Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

2014 Open to Public Inspection

A	For the	2014 calendar year, or tax year beginning and ending	<u> </u>			
В	Check if applicable	CITIZENS COMMITTEE FOR THE RIGHT TO REDI	D Employer identi	fication number		
	Addres change	AND DEAR ARTS				
	Name change	Doing business as	91-0	0904621		
	InItial retum Final retum/	Number and street (or P.O. box if mail is not delivered to street address) Room/s 12500 NE 10TH PLACE		one number (425)454-4911		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,038,054.		
Г	Ameno		H(a) Is this a group	return		
$\overline{}$	Applic	F Name and address of principal officer: ALAN M. GOTTLIEB	for subordinate	es? Yes X No		
	pendir	12500 NE 10TH PLACE, BELLEVUE, WA 98005	H(b) Are all subordinates	Included? Yes No		
$\overline{\mathbf{I}}$	- Tax∙exe	mpt status: 501(c)(3) _X 501(c) (4) ◀ (insert no.) 4947(a)(1) or		a list. (see instructions)		
		e: ► WWW.CCRKBA.ORG	H(c) Group exempti	on number		
				M State of legal domicile: WA		
	art I	Summary				
155552	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{DEFEND}}$	HE 2ND AMENDI	MENT OF THE		
& Governance		CONSTITUTION AND THE RIGHT TO KEEP AND BEAR	ARMS.			
Ē	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of i	more than 25% of its net a	issets.		
Š		Number of voting members of the governing body (Part VI, line 1a)		-		
Ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4		
Š		Fotal number of individuals employed in calendar year 2014 (Part V, line 2a)				
₹		Fotal number of volunteers (estimate if necessary)		15		
Activities	1	Fotal unrelated business revenue from Part VIII, column (C), line 12		0.		
⋖	1	Net unrelated business taxable income from Form 990-T, line 34		0.		
			Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,876,351	2,035,670.		
	1	Program service revenue (Part VIII, line 2g)	0			
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	3,799			
œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,712			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,910,862	2,038,054.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	·		
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.		
Š		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	173,836	130,705.		
Expenses	16a 1	Professional fundralsing fees (Part IX, column (A), line 11e)	0 .	. 0.		
9	Ь.	Total fundraising expenses (Part IX, column (D), line 25) 403,169.				
Щ	17 (Other expenses (Part IX, column (A), lines 11a 11d, 11f-24e)	2,694,841	1,774,833.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,868,677			
	19	Revenue less expenses. Subtract line 18 from line 12	42,185	132,516.		
58			Beginning of Current Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3,636,164	3,692,839.		
Z.B	21	Total liabilities (Part X, line 26)	240,530			
<u> 골</u> 듄	22	Net assets or fund balances. Subtract line 21 from line 20	3,395,634.	3,528,150.		
	art II					
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st		ny knowledge and belief, it is		
true	, correct	, and complete degaration of preparer (other than officer) is based on all information of which prep	parer has any knowledge.			
		Signature of officer State of the state of t	<u> </u>	12015		
Sig	n	biglittate of omotification	Date			
Her	re	ALAN M. GOTTLIEB, CHAIRMAN				
	_	Type or print name and title	T Data	DTIN DTIN		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN		
Paid	i i	DONALD W. GRACIA DONALD W. GRACIA	06/04/15 self-emplo			
Prej	parer	Firm's name COX & GRACIA, P.S.	Firm's EIN ▶	91-1467028		
Use	Only	Firm's address 10655 NE FOURTH ST., SUITE 611		NE 4E4 10E4		
		BELLEVUE, WA 98004	Phone no.4 2	25 454-1354		
Mar	y the IF	S discuss this return with the preparer shown above? (see instructions)	· · · · · · · · · · · · · · · · · · ·	X Yes No		

91-0904621

Part IV Checklist of Required Schedules

Page 3

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of Contributors? Х 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Х 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I Х 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X, If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment In Part X, line 10? If "Yes," complete Schedule D, X Part VI 11a 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 Х c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 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? Х 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II Х 18 Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a? If "Yes," 19 X complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

AND BEAR ARMS

Form	990 (2014) AND BEAR ARMS 91-09	04621	P	age 4
Pa	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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	ŀ		
	Schedule K. If "No", go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?			
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	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			w
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		X
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			х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
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):	28a		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			21
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		х	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30		30	}	Х
	contributions? If "Yes," complete Schedule M	30		21
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		Х
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	··· •••		
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34	Part V, line 1	34	Х	
35a				X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
30	If "Yes," complete Schedule R, Part V, line 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠,	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 11b and 19?			
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
			200	

Form 990 (2014) AND BEAR ARMS

Part V Statements Regarding Other IRS Filings and Tax Compliance AND BEAR ARMS

	Check if Schedule O contains a response or note to any line in this Part V					
			1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1	- 300, 3000, 3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	report	able 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	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	L	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0.		3b_	ļ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ority over, a	Ì		
	financial account in a foreign country (such as a bank account, securities account, or other financial	accol	unt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Ассои	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action	7	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	ganization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions	or gifts			
	were not tax deductible?			6b	X	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		X
b			***************************************	7ь		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	quired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	make the state of			9b		
0	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	116				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form	1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	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.					
ь	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	13ь				
c	Enter the amount of reserves on hand	13c				
				14a		X
	If "Vee " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul			14b		

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP 91-0904621 Form 990 (2014) AND BEAR ARMS Page 6 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 or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7ь persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8h 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Νo Yes 10a Did the organization have local chapters, branches, or affiliates? 10a Х 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 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 X 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a X b Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

exempt status with respect to such arrangements? Section C. Disclosure

List the states with which a copy of this fold is so is required to be filed by the file	17 List the states with which a copy of this Form 990 is required to be filed	J⊳WA,P
--	---	--------

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

12500 N.E. 10TH PLACE, BELLEVUE, WA 9800							
	12500 N	.E.	10TH	PLACE,	BELLEVUE,	WA	9800

16b

AND BEAR ARMS

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Form 990 (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII	 	<u>]</u>

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 employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(list any hours for related organizations below line) (1) ALAN M. GOTTLIEB (list any hours for related organizations below line) 37.50	Check this box if neither the organization (A) Name and Title	(B) Average hours per week	Average Position (do not check more hours per box, unless person box)					one han	(D) Reportable	(E) Reportable compensation from related	(F) Estimated amount of other
1 ALAN M. GOTTLIEB 37.50 X X 36,000. 0.5,35		(list any hours for related organizations below	Individual trustee or director	Institutional frustæe	Officer	Key employee	Highest compensated employee	Former	the organization		compensation from the organization and related organizations
(2) PEGGY TARTARO TREASURER (3) HERB STUPP VICE CHAIRMAN (4) TOM GRESHAM MEMBER AT LARGE (5) JOE WALDRON SECRETARY (6) MIKE TEMPSKI MEMBER AT LARGE (7) MALIA ZIMMERMAN 1.00 X X X 0. 0. 0. 1.00 X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	(1) ALAN M. GOTTLIEB	37.50				}				_	
TREASURER	CHAIRMAN		Х	<u> </u>	Х				36,000.	0.	5,313
(3) HERB STUPP VICE CHAIRMAN (4) TOM GRESHAM MEMBER AT LARGE (5) JOE WALDRON SECRETARY (6) MIKE TEMPSKI MEMBER AT LARGE (7) MALIA ZIMMERMAN 1.00 X X X 0. 0. 0. 1.00 X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(2) PEGGY TARTARO	1.00	}							_	
X X 0 0 0 0 0 0 0 0	TREASURER		Х		Х		<u> </u>		0.	0.	0
(4) TOM GRESHAM (4) TOM GRESHAM MEMBER AT LARGE (5) JOE WALDRON SECRETARY (6) MIKE TEMPSKI MEMBER AT LARGE (7) MALIA ZIMMERMAN 1.00 X 0. 0. 0. 0. 0. 0. 0. 0.	(3) HERB STUPP	1.00	ļ							_	_
MEMBER AT LARGE	VICE CHAIRMAN	<u> </u>	X		Х		<u> </u>		0.	0.	0
37.50 X X 12,000. 0.	(4) TOM GRESHAM	1.00								_	_
X X 12,000. 0.	MEMBER AT LARGE		X	ļ			↓		0.	0.	0
(6) MIKE TEMPSKI 1.00 X 0. 0. (7) MALIA ZIMMERMAN 1.00 X	(5) JOE WALDRON	37.50							10.000		
MEMBER AT LARGE (7) MALIA ZIMMERMAN 1.00	SECRETARY		Х	ļ	X				12,000.	υ.	0
(7) MALIA ZIMMERMAN 1.00	(6) MIKE TEMPSKI	1.00								_	_
·//	MEMBER AT LARGE		X		_	_	<u> </u>	_	U.		0
MEMBER AT LARGE X U. U. U.	(7) MALIA ZIMMERMAN	1.00								_	0
	MEMBER AT LARGE		Λ							0.	0
					_						-
								-			
								_			
				_		 					

Form 990 (2014)

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st (Compensated Employe	es (continued)		
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average	(do not check more than one		Reportable Repor			Estimated				
	hours per week	box	, unle	ess pe	тол	is bot or/trus	h an	compensation from	compensation from related		amount of other
	(list any	ğ	Ţ				Ė	the	organization		compensation
•	hours for	튙				<u>R</u>			(W-2/1099-MI		from the
	related	88	EST ST			Sensza,		(W-2/1099-MISC)			organization
	organizations below	la t	ana		<u>8</u>	8 E					and related
	line)	Individual trustee or director	Institutional trustee		Кеу етріоуве	Highest compensated employee	omer				organizations
		† -	_		×	1	-		<u> </u>		
		1		Ì							
						┼					
			<u> </u>			L					<u></u>
						Į					
						-					
					_						
	-										
	,				-						
											1
1b Sub-total	.,,						>	48,000.		0.	5,313.
c Total from continuation sheets to Part V								0.		0.	0.
d Total (add lines 1b and 1c)								48,000.		0.	5,313.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed at	OOVE	e) wh	io r	eceived more than \$100	,000 of reportab	ie	0
compensation from the organization											Yes No
3 Did the organization list any former officer,	director, or tru	ıstee	e. ke	у еп	nplo	vee.	or	highest compensated er	mployee on		
line 1a? If "Yes," complete Schedule J for s										, [3 X
4 For any individual listed on line 1a, is the su	ım of reportabl	le co	mpe	ensa	ation	and	ot	her compensation from t	the organization		
and related organizations greater than \$15			-								4 X
5 Did any person listed on line 1a receive or a											_
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J fe	or st	JCh J	pers	on .					5 X
Complete this table for your five highest co	mpensated inc	depe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of con	 noens:	ation from
the organization. Report compensation for										·	
(A)	I I							(B)		_	(C)
Name and business MERRIL ASSOCIATES	address							Description of s			ompensation
12500 NE 10TH PL, BELLEV	TEL WA C	380) በ 5	5				HAIL, HARKET LIST RENTAL	ING MID		120,521.
12500 NE 101H II, BEELEV	<u> </u>	, , ,	, 0 .	_			7	GIDI KUKIIL			120,321.
	·										
							+				
<u></u>											
2 Total number of independent contractors (i		ot lir	nite	d to	thos	se lis	ted	l above) who received m	ore than		
\$100,000 of compensation from the organi	zatlon 🕨				1	<u> </u>					F 000 /00/ 11
											Form 990 (2014)

Form **990** (2014)

AND BEAR ARMS

Forn	1990	0 (2014) AND B	EAR ARMS	3			91-0904	621 Page 9
Pa	rt V	III Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any li	ne in this Part VIII	150		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts its	1	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	1b					
s, G Am		c Fundraising events	1c					
Gift Iar		d Related organizations	1d					
ıs, (İmi		e Government grants (contributi	ions) 1e					
tior er S	1	f All other contributions, gifts, grant						
ibu Xh		similar amounts not included abov	/e 1f 2 ,	035,670.]			
d d	•	g Noncash contributions included in lines	1a-1f:\$					
<u>2 g</u>		h Total. Add lines 1a-1f			2,035,670.			
				Business Code	2			
Program Service Revenue	2 :	a					- · · ·	
	-	b			-			
n S	. (c						
Rev	•	d						
õ	•	e			-	 		
-		f All other program service rever						
		g Total. Add lines 2a-2f						
	3	Investment income (including other similar amounts)			2,384.			2,384.
		Income from investment of tax			2,301.			2/301.
	4	Royalties						
	5	noyalties	(i) Real	(ii) Personal				
	e .	- Cross roots	II) near	(II) Feisonai				
		a Gross rents		-	1			
		b Less: rental expenses c Rental income or (loss)						
		d Net rental income or (loss)		. •				
		a Gross amount from sales of	(i) Securities	(ii) Other				
	, .	assets other than inventory	(I) Occurrica	(ii) Other				
		b Less: cost or other basis						
į	•	and sales expenses						
i		c Gain or (loss)						
i		d Net gain or (loss)		>		000000000000000000000000000000000000000		000010000000001000000000000000000000000
		a Gross income from fundraising						
Ĕ		including \$	•					
e e		contributions reported on line						
<u>ت</u> ا		Part IV, line 18						
Other Revenue	ŧ	b Less: direct expenses						
١	•	c Net income or (loss) from fund	raising events	<u></u>				
	9 a	 a Gross income from gaming act 	tivities. See					
		Part IV, line 19						
	ŀ	b Less: direct expenses	b					
		 Net income or (loss) from gami 	-					
	10 a	 a Gross sales of inventory, less r 	returns					
		and allowances						
		b Less: cost of goods sold						
-		c Net income or (loss) from sales						
-		Miscellaneous Revenue		Business Code				
	11 8							
	t	ь						
	•	C						
		d All other revenue e Total. Add lines 11a-11d						
	12	e Total Add lines 11a-11d Total revenue, See instructions.			2,038,054.	0.	0.	2,384.

9

AND BEAR ARMS

Form 990 (2014) AND BEAR ARMS Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respons	(A)	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00 022	88,751.	4,500.	5,572
	trustees, and key employees	98,823.	00,/31.	4,500.	3,312
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				<u> </u>
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	23,060.		23,060.	
9	Other employee benefits	8,822.	7,694.	1,046.	82
10	Payroll taxes	0,022.	1,034.	1,040.	
11	Fees for services (non-employees):				
_	Management	-			
Ь	Legal				<u> </u>
_	Accounting				-
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		- · · · · · -		
9	Other. (If line 11g amount exceeds 10% of line 25,	283,860.	142,703.	85,865.	55,292
	column (A) amount, list line 11g expenses on Sch O.)	123,228.	123,228.	00,000.	
12	Advertising and promotion	6,947.	4,635.	891.	1,421
13	Office expenses	0/51/1	1,000		-,
14	Information technology				
15	Royalties	78,731.	52,529.	10,100.	16,102
16	Occupancy	7077511	32/3234	10/1001	10/102
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	29,079.	27,958.	1,121.	
19	Conferences, conventions, and meetings	25,015.	2,45504	-,	
20 24	Interest				
21	Payments to affiliates	671.		671.	
22					
23	Other expenses, Itemize expenses not covered				
24	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 0.)				
_	POSTAGE & SHIPPING	518,448.	392,008.		126,440
a	TELEPHONE MARKETING	344,379.	229,036.		115,343
b	PRINTING	312,660.	234,237.		78,423
Ç	RESEARCH	27,874.	27,874.		
d		48,956.	10,714.	33,748.	4,494
	All other expenses	1,905,538.	1,341,367.	161,002.	403,169
25_ 26	Joint costs. Complete this line only if the organization				
∠0	reported in column (B) joint costs from a combined				
	educational campaign and fundralsing solicitation.				
	Check here X If following SOP 98-2 (ASC 958-720)	ĺ			

AND BEAR ARMS

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 854,200. 219,747. 1 Cash - non-interest-bearing 1,820,115. 1,243,417. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other 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 instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 1,100. 692. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 114,234. basis, Complete Part VI of Schedule D ______ 10a 113,630. 1,276. 604. b Less: accumulated depreciation ______ 10b 10c 11 Investments - publicly traded securities 11 1,589,593. 1,589,593. 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 4,333. 4,333. 15 15 Other assets. See Part IV, line 11 3,636,164. 3,692,839. Total assets. Add lines 1 through 15 (must equal line 34) 16 240,530. 164,689. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 -íabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 240,530. 164,689. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 3,528,150. 3,395,634. Unrestricted net assets 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 3,395,634. 3,528,150. Total net assets or fund balances 3,636,164. 3,692,839. Total liabilities and net assets/fund balances______

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP

Forn	990 (2014) AND BEAR ARMS	91-09	04621	Page 12
	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u> [</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,038	
2	Total expenses (must equal Part IX, column (A), Ilne 25)	2		<u>,538.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,516.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,395	,634.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	<u>3,528</u>	<u>,150.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	······································		<u> </u>
			D0000000000000000000000000000000000000	res No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
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?		За	X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit		
	available explain why in Schodulo Cland describe any stone taken to undergo such audits		36	

Form **990** (2014)

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP AND BEAR ARMS

Employer identification number 91-0904621

Pai			is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor adv	ised funds
•	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can b	e used only
U	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Ρ£	1.II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
-	Preservation of land for public use (e.g., recreation or en		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	n of a conservation easement on the last
_	day of the tax year.		
	54, 51 Ho 151, 511.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	eture .
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rela		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located 🟲	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 17	'O(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describe	s the organization's accounting for
	economistics economists		
Pa	Conservation easements. Collections of the collect	Art, Historical Treasures, or 6	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in further	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
ь	24 1 SEA CEAC 446 (AC	C 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(iii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financ	ial gain, provide
_	the following amounts required to be reported under SFAS 1		
а	B. Colorada Como 000 Dest VIII Book		> \$

	1115 DEI		E FOR THE	RIGHT TO I		0004621	- 0
	edule D (Form 990) 2014 AND BEA		et Uistaviaal T	'ranguran ar Otl		0904621	
	Using the organization's acquisition, access						
3	(check all that apply):	ion, and other record	is, check any or th	e lollowing that are a	significant use o	I Ita collection	ILEITIS
а	Public exhibition	d	I ∏ Loan orex	change programs			
b	Scholarly research	e		torrango programo			
c	Preservation for future generations	•					
4	Provide a description of the organization's c	ollections and explai	n how they further	the organization's ex	cempt purpose in	Part XIII.	
5	During the year, did the organization solicit of					1 4,7,1,	
	to be sold to raise funds rather than to be m					Yes	☐ No
pa	Escrow and Custodial Arran						1,, 110
9000000	reported an amount on Form 990, Pa		oto ii tilo organizat	ion anomoroa i co	o 1 om, 000, 1 are	11, 1110 0, 01	
12	Is the organization an agent, trustee, custod		liary for contribution	ons or other assets no	ot included		
	on Form 990, Part X?					Yes	□ No
h	If "Yes," explain the arrangement in Part XIII						
•	ii tes, explain the analigement in rate XIII	and complete the re	noming tactor			Amount	
С	Beginning balance				1c	- 11100111	
d	Additions during the year						
e	Distributions during the year				1		
f	Ending balance						
2a	Did the organization include an amount on F			•		Yes	No
	If "Yes," explain the arrangement in Part XIII.				-		=
	TV Endowment Funds. Complete					***************************************	
000000aa		(a) Current year	(b) Prior year	(c) Two years back	ì	ack (e) Four	vears back
1a	Beginning of year balance		(=) / 112, / 1=.	(4)			,
ь	Contributions						
c	Net investment earnings, gains, and losses	-					
d	Grants or scholarships	-					
	Other expenditures for facilities						
C	and programs						
f	Administrative expenses			-	· · · · · · · · · · · · · · · · · · ·		
	End of year balance			 			
g 2	Provide the estimated percentage of the cur		e (line 1a, column	(a)) held as:	·		
a	Board designated or quasi-endowment		%	(4)/ (10)4 45/			
	Permanent endowment	%					
	Temporarily restricted endowment	%					
·	The percentages in lines 2a, 2b, and 2c shot						
3a	Are there endowment funds not in the posse	,	ation that are held	and administered for	the organization		
Ja		ession of the organiza	ation that are note	and administered to	the organization	[·	Yes No
	by: (i) unrelated organizations						100 110
	(ii) related organizations						
h	If "Yes" to 3a(ii), are the related organizations						
4	Describe in Part XIII the intended uses of the						
	Land, Buildings, and Equipm		willout fullus.				
	Complete if the organization answere		. Part IV. line 11a	See Form 990. Part X	(. line 10.		
	Description of property	(a) Cost or o	ther (b) Cos	st or other (c)	Accumulated epreciation	(d) Book	value

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				٠,
d Equipment				
e Other		114,234.	113,630.	604.
Total. Add lines 1a through 1e. (Column (d) must ed	ual Form 990. Part X. colur	mn (B), line 10c.)		604.

Schedule D (Form 990) 2014

7A BATES	מעידום	א דו זעני
AND	BEAR	ARMS

Part VII Investments - Other Securities.	4. Farra 000 Dest IV line	11h Can Form 000 Bort V line 1	0
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		z. st or end-of-year market value
(1) Financial derivatives	(0) 2001(14)	(0,	,,, ,,
(2) Closely-held equity interests			
(3) Other			
(A) INVESTMENT IN RADIO			
(B) STATIONS	1,443,898.	COST	
(C) GOLD COINS	2,880.	COST	
(D) INVESTMENT IN INTERNET			-
(E) MEDIA WEB SITE	142,815.	COST	
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,589,593.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" t			
(a) Description of investment	(b) Book value	(c) Method of Valuation: Cos	t or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			····
(7) (8)			· · · · · · · · · · · · · · · · · · ·
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
	o Form 990, Part IV, line 1 Description	11d. See Form 990, Part X, line 15	5. (b) Book value
(1)			
(2)	· · · · · · · · · · · · · · · · · · ·		
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			▶
Complete if the organization answered "Yes" t		11e or 11t. See Form 990, Part X, (b) Book value	line 25.
11 12 1		NO DOOK VAIND	
(1) Federal income taxes			
(2)	- -		
(3)			
(4)		- -	
(5)			
(8) (9)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		
 Liability for uncertain tax positions. In Part XIII, provide 		the organization's financial state	ments that reports the
organization's liability for uncertain tax positions under			

432053 10-01-14

SCHEDULE L

Department of the Treasury Internal Revenue Service

(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.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014 2014

> Open To Public Inspection

Name of the organization

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP

Employer identification number 91-0904621

	AND BEAR			_						046	21		
Special realization of the property of the pro					ion 501(c)(4), and 50								
Complete if the	e organization ansv	vered "Yes" on	Form !	990, Pa	art IV, line 25a or 25t	o, or F	orm 990-EZ, F	art V,	line 40	0b.			-
1 (a) Name of disqualified	(b) F	Relationship bet			lified (c	-) Desc	cription of tra	nsactic	n .		(d)	Corre	
(a) Name of disqualified	person	person and o	rganiz:	ation				, Jouotic	,, 		_ Y	es	No
											_	<u> </u>	
											-		
											+		
										-	+		
									_			+	
2 Enter the amount of ta section 4958	1	.,					,.,.,		► \$ ► \$				
(mail:glackanger)	nd/or From Int				, Part V, line 38a or I	Form 9	90, Part IV, li	ne 26;	or if th	ne orga	anizati	on	
reported an ал	nount on Form 990							1		//b\ Δn	proved	T	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		oan to or π the	(e) Original principal amount	(f) E	lalance due) In ault?	by bo	ard or	(i) W agree	ritten ment?
interested person	with organization	O IOAII	<u> </u>	Ization?	principal amount			-	-		nittee?	1.	1
			То	From				Yes	No	Yes	No	Yes	No
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Part III Grants or A	Assistance Ber	nefiting Inte	reste	d Pe	rsons.			<u> </u>	<u> </u>	<u> </u>			<u> </u>
(a) Name of interested		(b) Relationship			(c) Amount of	\top	(d) Type	e of		(e) Purp	ose o	 f
(a) Name of interested		interested per the organiz	son an		assistance		assistar				assist		
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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) 2014

Complete if the organization answere (a) Name of interested person	(b) Relationship between interperson and the organiza	erested	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's
	poison and the organiza		1/4((34515))		Yes	nues? No
MERRIL ASSOCIATES	OWNED BY ALAN G	OTTL	120,521.	MAIL, MARKE		X
Part V Supplemental Information Provide additional information for res	conses to questions on Schedu	le L (see i	nstructions).			
SCH L, PART IV, BUSINESS	•			ED PERSONS:		
(A) NAME OF PERSON: MERRI	L ASSOCIATES					
(B) RELATIONSHIP BETWEEN	INTERESTED PERSO	N ANI	ORGANIZAT	ION:		
OWNED BY ALAN GOTTLIEB, C	HAIRMAN					
(C) AMOUNT OF TRANSACTION				· · · · · · · · · · · · · · · · · · ·		
(D) DESCRIPTION OF TRANSA	CTION: MAIL, MAR	KETIN	IG AND LIST	RENTAL INC	LUDE	S
PASS THROUGH PAYMENTS TO	OTHER VENDORS.		<u> </u>	<u> </u>		
(E) SHARING OF ORGANIZATI	ON REVENUES? = N	(O				
					_	
						

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

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 Inspection

Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. CITIZENS COMMITTEE FOR THE RIGHT TO KEEP AND BEAR ARMS

Employer identification number 91-0904621

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 AND THE AUDITED FINANCIAL STATEMENTS ARE GIVEN TO
EACH BOARD MEMBER FOR REVIEW AFTER FILING. THE FORM AND THE AUDITED
FINANCIAL STATEMENTS ARE 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, LINE 15: 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.
FORM 990, PART IX, LINE 11G, OTHER FEES:
PROFESSIONAL CONTRACT SERVICES:
PROGRAM SERVICE EXPENSES 142,703
MANAGEMENT AND GENERAL EXPENSES 85,865
FUNDRAISING EXPENSES 55,292

	O (Form <u>990</u> ne organizati	on CI	rize	ENS CO		PEE F	OR T	HE RIC	HT T	O KEEP	Employer ide	entification number 0 4 6 2 1
TOTAL	EXPEN	SES				-						283,860.
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2014 Open to Public Inspection

OMB No. 1545-0047

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. CITIZENS COMMITTEE FOR THE RIGHT TO KEEP

Employer identification number 91-0904621

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

AND BEAR ARMS

Department of the Treasury Internal Revenue Service
Name of the organization

Direct controlling entity End-of-year assets Total income ত Legal domicile (state or foreign country) WASHINGTON Primary activity Name, address, and EIN (if applicable) of disregarded entity

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Part

1		l		{		ı		1	
g) 512(b)(13) trolled tity?	No		 ×			_			
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.

432161 08-14-14 LHA

Schedule R (Form 990) 2014

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP

AND BEAR ARMS

Schedule R (Form 990) 2014

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

Page 2

91-0904621

General or Percentage managing ownership partner? 2 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) N/A $\boldsymbol{\epsilon}$ Disproportionate Yes No allocations? Ξ Share of end-of-year assets Ē Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d)
Direct controlling entity (c)
Legal
domicile
(state or
foreign ΜA Primary activity ê Name, address, and EIN of related organization

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

	(T)	3	(P)	3	ę	1	3	6	
(a)	<u>(</u>	<u>o</u>	Đ	<u> </u>	€	6)	Ē	3	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?	5 <u>6</u> 9
		country)		or trust)		assets		Yes	Š
KSBN RADIO, INC 91-1669197									
12500 NE 10TH PL	BROADCAST RADIO								
BELLEVUE, WA 98005-2532	STATION	WA	N/A	C CORP	<1,588.>	143,557.	50.00		×
KITZ RADIO, INC 91-2019576							_		
12500 NE 10TH PL	BROADCAST RADIO								
BELLEVUE, WA 98005-2532	STATION	WA	N/A	C CORP	<20,358.>	415,657.	50.00%		×
KEEPANDBEARARMS.COM, INC 20-1551728									
12500 NE 10TH PL									
BELLEVUE, WA 98005-2532	INTERNET WEBSITE	WA	N/A	c corp	<983.>	20.	50.00%		×
KBNP RADIO INC 91-1420974								•	
12500 NE 10TH PL	BROADCAST RADIO								
BELLEVUE, WA 98005-2532	STATION	ΜA	N/A	c corp	<37,198.>	171,205,	50.00		×

Schedule R (Form 990) 2014

432162 08-14-14

91-0904621 Page 3

Schedule R (Form 990) 2014 AND BEAR ARMS

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transaction	s with one or more re	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Á			1a X
b Gift grant or capital contribution to related organization(s)				4 .
Giff orant or capital contribution from related organization(s)		**************************************		
d Loans of loan guarantees to of for related organization(s)			***************************************	
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				*
a Sale of assets to related organization(s)				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
i Exchange of assets with related organization(s)				1; X
j Lease of facilities, equipment, or other assets to related organization(s)				1. X
k Lease of facilities, equipment, or other assets from related organization(s)				¥
	anization(s)			
m Performance of services or membership or fundraising solicitations by related organizations.	related organization(s)			1 X
Sharing of facilities, equipment, mailing lists, or other assets with relate	tion(s)			, T
				>
p Heimbursement paid to related organization(s) for expenses				
 Reimbursement paid by related organization(s) for expenses 				19
r Other transfer of cash or property to related organization(s)				4r A
s Other transfer of cash or property from related organization(s)				1s X
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 t	his line, including covered	relationships and transaction thresholds.	
(a)	(<u>a</u>	(0)	(0)	
name of related organization	type (a-s)	Amount involved	Method of determining amount involved	Volved
(1)				
(2)				
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(9)				
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(5)				
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(V)	23		Sintedox	Schedule B (Form 990) 2014
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CITIZENS COMMITTEE FOR THE RIGHT TO KEEP AND BEAR ARMS

91-0904621

Schedule R (Form 990) 2014 AND BEAR ARM

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

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

age			!	
(k) Percent owners				, 60
General or managing partne??			 	 <u></u>
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? Yes No				A Library Company
(h) Disproportionate allocations?				
(g) Share of the send-of-year assets				
(f) Share of total income				
(e) Are all partners sec. 501(c)(3) ongs.?			 	
(d) Predominant income presculded from tax undersections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

91-0904621 Page 5 AND BEAR ARMS Schedule R (Form 990) 2014 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP

2014 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

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Current Year Deduction					7	,			
Current Sec 179						0 0			
S. Cr		•		•	•		-		
Accumulated Depreciation	98.769.	5,119	2,462.	1,977.	3,000	112,087. 112,087.			
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(D) - Asset disposed 25 • 1

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