EXTENDED TO NOVEMBER 15, 2022

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	OI LIIC	2021 Calendar year, or tax year beginning and	enaing						
В	Check if applicable	C Name of organization		D Employer identific	cation number				
	Addres	CITIZENS COMMITTEE FOR THE RIGHT TO KE	EP						
L	change								
<u>_</u>	change			91-09046	21				
<u>_</u>	return	1	Room/suite	E Telephone number					
L	Final return/ termin-	12500 NE 10TH PLACE	(425)454						
_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,665,228.				
Ļ	return	BELLEVUE, WA 98005		H(a) Is this a group re					
Application F Name and address of principal officer: ALAN M. GOTTLIEB for subordinates?									
12500 NE 10TH PLACE, BELLEVOE, WA 98005 H(b) Are all subordinates included? Yes N									
		mpt status: 501(c)(3)X 501(c) (4) ◀ (insert no.) 4947(a)(1) o	or 527	i '	list. See instructions				
		e: ► WWW.CCRKBA.ORG	1	H(c) Group exemption					
_		organization: X Corporation	L Year	of formation: 1974 N	State of legal domicile: WA				
P		Summary							
ø	1 1	Briefly describe the organization's mission or most significant activities: DEFEI			ENT OF THE				
Activities & Governance	2	CONSTITUTION AND THE RIGHT TO KEEP AND BE		******					
ern	2 (Check this box if the organization discontinued its operations or dispos	sed of more	1	sets.				
Š	3 1			3	9				
න	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			8				
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5				
ĭ.	6	Total number of volunteers (estimate if necessary)			0				
Ąct	7 a 7			7a	0.				
	d	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>	7b	0.				
				Prior Year	Current Year				
<u>a</u>	8 (Contributions and grants (Part VIII, line 1h)		2,275,972.	2,662,943.				
enn	9 1	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		9,436.	2,285.				
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,285,408.	2,665,228.				
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
v,	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		136,246.	127,077.				
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
9	b -	Fotal fundraising expenses (Part IX, column (D), line 25)	65.						
ŵ	i 17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,799,648.	2,819,106.				
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,935,894.	2,946,183.				
		Revenue less expenses. Subtract line 18 from line 12		349,514.	-280,955.				
50	4		Ве	ginning of Current Year	End of Year				
sets	-	Fotal assets (Part X, line 16)		4,079,129.	3,893,640.				
ASS	21	Total liabilities (Part X, line 26)		234,990.	330,456.				
Set	22	Net assets or fund balances, Subtract line 21 from line 20		3,844,139.	3,563,184.				
P	art II	Signature Block							
Und	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	/ knowledge and belief, it is				
true	, correct	, and complete. Daclaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	1				
		Man W. Hottlet		8/3	12022				
Sig	ın	Signature of officer		Date					
He	re	ALAN M. GOTTLIEB, CHAIRMAN							
Type or print name and title									
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pai	d I	DONALD W. GRACIA DONALD W. GRACIA	a. Id	08/01/22 if self-employ	P00031582				
Pre		Firm's name ► COX & GRACIA, P.S.			91-1467028				
	Only	Firm's address 10655 NE 4TH STREET, SUITE 611							
	-	BELLEVUE, WA 98004		Phone no (4	25) 454-1354				
140	u tha ID	S discuss this ratura with the property shown shows? See instructions		Li nono no. 🗸 🗻	X Vac Na				

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP AND BEAR ARMS

	990 (2021) AND BEAR ARMS 91-0904621 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: DEFEND THE 2ND AMENDMENT OF THE CONSTITUTION AND THE RIGHT TO KEEP AND
	BEAR ARMS
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 037, 076 . including grants of \$) (Revenue \$)
	EDUCATION OF THE PUBLIC REGARDING PRESENT AND PROPOSED GUN CONTROL
	LEGISLATION.
4b	(Code:) (Expenses \$1, 128, 787. including grants of \$) (Revenue \$)
	GRASS-ROOTS LOBBYING AGAINST GUN CONTROL
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program continue (Describe on Cabadala CA
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 2,165,863.

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			,,,
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			₩
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	- 6		-25
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ŭ		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,		498446	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		 ₩
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
ıza	Schedule D, Parts XI and XII	100	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			i
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV	16		X
17	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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		<u> </u>
2.54	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	•	OEL		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		<u> </u>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	5458		Bagas.
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	X	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? f "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		**	
05-	Part V, line 1	34	_X	\
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		
37	If "Yes," complete Schedule R, Part V, line 2	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	07		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
00	Note: All Form 990 filers are required to complete Schedule O	20	X	
Pai		38	27	—
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5	4875,855	. 53	INO
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	20,700,00
132004	12-09-21			(2021)

Form 990 (2021)
AND BEAR ARMS

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

			Yes	No
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
10	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	BBAction	X
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Most the experiencian a postulate a much like all the state of the sta			▽
b		5a		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		
ou	and analytic district the desired to the second sec	٥-	х	
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>6a</u>		
		Ch.	x	
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		82455
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	70		55557
	If "Voo" did the executation with the demonstration of the second of the	7a 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.0		
·	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-, 15	#5 P. (A)	(E)
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	224-145	241572
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	888	APRIL 1	\$19.E
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1338	485	Place
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12.50
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.		50/50	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	<u> </u>	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<u> </u>	X
	If "Yes," complete Form 4720, Schedule O.		B	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	<u> </u>	
	If "Yes." complete Form 6069.		1 800 met	1 8888

AND BEAR ARMS 91-0904621 Page 6 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 8 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates. and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on 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 Х 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Х 12c 13 Did the organization have a written whistleblower policy? X 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **WA**, PA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Other (explain on Schedule O) Another's website X Upon request Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records

98005

ALAN M. GOTTLIEB - 425-454-4911 12500 N.E. 10TH PLACE, BELLEVUE,

	O		COLUMNIA	TOIL	~ ****	1/1/0111	10	1/1717
orm 990 (2021)	AND	BEAR	ARMS					

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

Check this box if neither the organization ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer and a director/trustee) July a majoritary of the majoritary of th		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week (list any				from	from related	other			
	hours for	direct			the organization	organizations (W-2/1099-MISC/	compensation from the			
	related	96 OF	ıstee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	l trus	nal tr		oyee	фшо		1099-NEC)	,	and related
	below	ividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALAN M. GOTTLIEB	line)	트	E	15	ž.	물=	횬			
CHAIRMAN	24.00	x		x				26 000		F 000
(2) HERB STUPP	1.00	_		<u> </u>	<u> </u>	├		36,000.	0.	5,900.
DIRECTOR/VICE CHAIRMAN	1.00	x		x				0.	0.	0
(3) JOE WALDRON	2.00	<u> </u>		_	-	╂		U •	U •	0.
DIRECTOR/SECRETARY	2.00	Х		Х				0.	0.	0.
(4) PEGGY TARTARO	1.00	25			_	\vdash	<u> </u>	· ·	U •	U.
DIRECTOR/TREASURER		x		x				0.	0.	0.
(5) MARK WALTERS	1.00						-		· ·	
DIRECTOR		x						0.	0.	0.
(6) DONALD MORAN	1.00					Г				
DIRECTOR		Х			l			0.	0.	0.
(7) RICHARD PEARSON	1.00									
DIRECTOR	4000000	x						0.	0.	0.
(8) CAM EDWARDS	1.00							***************************************		
DIRECTOR		X						0.	0.	0.
(9) DAN ZELENKA	1.00									
DIRECTOR		X						0.	0.	0.
						<u> </u>		·		
-					<u> </u>	<u> </u>				
						<u> </u>				***************************************
			_		<u> </u>	<u> </u>	<u> </u>			
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AND BEAR ARMS

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)	(C)					(D)	(E)			(F)		
Name and title	Average	(do	Position (do not check more than one		Reportable Report		Estimated		d				
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	an	compensation	compensation		am	ount o	of
	week (list any		Cei ai	luau	n ecic	T us	(66)	from	from related	1		other	
	hours for	Individual trustee or director				_		the organization	organization (W-2/1099-MIS		•	oensat	
	related	3e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations	truste	al trus		ee Aee	mper		1099-NEC)	1000 1120)		_	relate	
	below	idual	Institutional trustee	J6	Key employee	Highest compensated employee	Je.	,				nizatio	
-	line)	휼	Insti	Officer	Key	High	Former				-		
				<u> </u>		<u> </u>	ļ						
		-											
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		-	-	_		-	<u> </u>		-		*******		
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				-	-	<u> </u>				-			
		i											
							<u> </u>						
1b Subtotal								36,000.		0.		5,90	
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	36,000.		0.		5,90)0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Э			_
compensation from the organization			***************************************										0
6 Dill 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										1		Yes	No
3 Did the organization list any former officer,							_		•		SARA		37
line 1a? If "Yes," complete Schedule J for s											3		<u> </u>
4 For any individual listed on line 1a, is the su													37
and related organizations greater than \$150	J,000? If "Yes,	" co	mple	ete S	Sche	edule) <i>J f</i>	for such individual			4	//www.end	X
5 Did any person listed on line 1a receive or a							elate	ed organization or individ	iuai for services		\$1600		v
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Scheaul	9 <i>J T</i>	or si	ıch i	oers	on .					5		<u> </u>
Complete this table for your five highest co	mnensated inc	lene	nde	nt co	ontra	acto	re th	nat received more than \$	100 000 of com	nencaí	ion fro	m	
the organization. Report compensation for	-									Jenoar			
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	C	omper		1
SOUTHWEST PUBLISHING & MA	ILING						T			i			
4000 SE ADAMS ST, TOPEKA,	KS 666	09						PRINTING/MAI	LING	<u> </u>	579	,58	30.
MERRIL ASSOCIATES							ı	MAIL, MARKET	ING/LIST	i			
12500 NE 10TH PL, BELLEVUE, WA 98005							RENTAL			349	7.7	<u> 26.</u>	
SERVICE BUREAU COOPERATIVE INC DATA									1				
12500 NE 10TH PL, BELLEVU	IE, WA 9	80	05				_	PROC/ACCTG/T	ELEMARKE	<u> </u>	269	7,14	<u> 16.</u>
							\dashv		***************************************	<u> </u>			
2 Total number of independent contractors (i	ncludina but n	ot lir	miter	d to	thos	se lie	l	above) who received mo	ore than	584888		HAPET	
\$100,000 of compensation from the organic	-	J & 111				3		22010, Mio 1006ived III	u idil				
9													

AND BEAR ARMS 91-0904621

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,662,943. similar amounts not included above ... g Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f 2,662,943 **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,285 2,285 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents l 6a **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis and sales expenses ______7b Revenue c Gain or (loss) 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ __ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous d All other revenue e Total. Add lines 11a-11d 2,665,228. 0. 0. 2,285. 12 Total revenue. See instructions

Page 9

Form 990 (2021)

91-0904621 F

Page 10

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Х Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service (C) Management and (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 36,000. 27,000. 4,500. 4,500. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 54,300. 54,300. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 29,480. 29,480. 7,297. 7,030. 267. 10 Payroll taxes Fees for services (nonemployees): a Management b Legal Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 555,205. 334,426. 80,200. 140,579. Advertising and promotion 563,453. 563,453. 12 Office expenses 2,981. 224. 2,132. 625. 13 Information technology 14 15 Royalties 74,926. 53,564. 5,641. 15,721. 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials ... 109. 109. Conferences, conventions, and meetings 19 15,821. 15,821. 20 Interest Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 Insurance 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a POSTAGE AND SHIPPING 713,224. 514,011. 199,213. PRINTING 617,669. 183,263. 434,406. c MAILING LIST 255,178. 164,578. 90,600. 6,997. 6,997. d RESEARCH 3,966. 13,543. 8,413. e All other expenses 1,164. 635,665. 2,946,183. 2,165,863. 144,655. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here X if following SOP 98-2 (ASC 958-720)

Par	ιΛ	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X		,	
					(A) Beginning of year		(B) End of year
	1			1,204,205.	1	990,488	
	2	Savings and temporary cash investments			1,261,248.	2	1,263,491
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net	· · · · · · · · · · · · · · · · · · ·			4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
ş l	7	Notes and loans receivable, net		20,000.	7	40,000	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges				9	
- 1	10a	Land, buildings, and equipment: cost or other					
1		basis. Complete Part VI of Schedule D		113,630.			
	b	Less: accumulated depreciation	113,630.	0.	10c	0	
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		1,589,593.	12	1,589,593	
1	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		4,083.	15	10,068	
_	16	Total assets. Add lines 1 through 15 (must equ	al line 3	33)	4,079,129.	16	3,893,640
	17	Accounts payable and accrued expenses			234,990.	17	330,456
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tarabase the trace				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ا ي	22	Loans and other payables to any current or form	ner offic	er, director,		550	
≝		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
Liabilities		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third p	oarties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17 - 24)	. Complete Part X			
		of Schedule D				25	
4	26	Total liabilities. Add lines 17 through 25	· · · · · · · · · · · · · · · · · · ·		234,990.	26	330,456
		Organizations that follow FASB ASC 958, che	ck her	e ▶ X			
ĕ		and complete lines 27, 28, 32, and 33.					
틸	27				3,844,139.	27	3,563,184
<u> </u>	28	Net assets with donor restrictions		28			
<u> </u>		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🔙			
딘		and complete lines 29 through 33.					
8	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ed				30	
₹	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,844,139.	32	3,563,184
	33	T . I			4,079,129.	33	3,893,640

AND BEAR ARMS Form 990 (2021) 91-0904621 Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 2,665,228. 1 Total expenses (must equal Part IX, column (A), line 25) 2 2,946,183. 2 3 Revenue less expenses. Subtract line 2 from line 1 -280,955. 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 3,844,139. 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 Investment expenses _____ 7 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 0. 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 3,563,184. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 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 on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated 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 separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

X

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3b

Form 990 (2021)

132012 12-09-21

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP

2021
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AND BEAR ARMS 91-0904621
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, line	6.	·
		(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 wr	iting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of a h	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	_		1 1
С	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired after		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, relea		
	year ▶		-
4	Number of states where property subject to conservation easer	ment is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4	i)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statements	s that describes the
	organization's accounting for conservation easements.	· ·	
Pa	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public
	service, provide in Part XIII the text of the footnote to its financial		
b	If the organization elected, as permitted under FASB ASC 958,		ance sheet works of
	art, historical treasures, or other similar assets held for public e		
	provide the following amounts relating to these items:		and or public convicts,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical treas		
-	the following amounts required to be reported under FASB ASC	_	an, provide
а	Revenue included on Form 990, Part VIII, line 1	=	•
	Assets included in Form 990. Part X		

	dule D (Form 990) 2021 AND BEA	R ARMS					9	1-09	0462	1 P	age 2
Pai	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Other	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that	make sigi	nificant us	e of its			
	collection items (check all that apply):										
а	Public exhibition	•	al 🔲 l	oan or excl	hange progra	m					
b	Scholarly research	•	• 🔲 (Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	e organizatio	n's exemp	ot purpose	in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	torical treas	ures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered "	Yes" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for c	ontributions	or other ass	ets not in	cluded				
	on Form 990, Part X?	*******************************							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amoun	t	
С	Beginning balance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						/?		Yes		No
	If "Yes," explain the arrangement in Part XIII.					-					Ī
	rt V Endowment Funds. Complete i	if the organization ar	swered '	'Yes" on Fo	rm 990, Part	IV, line 10).				=
		(a) Current year		rior year	(c) Two year		d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
g	End of year balance										
2	Provide the estimated percentage of the curr	***************************************	e (line 1a	column (a)) held as:	1					
a	Board designated or quasi-endowment	one your one balanc	% %	, oolaniin (a)	, 11010 00.						
b	Permanent endowment	%	—′°								
	· · · · · · · · · · · · · · · · · · ·	%									
·	The percentages on lines 2a, 2b, and 2c sho	-									
32	Are there endowment funds not in the posse	•	ation that	are held an	d administer	ad for the	organizat	ion			
Ou	by:	331011 Of the organiza	ation that	are rielu ari	ia administere	ed loi tile	Organizat	1011	1	Yes	No
	(i) Unrelated organizations								20(i)		
									3a(i)		
b	(ii) Related organizations	stions listed as requi	 rad an Ca	hodulo D2					3a(ii)		
4									3b		L
	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment it	inas.							
	Complete if the organization answere		0 Part IV	line 11a S	ee Form 990	Dart Y lii	ne 10				
								. 1	/ IN D		
									(d) Boo	k valu	е
	basis (investment) basis (other) depreciation										
	Land					######################################		5564			
b	Buildings										
С	Leasehold improvements						, ,,,,,,,				
d	— · · · · · · · · · · · · · · · · · · ·	1		11	2 (20		12 (2	$\overline{}$			
	Other			11	3,630.		<u>13,63</u>	<u>U.</u>			0.
1010	. AGG UDGC 30 through 30 /0-1 (-0 t -			- (D) (!- · - :	α \						

Schedule D (Form 990) 2021 AND BEAR ARM	1S	91	-0904621 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENT IN RADIO	4 448 666		
(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" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-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.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)		, , , , , , , , , , , , , , , , , , ,	
(4)			
(5)			
(6)			
(7)			

(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide to	the text of the footnote to	the organization's financial statements t	nat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP AND BEAR ARMS

Sche	dule D (Form 990) 2021 AND BEAR ARMS		91-0	904621 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,665,228.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	2,665,228.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12,)	5	2,665,228.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	•	ses per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ne 12a.		
1				2,946,183.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	* * * * * * * * * * * * * * * * * * * *			
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,946,183.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	2,946,183.
Pa	rt XIII Supplemental Information.			
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		

SCHEDULE L

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP

Inspection Employer identification number

AND BE										046	21		
Part I Excess Benefit Trans	sactio	ons (section 50	01(c)(3), secti	ion 501(c)(4), and sec	ction	501(c)(29) orga	nizatio	ns on	ly).			
Complete if the organizatio	n answ	vered "Yes" on F	orm 9	90, Pa	rt IV, line 25a or 25b	, or	Form 990-EZ, Pa	art V, li	ne 40	b.			
1 (a) Name of disqualified person	(b) F	Relationship betv			ified	-) De	escription of tran	sactio	n		(d)	Corre	cted?
(a) Name of disquamed percent		person and or	ganıza	ation		,, ,,					Y	es	No
	<u> </u>												
											+	+	
											+	+	
2 Enter the amount of tax incurred by section 4958					ualified persons duri	-	-		► \$			L	
3 Enter the amount of tax, if any, on I								••••	\$				
,		,	·- ,		J				•				
Part II Loans to and/or Froi	n Inte	erested Pers	ons.										
Complete if the organizatio	n ansv	vered "Yes" on F	orm 9	90-EZ,	, Part V, line 38a or F	orm	990, Part IV, lin	e 26; c	or if th	e orgai	nizatio	n	
reported an amount on For	m 990	Part X, line 5, 6	1										
(a) Name of (b) Relation				oan to or n the	(e) Original	(f) Balance due		ln 	(h) App by boa	oroved ard or	(i) W	ritten
interested person with organ	izauon	orloan		ization?	principal amount			defa	iuit?	comm	ittee?	agree	ment?
			То	From		_		Yes	No	Yes	No	Yes	No
			ļ										
													
			 			_		 					
			 	-		\vdash							
						l		 					
			1										
								<u> </u>					<u> </u>
Total					\$								
Part III Grants or Assistance		•											
Complete if the organization							/ D.T		-				
(a) Name of interested person		(b) Relationship interested pers the organiza	on an		(c) Amount of assistance		(d) Type assistan) Purp assista		r
No.									_				
									-				
	-												

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

Schedule L (Form 990) 2021

Schedule L (Form 990) 2021 AND BEAR ARMS

91-0904621 Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	aring ozation nues?
				Yes	No
MERRIL ASSOCIATES	OWNED BY ALAN GOTTL	349,725	SOLICITATIO		X
LIBERTY PARK	OWNED BY ALAN GOTTL	60,600	LEASE OFFIC		Х
Part V Supplemental Information.					
Provide additional information for re	esponses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTEREST	ED PERSONS:		
(A) NAME OF PERSON: MERR	IL ASSOCIATES				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON ANI	ORCANTZAT	TON.		
		ORGINIZITI	1014.		
OWNED BY ALAN GOTTLIEB, 1	DIRECTOR				
(C) AMOUNT OF TRANSACTION	N \$ 349,725.				
(D) DESCRIPTION OF TRANS	ACTION: SOLICITATION O	F BIDS FOR	MAILINGS,	WARRING II	
MARKETING AND LIST RENTA	L, INCLUDES PASS THROU	JGH PAYMENT:	S TO OTHER		
VENDORS.					
(E) SHARING OF ORGANIZAT	ION REVENUES? = NO				
			, , , , , , , , , , , , , , , , , , , ,		
(A) NAME OF PERSON: LIBE	RTY PARK				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANTZAT	TON:		
OWNED BY ALAN GOTTLIEB,					
(C) AMOUNT OF TRANSACTION	N & 60 600		***************************************		
		ID 3 CE			
(D) DESCRIPTION OF TRANS.	ACTION: LEASE OFFICE S	SPACE	TARRAMIN		
(E) SHARING OF ORGANIZAT	ION REVENUES? = NO				
(1) BIHILLIA OF OROZINIZZI					

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP

Employer identification number

AND BEAR ARMS 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 11B: 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: EACH BOARD MEMBER IS COVERED BY THE POLICY AND IS REQUIRED TO READ THE CONFLICT OF INTEREST POLICY AND SIGN IT. THE BOARD DETERMINES IF A CONFLICT OF INTEREST EXISTS. IF THERE IS A CONFLICT OF INTEREST, THE MATTER WOULD BE DISCLOSED TO THE BOARD. AS SUCH, THE BOARD REVIEWS THE MATTER AND COULD EITHER MAKE THE BOARD MEMBER WITH THE CONFLICT INELIGIBLE TO VOTE OR THE BOARD MEMBER COULD RECUSE HIM OR HERSELF FROM VOTES THAT MAY PERTAIN TO THE CAUSE OF THE CONFLICT. THE POLICY IS MONITORED BY RENEWING IT ANNUALLY AND BY VOLUNTARY DISCLOSURE BY BOARD MEMBERS SHOULD A CONFLICT ARISE. FORM 990, PART VI, SECTION B, LINE 15: FORM 990 PART VI SECTION B OUESTION 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.

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.

Open to Public Inspection

2021

OMB No. 1545-0047

Schedule R (Form 990) 2021 (g) Section 512(b)(13) Employer identification number 91-0904621ŝ controlled entity? Direct controlling Yes 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. Direct controlling entity End-of-year assets **e** status (if section Public charity 501(c)(3)) **e** Total income Exempt Code <u>ত</u> ► Go to www.irs.gov/Form990 for instructions and the latest information. COMMITTTEE FOR THE RIGHT TO KEEP section 9 Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) Primary activity Primary activity <u>@</u> For Paperwork Reduction Act Notice, see the Instructions for Form 990, AND BEAR ARMS CITIZENS Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization Name of the organization Department of the Treasury Internal Revenue Service Part I PartII

AND BEAR ARMS Schedule R (Form 990) 2021 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. PartIII

Page 2

91-0904621

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	Predomina (related,		(f) Share of total income	(g) Share of end-of-year	(h) Disproportionate allocations?			(j) (k) General or Percentage managing ownership
		foreign country)		sections	sections 512-514)		assets	Yes No	 K-1 (Form 1065) 		T -

						173334					
					-					,	
								,			
Part IV 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.	janizations Taxable	as a Corpo ng the tax y	ration or Trust. Co ear.	omplete if th	e organization a	answered "Yes"	on Form 990, F	art IV, line ;	34, because it ha	d one or m	ore related
(a)			(a)	(0)	(p)	(e)		(£)	(6)	æ	(0)
Name, address, and EIN of related organization	Z c	Prim	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	ng Type of entity (C corp, S corp, or trust)		Share of total income	Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?
KSBN RADIO, INC 91-1669197											
12500 NE 10TH PL		BROADCAST	RADIO								
BELLEVUE, WA 98005-2532		STATION		WA N	N/A	c corp		75,378.	144,684.	50.00%	×
KITZ RADIO, INC 91-2019576											
12500 NE 10TH PL	<u> </u>	BROADCAST	RADIO								
BELLEVUE, WA 98005-2532		STATIONS		MA	N/A	CCORP		74,357.	416,166.	50.00%	×

×

50.00%

230.

3,946.

C CORP

N/A

WA

INTERNET WEBSITE

KEEPANDBEARARMS.COM, INC. - 20-1551728

BELLEVUE, WA 98005-2532 KBNP RADIO INC. - 91-1420974

12500 NE 10TH PL

BELLEVUE, WA 98005-2532

12500 NE 10TH PL

BROADCAST RADIO

STATION

×

50,00%

137,087.

83,474.

CORP

N/A

ΜA

Schedule R (Form 990) 2021

Part V 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	S
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?		10.00000	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Ą			1a	7	×
b Gift, grant, or capital contribution to related organization(s)				9		⋈
c Gift, grant, or capital contribution from related organization(s)				5		×
				19		l⋈
						×
E LOGIIS OI IOGII gualainees Dy ieiated Oigainzanoin(s)				פ	Y Constant	اه
				,		Þ
T DIVIDENDS Ifom related organization(s)				=	1	اه
g Sale of assets to related organization(s)				5		×
h Purchase of assets from related organization(s)				£	_	×
i Exchange of assets with related organization(s)				=		×
i Lease of facilities, equipment, or other assets to related organization(s)				F	_	×
					100 100 100 100 100 100 100 100 100 100	
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 organization(s)	inization(s)			Ę	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)	* * * * * * * * * * * * * * * * * * *		-	┝	×
Sharing of paid employaes with related organization(s)						×
				2	1 200	اه
p Reimbursement paid to related organization(s) for expenses				10	^	×
Reimbursement paid by related organization(s) for expenses				19	^	×
				÷	^	×
Other tempts of each or property to remove a garmananty					<u> </u>	>
ا۸				13		اه
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered i	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ivolveď		
(1)						
(2)						
(3)						
(4)						
ie.						
(9)						
132.163 11-17-21			Schedule	Schedule R (Form 990) 2021	990) 20	2

Page 4

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP

AND BEAR ARMS Schedule R (Form 990) 2021

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.

e e				I	ı İ
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No					
ow Ow		 			
(j) General or managing partner?		 			
(20 m	 	 			
(i) a V-UB t in boy edule i n 1065					
Code nount f Sche (Forn					
) por- tre ar ons? 0					
(h) Disproportionate allocations?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
<u>.</u>					
(g) Share of end-of-year assets					
Shr end-					
<u>_</u> .					
(f) Share of total income					
. 3).c.c.	 				
(e) Are all 501(c)(3) 601(s)(3) 601(s) 7es No	 	 			
(d) Predominant income proceed (related, unrelated, excluded from fax undersections 512-514)					
) nt inco nrelate n tax i 12-51					
(d) ominant tted, un ed from ions 51					
Pred (rela xcludd sect					
ign (
(c) gal domic te or fore country)					
(c) Legal domicile (state or foreign country)					
(st	 	 			
£					
(b) Primary activity					
(b) nary ad			:		
Prii					
Z					
and /					
(a) Name, address, and EIN of entity					
e, adt					
Nam					

Schedule R (Form 990) 2021

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 9	FORM 990 PAGE 10						066							
Asset No.	Description	Date Acquired	Method	Life	C Line o No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
-	MANAGEMENT AND GENERAL FURNITURE AND EOUIPMENT	VARIOUS	VAR	5.00	HX16	98 769.				. 697. 86	.692		0	98.769.
77		07/01/02		5.00	16					5,119.	5,119.		0.	5,119.
e	NETWORK BOUIPMENT	08/13/04	SI	3.00	16	2,462.				2,462.	2,462.		0.	2,462.
4	network equipment	01/01/07	ЗГ	5.00	16	1,273.				1,273.	1,273.		Ö	1,273.
2	COMPUTER EQUIPMENT	11/01/07	SI	5.00	1 9	1,977.				1,977.	1,977.		0.	1,977.
ω	FURNITURE AND EQUIPMENT	10/01/08	TS.	5.00	16	2,016.				2,016.	2,016.		·	2,016.
7	- E +	11/01/12	TS.	5.00	 	2,014.				2,014.	2,014.		0.	2,014.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL					113,630.				113,630.	113,630.		0	113,630.
	* GRAND TOTAL 990 PAGE 10 DEPR					113,630.				113,630.	113,630.		0.	113,630.
128111 04-01-21	1-01-21					(D) - Asset disposed	peso		*	TC, Salvage, I	Bonus, Comm	ercial Revitali	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	on, GO Zone