

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

## 2005

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 2005 calendar year, or tax year beginning and ending

ENVELOPE POSTMARK DATE JUL 1 2006

Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>CITIZENS COMMITTEE FOR THE RIGHT TO KEEP</b>	<b>D</b> Employer identification number <b>91-0904621</b>
	Number and street (or P O box if mail is not delivered to street address) Room/suite <b>12500 NE 10TH PLACE</b>	<b>E</b> Telephone number <b>(425) 454-4911</b>	
	City or town, state or country, and ZIP + 4 <b>BELLEVUE, WA 98005</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	

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

*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 ▶ **N/A**

**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 ▶ **N/A**

Website ▶ **WWW.CCRKBA.ORG**

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

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 chooses to file a return, be sure to file a complete return. **Some states require a complete return**

**M** Check  if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,455,121.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	2,345,501.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ <u>2,345,501.</u> noncash \$ _____)	1d		2,345,501.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4		39,416.	
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶ _____)	7				
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a			
		(B) Other	8b			
			8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	a	9a			
		b	9b			
		c	9c			
10a	Gross sales of inventory, less returns and allowances		10a			
		b	10b			
		c	10c			
11	Other revenue (from Part VII, line 103)	11		70,204.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		2,455,121.		
Expenses	13	Program services (from line 44, column (B))	13		1,678,366.	
	14	Management and general (from line 44, column (C))	14		107,603.	
	15	Fundraising (from line 44, column (D))	15		568,548.	
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17		2,354,517.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		100,604.		
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,308,416.	
	20	Other changes in net assets or fund balances (attach explanation)	20		<10,000.>	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		2,399,020.	

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OGDEN, UT

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

2

**Part II** **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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>					
23 Specific assistance to individuals (attach schedule)					
24 Benefits paid to or for members (attach schedule)					
25 Compensation of officers, directors, etc. **	100,800.	87,192.	10,786.	2,822.	
26 Other salaries and wages	92,282.	80,981.	8,517.	2,784.	
27 Pension plan contributions					
28 Other employee benefits					
29 Payroll taxes	21,483.	17,420.	3,634.	429.	
30 Professional fundraising fees					
31 Accounting fees					
32 Legal fees					
33 Supplies	19,492.	13,038.	2,037.	4,417.	
34 Telephone	48,791.	32,637.	5,098.	11,056.	
35 Postage and shipping	599,965.	438,144.		161,821.	
36 Occupancy	86,280.	57,714.	9,015.	19,551.	
37 Equipment rental and maintenance					
38 Printing and publications	348,237.	259,431.		88,806.	
39 Travel					
40 Conferences, conventions, and meetings	28,375.	28,375.			
41 Interest					
42 Depreciation, depletion, etc. (attach schedule)	2,411.		2,411.		
43 Other expenses not covered above (itemize):					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g <u>SEE STATEMENT 2</u>	43g	1,006,401.	66,105.	276,862.	
44 <b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,354,517.	1,678,366.	107,603.	568,548.

**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 \$ 2,139,952. (ii) the amount allocated to Program services \$ 1,492,773.

(iii) the amount allocated to Management and general \$ 84,666. and (iv) the amount allocated to Fundraising \$ 562,513.

\*\* SEE STATEMENT 3



**Part IV Balance Sheets** (See the instructions)

**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	618,963.	45	639,266.
	46	Savings and temporary cash investments	862,218.	46	874,529.
	47 a	Accounts receivable	47a 10,530.		
	b	Less: allowance for doubtful accounts	47b	47c	10,530.
	48 a	Pledges receivable	48a		
	b	Less: allowance for doubtful accounts	48b	48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable STMT 5	51a 38,149.		
	b	Less: allowance for doubtful accounts	51b	51c	38,149.
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	8,270.	53	17,002.
	54	Investments - securities STMT 6 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	1,164,784.	54	1,164,784.
	<b>Liabilities</b>	55 a	Investments - land, buildings, and equipment: basis	55a	
b		Less: accumulated depreciation	55b	55c	
56		Investments - other SEE STATEMENT 7	23,066.	56	13,106.
57 a		Land, buildings, and equipment: basis	57a 106,350.		
b		Less: accumulated depreciation STMT 8	57b 103,175.	57c	3,175.
58		Other assets (describe ► DEPOSITS)	5,586.	57c	6,815.
58			6,815.	58	6,815.
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	2,727,851.	59	2,767,356.	
<b>Net Assets or Fund Balances</b>	60	Accounts payable and accrued expenses	219,995.	60	249,440.
	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 9	199,440.	64b	118,896.
	65	Other liabilities (describe ►)		65	
66	<b>Total liabilities.</b> Add lines 60 through 65	419,435.	66	368,336.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	2,308,416.	67	2,399,020.
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <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)	2,308,416.	73	2,399,020.	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	2,727,851.	74	2,767,356.	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	2,455,121.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	2,455,121.
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	<b>Total revenue</b> (Part I, line 12). Add lines c and d		e	2,455,121.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements		a	2,354,517.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	0.
c	Subtract line b from line a		c	2,354,517.
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	0.
e	<b>Total expenses</b> (Part I, line 17). Add lines c and d		e	2,354,517.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

(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 plans	(E) Expense account and other allowances
ALAN M. GOTTLIEB 12500 N.E. 10TH PL. BELLEVUE, WA	CHAIRMAN 24.00	36,000.	6,358.	0.
JOHN M. SNYDER 1090 VERMONT AVE NW WASHINGTON D.C.	VICE CHAIRMAN 30.00	36,000.	4,064.	0.
MERRILL JACOBS 5505 SPRING CREEK WAY ELK GROVE, CA	SECRETARY 0.00	0.	0.	0.
PEGGY TARTARO 267 LINWOOD BUFFALO, NY	TREASURER 0.00	0.	0.	0.
HERB STUPP 3724 222ND ST. BAYSIDE, NY 11361	MEMBR AT LARG 0.00	0.	0.	0.
ROBERT KUKLA P. O. BOX 398 PARK RIDGE, IL 60068	MEMBR AT LARG 0.00	0.	0.	0.
TOM GRESHAM P.O. BOX 665 NATCHITOCHE, LA	MEMBR AT LARG 0.00	0.	0.	0.
JOE WALDRON 12131 S.E. 13TH ST. BELLEVUE, WA 98005	EXEC. DIR. 40.00	28,800.	600.	0.



Part VI Other information (continued)

Yes No

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.) 82b \_\_\_\_\_

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

85 501(c)(4), (5), or (6) organizations 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 85c N/A

d Section 162(e) lobbying and political expenditures 85d N/A

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A

f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g 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? 85h N/A

86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12 86a N/A

b Gross receipts, included on line 12, for public use of club facilities 86b N/A

87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a 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.) 87b 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 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 N/A, section 4912 N/A, section 4955 N/A

b 501(c)(3) and 501(c)(4) organizations. 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 ▶ 0.

d Enter. Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.

90 a List the states with which a copy of this return is filed WA, PA

b Number of employees employed in the pay period that includes March 12, 2005 90b 7

91 a The books are in care of ALAN M. GOTTLIEB Telephone no 425-454-4911  
Located at 12500 N.E. 10TH PLACE, BELLEVUE, WA ZIP + 4 98005

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A 91b  X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A 91c  X

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

**Part VII Analysis of Income-Producing Activities** (See 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	39,416.	
<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 MAILING LIST RENTAL	541900	29,669.			
b POSTAGE CONTRIBUTIONS					15,594.
c OTHER INCOME					24,941.
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		29,669.		39,416.	40,535.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					109,620.

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 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)
103B	POSTAGE REFUNDS REDUCE THE COSTS OF EDUCATING THE PUBLIC REGARDING GUN CONTROL LEGISLATION AND THE LOBBYING EFFORTS ON BEHALF OF SUCH LEGISLATION.
103C	ALL MONIES AID IN THE EDUCATION OF THE PUBLIC REGARDING GUN CONTROL

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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).

Please Sign Here

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.

Signature of officer: *Alan M. Gottlieb* Date: 7/11/06 Type or print name and title: ALAN M. GOTTLIEB, CHAIRMAN

Preparer's signature: *[Signature]* Date: 7/11/06 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



2005 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 2

990

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
1	MANAGEMENT AND GENERAL FURNITURE AND EQUIPMENT	VARIES	VAR	5.00	16	98,169.			98,169.	98,064.		567.
2	FURNITURE AND EQUIPMENT	070102SL	SL	5.00	16	5,719.			5,719.	2,426.		1,023.
3	NETWORK EQUIPMENT	081304SL	SL	3.00	16	2,462.			2,462.	274.		821.
	* 990 PAGE 2 TOTAL					106,350.		0.	106,350.	100,764.	0.	2,411.
	MANAGEMENT AND GENERAL					106,350.		0.	106,350.	100,764.	0.	2,411.
	* GRAND TOTAL 990 PAGE 2 DEPR											

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FORM 990                      OTHER CHANGES IN NET ASSETS OR FUND BALANCES                      STATEMENT      1

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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON STOCK	<10,000.>
TOTAL TO FORM 990, PART I, LINE 20	<10,000.>

FORM 990

OTHER EXPENSES

STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
TELEPHONE MARKETING	563,231.	374,113.		189,118.
PROFESSIONAL SERVICES	276,206.	172,423.	33,604.	70,179.
PUBLICITY & ADVERTISING	59,611.	59,611.		
BOOK PROGRAM	21,240.	21,240.		
MISCELLANEOUS	14,087.		14,087.	
TAXES	1,370.		1,370.	
RESEARCH	919.	919.		
MAILING LIST	52,693.	35,128.		17,565.
REPAIRS AND MAINTENANCE	85.		85.	
BANK CHARGES	16,959.		16,959.	
TOTAL TO FM 990, LN 43	1,006,401.	663,434.	66,105.	276,862.

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25

STATEMENT 3

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ALAN M. GOTTLIEB	36,000.	6,358.		42,358.
A. PROGRAM SERVICES	31,140.	5,500.		36,640.
B. MANAGEMENT AND GENERAL	3,852.	680.		4,532.
C. FUNDRAISING	1,008.	178.		1,186.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOHN M. SYNDER	36,000.	4,064.		40,064.
A. PROGRAM SERVICES	31,140.	3,515.		34,655.
B. MANAGEMENT AND GENERAL	3,852.	435.		4,287.
C. FUNDRAISING	1,008.	114.		1,122.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOE WALDRON	28,800.	600.		29,400.
A. PROGRAM SERVICES	24,912.	519.		25,431.
B. MANAGEMENT AND GENERAL	3,082.	64.		3,146.
C. FUNDRAISING	806.	17.		823.

TOTAL PROGRAM SERVICES				96,726.
TOTAL MANAGEMENT AND GENERAL				11,965.
TOTAL FUNDRAISING				3,131.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>111,822.</u>

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FORM 990      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT      4  
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 5

BORROWER'S NAME		TERMS OF REPAYMENT		
KSNB RADIO, INC.		IN FULL BY DUE DATE		
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
08/15/95	VARIOUS	10,000.	6.00%	0.
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN		
NONE		OPERATING LOAN		
RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE	
INVESTEE		0.	20,000.	
BORROWER'S NAME		TERMS OF REPAYMENT		
KITZ RADIO, INC.		IN FULL BY DUE DATE		
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE	FMV OF CONSIDERATION
02/20/01	VARIOUS	13,500.	6.00%	0.
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN		
NONE		OPERATING LOAN		
RELATIONSHIP OF BORROWER	DESCRIPTION OF CONSIDERATION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE	
INVESTEE		0.	18,149.	
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51		0.	38,149.	

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 6

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 7

DESCRIPTION	VALUATION METHOD	AMOUNT
GOLD COINS	COST	2,880.
STOCKS	COST	10,226.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		13,106.



FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT	98,169.	98,631.	<462.>
FURNITURE AND EQUIPMENT	5,719.	3,449.	2,270.
NETWORK EQUIPMENT	2,462.	1,095.	1,367.
TOTAL TO FORM 990, PART IV, LN 57	106,350.	103,175.	3,175.



FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS  
PART VI, LINE 80B

STATEMENT 10

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 11

## NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

KSNB 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	<998.>	290,369.

## 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	1,730.	673,745.

## 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	190.	6,457.

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

OMB No 1545-1709

▶ 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)

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>CITIZENS COMMITTEE FOR THE RIGHT TO KEEP</b>	Employer identification number <b>91-0904621</b>
	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, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year 2005 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