther transfer of cash or property from related organization(s) 				14 1r	×	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	ils line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1)						
(2)						
(4)						
(5)						
(6)						
132163 01-23-12	22		Schedule	Schedule R (Form 990) 2011	(066	2011

91-0904621

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP AND BEAR ARMS

Schedule R (Form 990) 2011

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

That was not a related organization. See instructions regarding exclusion to certain investment partitions.	Istructions regarding excit	Sign for certain link	datilicilit partificialifia.							
(a)	(9)		©	(e)		(6)	€	€	3	€
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	(related, unrelated, 501(c)(3)	s partners sec 501(c)(3)	Share of total	Share of end-of-year	Dispropor- tonate allocations?	Dispropor- Code V-UB! General or Percentage bonate amount in box 20 managing ownership salecations?	General of managing partner?	Percentage ownership
•		رک (ک	under section 512-514)	Yes No	_	assets	Yes No	(Form 1065)	Yes No	
			27.							
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	Τ									
										
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								Schedule	R (For	Schedule R (Form 990) 2011

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Part VII	(Form 990) 2011 Supplemental Inform	nation	DEFEC	radio						0201021	1 age o
1 4,1 7,1	Complete this part to prov	natioi ide add	ı ıtıonal ınfo	rmation for response	es to au	estions d	on Schedule	R (see	e instruction:	s).	
	Complete this part to prov	ioc add	Monar into	THAT TO TO POSTOR	<u> </u>	00110110	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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10
PAGE
990
FORM

Paragraphy Par			•	•		•	•	-	•		 -	 			_
Parameter Para	Current Year Deduction				253	95	403	****	051						
Paccration Paccration Paccration Paccration Paccration Paccration Paccration Paccration Paccration Paccration Paccration Paccration Paccration Paccration Paccraticn Pac	Current Sec 179							0		*******	 				
Description	Accumulated Depreciation		, 119	,462		****	907.	,528	9,528						
Management And Acquired Method Life Inc Cost Of Basis Excit Basis Management And Acquired Method Life Cost Of Basis Excit Basis Excit Basis Excit Basis Excit Basis Excit Basis Excit Basis Excit Basis Excit Basis Excit Basis Excit Basis Excit Basis Excit Basis Excit Basis Excit Basis Excit Basis Excit Basis Excit Basis Excit Basis Excit	Basis For Depreciation		,119	2,462.	1,273.		2,017.	11,617	11,617						
Date Description Acquired Method Life Life Cost Of Basis	Reduction in Basis														
MANAGEMENT AND GENUTED Date of Cost Of Bass MANAGEMENT AND GENUTURE AND FURNITURE AND FURNITURE AND FURNITURE AND COTOLOZSI S.00 16 S.119 5.00 16 S.119 SEQUIPMENT OF CONTRIBENT FUND SET OF CONTRIBENT OF CONTRI	Bus % Excl										 				_
Description	Unadjusted Cost Or Basis		•		1,273.	1,977.		11,617	,617				·		
MANAGEMENT AND GENERAL FURNITURE AND 1EQUIPMENT FURNITURE AND 2EQUIPMENT 10107SL 3NETWORK EQUIPMENT 10107SL FURNITURE AND 6EQUIPMENT 7 990 PAGE 10 DEPR PAGE 10 DEPR	Line														
MANAGEMENT AND GENERAL FURNITURE AND 1EQUIPMENT FURNITURE AND 2EQUIPMENT 10107SL 3NETWORK EQUIPMENT 100108SL * 990 PAGE 10 TOTAL * GRAND TOTAL PAGE 10 DEPR MANAGEMENT AND GEN * GRAND TOTAL 990 PAGE 10 DEPR	Lıfe	5.00	5.00	3.00	5.00										
Description MANAGEMENT AND GENERAL FURNITURE AND SEQUIPMENT FURNITURE AND SCOMPUTER EQUIPMENT FURNITURE AND 6EQUIPMENT * 990 PAGE 10 TOTAL MANAGEMENT AND GEN * GRAND TOTAL 990 PAGE 10 DEPR	Method														
<u> </u>	Date Acquired	VARIES	070102	081304	010107	110107					 	 			
	Description	E 4		NETWORK EQUIPMENT	NETWORK EQUIPMENT		EQUIPMENT	MANAGEMENT AND GEN							
	Asset No	ļ	_	m)	4	អា	9				 	 			

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2012)

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corpor received to file Form 8869, to require the extension of time to file Form 8869 to require the extension of time to file F										
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corpor										
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corpor										
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an ext	nsion									
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Cert										
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this format (see instructions).										
visit www irs gov/efile and click on e-file for Charities & Nonprofits										
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).										
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete										
Part I only										
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time										
to file income tax returns.										
Type or Name of exempt organization or other filer, see instructions. Employer identification number	(EIN) or									
print CITIZENS COMMITTEE FOR THE RIGHT TO KEEP	, ,									
AND BEAR ARMS										
File by the due date for Number, street, and room or suite no. If a P O. box, see instructions. Social security number (SSN)										
filing your 12500 NE 10TH PLACE										
return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.										
BELLEVUE, WA 98005										
Enter the Return code for the return that this application is for (file a separate application for each return)	0 1									
Application Return Application	Return									
Is For Code Is For Co										
Form 990 O1 Form 990-T (corporation)	07									
Form 990-BL 02 Form 1041-A	08									
Form 990-EZ 01 Form 4720	09									
Form 990-PF 04 Form 5227	10									
	11									
	12									
Form 990-T (trust other than above) 06 Form 8870 ALAN M. GOTTLIEB										
• The books are in the care of • 12500 N.E. 10TH PLACE, BELLEVUE, WA - 98005										
Telephone No. ► 425-454-4911 FAX No. ►										
	 -7									
• If the organization does not have an office or place of business in the United States, check this box										
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)										
box Lift is for part of the group, check this box Light and attach a list with the names and EINs of all members the extension is f	r.									
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until										
AUGUST 15, 2012 , to file the exempt organization return for the organization named above. The extension										
is for the organization's return for:										
► X calendar year 2011 or										
tax year beginning, and ending										
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return										
Change in accounting period										
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any										
nonrefundable credits. See instructions.	0.									
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and										
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$	0.									
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,										
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$	0.									
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instru	ctions									

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.