

**Return of Organization Exempt From Income Tax**

**2004**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2004 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

**C** Name of organization  
**CITIZENS COMMITTEE FOR THE RIGHT TO KEEP AND BEAR ARMS**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**12500 NE 10TH PLACE**  
 City or town, state or country, and ZIP + 4  
**BELLEVUE, WA 98005**

**D** Employer identification number  
**91-0904621**

**E** Telephone number  
**(425) 454-4911**

**F** Accounting method:  Cash  Accrual  
 Other (specify)

**G** Website: **N/A**

**J** Organization type (check only one)  501(c) ( 4 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

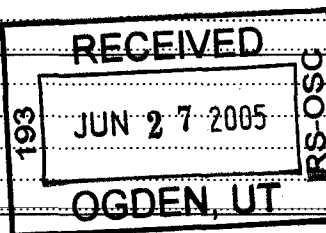
**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,433,151.**

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates   
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number   
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

		Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received:						
<b>a</b>	Direct public support	1a	2,361,117.				
<b>b</b>	Indirect public support	1b					
<b>c</b>	Government contributions (grants)	1c					
<b>d</b>	Total (add lines 1a through 1c) (cash \$ 2,361,117. noncash \$ )	1d				2,361,117.	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	2					
<b>3</b>	Membership dues and assessments	3					
<b>4</b>	Interest on savings and temporary cash investments	4				17,273.	
<b>5</b>	Dividends and interest from securities	5					
<b>6 a</b>	Gross rents	6a					
<b>b</b>	Less: rental expenses	6b					
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	6c					
<b>7</b>	Other investment income (describe )	7					
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
<b>b</b>	Less: cost or other basis and sales expenses	8a					
<b>c</b>	Gain or (loss) (attach schedule)	8b					
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c					
<b>8 d</b>		8d					
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1a)	9a					
<b>b</b>	Less: direct expenses other than fundraising expenses	9b					
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	9c					
<b>10 a</b>	Gross sales of inventory, less returns and allowances	10a					
<b>b</b>	Less: cost of goods sold	10b					
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c					
<b>11</b>	Other revenue (from Part VII, line 103)	11				54,761.	
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12				2,433,151.	
<b>13</b>	Program services (from line 44, column (B))	13				1,663,824.	
<b>14</b>	Management and general (from line 44, column (C))	14				130,826.	
<b>15</b>	Fundraising (from line 44, column (D))	15				537,574.	
<b>16</b>	Payments to affiliates (attach schedule)	16					
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	17				2,332,224.	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	18				100,927.	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	19				2,227,489.	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	20				SEE STATEMENT 1	<20,000.>
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21				2,308,416.	



SCANNED AUG 01 2005

**CITIZENS COMMITTEE FOR THE RIGHT TO KEEP  
AND BEAR ARMS**

91-0904621

**Part I Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)	22				
(cash \$ _____ noncash \$ _____)					
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	100,800.	83,664.	14,616.	2,520.
26 Other salaries and wages	26	130,014.	109,303.	17,398.	3,313.
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	21,130.	15,855.	4,829.	446.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	18,565.	12,408.	2,148.	4,009.
34 Telephone	34	50,865.	33,997.	5,884.	10,984.
35 Postage and shipping	35	565,637.	419,689.		145,948.
36 Occupancy	36	87,711.	58,624.	10,146.	18,941.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	302,585.	228,625.		73,960.
39 Travel	39				
40 Conferences, conventions, and meetings	40	22,348.	21,932.	416.	
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	3,334.		3,334.	
43 Other expenses not covered above (itemize):					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e <b>SEE STATEMENT 2</b>	43e	1,029,235.	679,727.	72,055.	277,453.
44 Total functional expenses (add lines 22 through 43). <small>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</small>	44	2,332,224.	1,663,824.	130,826.	537,574.

Joint Costs. Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 2,080,280. ; (ii) the amount allocated to Program services \$ 1,455,002. ;  
 (iii) the amount allocated to Management and general \$ 93,983. ; and (iv) the amount allocated to Fundraising \$ 531,295.

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? <b>SEE STATEMENT 3</b>	
<small>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</small>	
<b>a EDUCATION OF THE PUBLIC REGARDING PRESENT AND PROPOSED GUN CONTROL LEGISLATION.</b>	<b>Program Service Expenses</b> <small>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</small>
(Grants and allocations \$ _____)	986,988.
<b>b GRASS-ROOTS LOBBYING AGAINST GUN CONTROL</b>	
(Grants and allocations \$ _____)	624,482.
<b>c DIRECT LOBBYING AGAINST GUN CONTROL</b>	
(Grants and allocations \$ _____)	52,354.
<b>d</b>	
(Grants and allocations \$ _____)	
<b>e Other program services (attach schedule)</b>	(Grants and allocations \$ _____)
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>1,663,824.</b>

**CITIZENS COMMITTEE FOR THE RIGHT TO KEEP  
AND BEAR ARMS**

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45	Cash - non-interest-bearing .....	664,352.	45	618,963.
	46	Savings and temporary cash investments .....	850,657.	46	862,218.
	47 a	Accounts receivable .....			
		b Less: allowance for doubtful accounts .....	6,339.	47c	
	48 a	Pledges receivable .....			
		b Less: allowance for doubtful accounts .....		48c	
	49	Grants receivable .....		49	
	50	Receivables from officers, directors, trustees, and key employees .....		50	
	51 a	Other notes and loans receivable STMT 4	38,149.		
		b Less: allowance for doubtful accounts .....			
			76,368.	51c	38,149.
	52	Inventories for sale or use .....		52	
	53	Prepaid expenses and deferred charges .....	12,964.	53	8,270.
	54	Investments - securities STMT 5 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	823,750.	54	1,164,784.
55 a	Investments - land, buildings, and equipment: basis .....				
	b Less: accumulated depreciation .....		55c		
56	Investments - other SEE STATEMENT 6	43,066.	56	23,066.	
57 a	Land, buildings, and equipment: basis	106,350.			
	b Less: accumulated depreciation STMT 7	100,764.			
		6,459.	57c	5,586.	
58	Other assets (describe ► DEPOSITS)	6,815.	58	6,815.	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	2,490,770.	59	2,727,851.	
<b>Liabilities</b>	60	Accounts payable and accrued expenses .....	263,281.	60	219,995.
	61	Grants payable .....		61	
	62	Deferred revenue .....		62	
	63	Loans from officers, directors, trustees, and key employees .....		63	
	64 a	Tax-exempt bond liabilities .....		64a	
		b Mortgages and other notes payable STMT 8		64b	199,440.
65	Other liabilities (describe ►)		65		
66	<b>Total liabilities</b> (add lines 60 through 65)	263,281.	66	419,435.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted .....	2,227,489.	67	2,308,416.
	68	Temporarily restricted .....		68	
	69	Permanently restricted .....		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds .....		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72	Retained earnings, endowment, accumulated income, or other funds .....		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	2,227,489.	73	2,308,416.	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	2,490,770.	74	2,727,851.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**CITIZENS COMMITTEE FOR THE RIGHT TO KEEP  
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<b>Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return</b>	<b>Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
<p><b>a</b> Total revenue, gains, and other support per audited financial statements <span style="float:right">▶ <b>a</b> 2,433,151.</span></p> <p><b>b</b> Amounts included on line a but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments ..... \$ _____</p> <p>(2) Donated services and use of facilities ... \$ _____</p> <p>(3) Recoveries of prior year grants ..... \$ _____</p> <p>(4) Other (specify): _____ \$ _____</p> <p>Add amounts on lines (1) through (4) ..... ▶ <b>b</b> 0.</p> <p><b>c</b> Line a minus line b ..... ▶ <b>c</b> 2,433,151.</p> <p><b>d</b> Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 ... \$ _____</p> <p>(2) Other (specify): _____ \$ _____</p> <p>Add amounts on lines (1) and (2) ..... ▶ <b>d</b> 0.</p> <p><b>e</b> Total revenue per line 12, Form 990 (line c plus line d) ..... ▶ <b>e</b> 2,433,151.</p>	<p><b>a</b> Total expenses and losses per audited financial statements <span style="float:right">▶ <b>a</b> 2,332,224.</span></p> <p><b>b</b> Amounts included on line a but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities ... \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990 ..... \$ _____</p> <p>(3) Losses reported on line 20, Form 990 ... \$ _____</p> <p>(4) Other (specify): _____ \$ _____</p> <p>Add amounts on lines (1) through (4) ..... ▶ <b>b</b> 0.</p> <p><b>c</b> Line a minus line b ..... ▶ <b>c</b> 2,332,224.</p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 ... \$ _____</p> <p>(2) Other (specify): _____ \$ _____</p> <p>Add amounts on lines (1) and (2) ..... ▶ <b>d</b> 0.</p> <p><b>e</b> Total expenses per line 17, Form 990 (line c plus line d) ..... ▶ <b>e</b> 2,332,224.</p>

<b>Part V List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ALAN M. GOTTLIEB 12500 N.E. 10TH PL. BELLEVUE, WA	CHAIRMAN 24	36,000.	6,358.	0.
JOHN M. SNYDER 1090 VERMONT AVE NW WASHINGTON D.C.	VICE CHAIRMAN 30	36,000.	4,064.	0.
MERRILL JACOBS 5505 SPRING CREEK WAY ELK GROVE, CA	SECRETARY 0	0.	0.	0.
PEGGY TARTARO 267 LINWOOD BUFFALO, NY	TREASURER 0	0.	0.	0.
HERB STUPP 3724 222ND ST. BAYSIDE, NY 11361	MEMBR AT LARG 0	0.	0.	0.
ROBERT KUKLA P. O. BOX 398 PARK RIDGE, IL 60068	MEMBR AT LARG 0	0.	0.	0.
TOM GRESHAM P.O. BOX 665 NATCHITOCHE, LA	MEMBR AT LARG 0	0.	0.	0.
JOE WALDRON 12131 S.E. 13TH ST. BELLEVUE, WA 98005	EXEC. DIR. 40	28,800.	600.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.  Yes  No

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**Part VI Other Information**

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <b>SEE STATEMENT 9</b> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions <b>81a</b> 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) <b>82b</b>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85	<b>501(c)(4), (5), or (6) organizations.</b> a Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c	Dues, assessments, and similar amounts from members <b>85c</b> N/A		
d	Section 162(e) lobbying and political expenditures <b>85d</b> N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b> N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b> N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <b>85g</b> N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <b>85h</b> N/A		
86	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 12 <b>86a</b> N/A		
b	Gross receipts, included on line 12, for public use of club facilities <b>86b</b> N/A		
87	<b>501(c)(12) organizations.</b> Enter: a Gross income from members or shareholders <b>87a</b> N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>87b</b> N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>N/A</b> ; section 4912 <b>N/A</b> ; section 4955 <b>N/A</b>		
b	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0.</b>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <b>0.</b>		
90 a	List the states with which a copy of this return is filed <b>WA, PA</b>		
b	Number of employees employed in the pay period that includes March 12, 2004 <b>90b</b> 10		
91	The books are in care of <b>ALAN M. GOTTLIEB</b> Telephone no. <b>425-454-4911</b>		

Located at **12500 N.E. 10TH PLACE, BELLEVUE, WA**

ZIP + 4 **98005**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
and enter the amount of tax-exempt interest received or accrued during the tax year **92** N/A

**CITIZENS COMMITTEE FOR THE RIGHT TO KEEP  
AND BEAR ARMS**

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees and contracts from government agencies .....					
<b>94</b> Membership dues and assessments .....					
<b>95</b> Interest on savings and temporary cash investments ...			14	17,273.	
<b>96</b> Dividends and interest from securities .....					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property .....					
b not debt-financed property .....					
<b>98</b> Net rental income or (loss) from personal property .....					
<b>99</b> Other investment income .....					
<b>100</b> Gain or (loss) from sales of assets other than inventory .....					
<b>101</b> Net income or (loss) from special events .....					
<b>102</b> Gross profit or (loss) from sales of inventory .....					
<b>103</b> Other revenue:					
a <b>MAILING LIST RENTAL</b>	541900	28,129.			
b <b>POSTAGE CONTRIBUTIONS</b>					8,250.
c <b>OTHER INCOME</b>					18,382.
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) .....		28,129.		17,273.	26,632.
<b>105</b> Total (add line 104, columns (B), (D), and (E)) .....					72,034.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
<b>103B</b>	<b>POSTAGE REFUNDS REDUCE THE COSTS OF EDUCATING THE PUBLIC REGARDING GUN CONTROL LEGISLATION AND THE LOBBYING EFFORTS ON BEHALF OF SUCH LEGISLATION.</b>
<b>103C</b>	<b>ALL MONIES AID IN THE EDUCATION OF THE PUBLIC REGARDING GUN CONTROL</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 10	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**    Signature of officer: *Alan M. Cottler*    Date: *6/21/05*    Type or print name and title: *ALAN M. COTTLER, EXEC. VICE-PRESIDENT*

**Paid Preparer's Use Only**    Preparer's signature: *[Signature]*    Date: *6/28/05*    Check if self-employed:     Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **GUNNING, STENSON & PRICE, P.S.  
10655 N.E. 4TH STREET, SUITE 611  
BELLEVUE, WA 98004**

EIN: \_\_\_\_\_    Phone no.: **206-462-1151**

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	MANAGEMENT AND GENERAL FURNITURE AND EQUIPMENT											
	1	VARIES	VAR	5.00	16	98,169.			98,169.	96,028.		2,036.
	2	070102SL	SL	5.00	16	5,719.			5,719.	1,402.		1,024.
	3	081304SL	SL	3.00	16	2,462.			2,462.			274.
	* 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL					106,350.		0.	106,350.	97,430.	0.	3,334.
	* GRAND TOTAL 990 PAGE 2 DEPR					106,350.		0.	106,350.	97,430.	0.	3,334.

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

(D) - Asset disposed

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
UNREALIZED LOSS ON STOCK		<20,000.>	
TOTAL TO FORM 990, PART I, LINE 20		<20,000.>	

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FORM 990

OTHER EXPENSES

STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
TELEPHONE MARKETING	508,977.	340,373.		168,604.
PROFESSIONAL SERVICES	273,629.	160,171.	39,775.	73,683.
PUBLICITY & ADVERTISING	95,806.	80,918.	14,888.	
BOOK PROGRAM	28,262.	28,262.		
MISCELLANEOUS	14,379.		14,379.	
TAXES	2,360.		2,360.	
RESEARCH	956.	956.		
MAILING LIST	104,213.	69,047.		35,166.
REPAIRS AND MAINTENANCE	653.		653.	
TOTAL TO FM 990, LN 43	1,029,235.	679,727.	72,055.	277,453.

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FORM 990      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT      3  
PART III

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EXPLANATION

DEFEND THE 2ND AMENDMENT OF THE CONSTITUTION AND THE RIGHT TO  
KEEP AND BEAR ARMS.

FORM 990

OTHER NOTES AND LOANS REPORTED SEPARATELY

STATEMENT 4

<u>BORROWER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
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KSBN RADIO, INC.	IN FULL BY DUE DATE
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<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>	<u>FMV OF CONSIDERATION</u>
08/15/95	06/01/02	10,000.	6.00%	0.

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
--------------------------------------	------------------------

NONE	OPERATING LOAN
------	----------------

<u>RELATIONSHIP OF BORROWER</u>	<u>DESCRIPTION OF CONSIDERATION</u>	<u>DOUBTFUL ACCT ALLOWANCE</u>	<u>BALANCE DUE</u>
INVESTEE		0.	20,000.

<u>BORROWER'S NAME</u>	<u>TERMS OF REPAYMENT</u>
------------------------	---------------------------

KITZ RADIO, INC.	IN FULL BY DUE DATE
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<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>	<u>FMV OF CONSIDERATION</u>
02/20/01	06/01/05	13,500.	6.00%	0.

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
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NONE	OPERATING LOAN
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<u>RELATIONSHIP OF BORROWER</u>	<u>DESCRIPTION OF CONSIDERATION</u>	<u>DOUBTFUL ACCT ALLOWANCE</u>	<u>BALANCE DUE</u>
INVESTEE		0.	18,149.

TOTALS INCLUDED ON FORM 990, PART IV, LINE 51		0.	38,149.
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FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 5

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENT IN RADIO AND TV STATIONS	COST	1,021,969.			1,021,969.
INVESTMENT IN INTERNET MEDIA WEB SITE	COST	142,815.			142,815.
TO FORM 990, LINE 54, COL B		1,164,784.			1,164,784.

FORM 990

OTHER INVESTMENTS

STATEMENT 6

<u>DESCRIPTION</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
GOLD COINS	COST	2,880.
STOCKS	COST	20,186.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		<u>23,066.</u>

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**FORM 990**      **DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT**      **STATEMENT**      **7**

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<u>DESCRIPTION</u>	<u>COST OR OTHER BASIS</u>	<u>ACCUMULATED DEPRECIATION</u>	<u>BOOK VALUE</u>
FURNITURE AND EQUIPMENT	98,169.	98,064.	105.
FURNITURE AND EQUIPMENT	5,719.	2,426.	3,293.
NETWORK EQUIPMENT	2,462.	274.	2,188.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>106,350.</b>	<b>100,764.</b>	<b>5,586.</b>



FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS  
PART VI, LINE 80B

STATEMENT 9

NAME OF ORGANIZATION

EXEMPT

NONEXEMPT

RIGHT TO KEEP AND BEAR ARMS POLITICAL VICTORY FUND

X



FORM 990

PART IX - INFORMATION REGARDING TAXABLE  
SUBSIDIARIES AND DISREGARDED ENTITIES

STATEMENT 10

## NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

KSBN RADIO, INC.

## ADDRESS

12500 NE 10TH PL, BELLEVUE, WA 98005-2532

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
91-1669197	50.00%	BROADCAST RADIO STATION	<15,629.>	624,461.

## NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

KITZ RADIO, INC.

## ADDRESS

12500 NE 10TH PL, BELLEVUE, WA 98005-2532

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
91-2019576	50.00%	BROADCAST RADIO STATION	<6,057.>	288,401.

## NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

KEEPANDBEARARMS.COM, INC

## ADDRESS

12500 NE 10TH PL, BELLEVUE, WA 98005-2532

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
20-1551728	50.00%	INTERNET WEBSITE	<547.>	6,267.

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
  - 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.

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>CITIZENS COMMITTEE FOR THE RIGHT TO KEEP AND BEAR ARMS</b>	<b>Employer identification number</b> <b>91-0904621</b>
<small>File by the due date for filing your return. See instructions.</small>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>12500 NE 10TH PLACE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BELLEVUE, WA 98005</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **ALAN M. GOTTLIEB**  
 Telephone No. ▶ **425-454-4911** FAX No. ▶ \_\_\_\_\_
- 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) \_\_\_\_\_. If this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2004** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- 2** If this tax year 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 ..... \$ \_\_\_\_\_
- b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... \$ \_\_\_\_\_
- c Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ..... \$ **N/A**

**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 instructions.