EXTENDED TO NOVEMBER 15, 2021

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)

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	e 2020 calendar year, or tax year beginning	and	ending		
В	Check if applicable	C Name of organization			D Employer identi	fication number
	Addres	CITIZENS COMMITTEE FOR TH	E RIGHT TO KE	EP		
	chang Name	AND BEAR ARMS			01 0004/	501
	change Initial			De analavita	91-09046	
	return Final	Number and street (or P.O. box if mail is not delivered 12500 NE 10TH PLACE	to street address)	Room/suite	E Telephone numb	
	return/ termin ated		r foreign postal code		G Gross receipts \$	2,285,408.
	Ameno return		3		H(a) Is this a group	
	Applic tion	F Name and address of principal officer. All All	. GOTTLIEB		for subordinate	
	pendir	9 $ $ 12500 NE 10TH PLACE, BELLE	VUE, WA 9800	5	H(b) Are all subordinates	included? Yes No
		empt status: $501(c)(3)$ X $501(c)(4)$	nsert no.) 4947(a)(1)	or 527	1	a list. See instructions
		e: WWW.CCRKBA.ORG			H(c) Group exempti	
		organization: X Corporation Trust Associa	ion Other >	L Year	of formation: 1974	M State of legal domicile: WA
Р	art I	Summary		מזות מו		(END OF DIE
ď	1	Briefly describe the organization's mission or most signi				IENT OF THE
Jan	2	Check this box if the organization discontinue				eeste
Activities & Governance	3	Number of voting members of the governing body (Part			3	1
G	4	Number of independent voting members of the governing				
9	5	Total number of individuals employed in calendar year 2				4
/itie	6	Total number of volunteers (estimate if necessary)				
cţi	7 a	Total unrelated business revenue from Part VIII, column				
_	b	Net unrelated business taxable income from Form 990-T	, Part I, line 11 [] [] [] []	00000	0 0 0 0 0 0 0 0 7 t	0.
			4		Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)			1,932,235	
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and			0, 5,446,	
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and	(d)		0,446	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 96, Total revenue - add lines 8 through 11 (must equal Part			1,937,681	
		Grants and similar amounts paid (Part IX, column (A), lin			0,	
		Benefits paid to or for members (Part IX, column (A), line			0 .	
w	45	Salaries, other compensation, employee benefits (Part I)			137,754	136,246.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11			0 .	0.
coel	b	Total fundraising expenses (Part IX, column (D), line 25)	▶ 512,5!	58.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-2	4e)		1,582,561.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, col	umn (A), line 25)		1,720,315.	
		Revenue less expenses. Subtract line 18 from line 12			217,366.	
Net Assets or	<u> </u>			Beg	ginning of Current Year	
Sset	20	Total assets (Part X, line 16)			3,669,723	
let A	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 2			175,098. 3,494,625.	
	art II	Signature Block			3,434,023	3,044,137.
		ties of perjury, I declare that I have examined this return, includ	ing accompanying schedules	and stateme	nts, and to the best of m	nv knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is b				,
		Hay M. Hotel	•		7/20	6/2021
Sig	n	Signature of officer			Date	
Hei	re	ALAN M. GOTTLIEB, CHAIRMA	N			
		Type or print name and title				
			arer's signature		Pate Check	PTIN
Paid	ŀ		ALD W. GRACIA	<i>y</i> 0	7/24/21 "self-empl	<u> </u>
	parer	Firm's name COX & GRACIA, P.S.	CIITME C11		Firm's EIN	91-1467028
use	Only	Firm's address 10655 NE 4TH STREET BELLEVUE, WA 98004	, SUITE 611		Dhona na / /	425) 454-1354
Mar	the IE	S discuss this return with the preparer shown above? S	ee instructions ПППГ	1	, Prione no. (•	

CITIZENS	COMMITTEE	FOR	THE	RIGHT	TO	KEEP
מגים מואג	7 DMC					

Pai	t 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
2	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No 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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$
4a	EDUCATION OF THE PUBLIC REGARDING PRESENT AND PROPOSED GUN CONTROL
	LEGISLATION.
4b	(Code:) (Expenses \$ 427,237. including grants of \$) (Revenue \$)
	GRASS-ROOTS LOBBYING AGAINST GUN CONTROL
4-	/
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,305,328.
46	Total program service expenses 1,305,328.

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP

-	990 (2020) AND BEAR ARMS 91-0904	621	D	age 3
	1 V Checklist of Required Schedules	UZI		age •
E. S	Oncorrior of rioquilou confounds	·	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	110
1	If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	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			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ĭ	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	6		Х
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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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?			
	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			
	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, VII, VIII, IX, or X			
	as applicable.		Helia	
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	Х	
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
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	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		X
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? If "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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19	 	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

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AND BEAR ARMS

Part IV | Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 Х 23 Schedule J 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 X 24a Schedule K. If "No," go to line 25a b 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 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete Х 25b 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 or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a "Yes," complete Schedule L, Part IV X A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c Х "Yes," complete Schedule L, Part IV Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 31 31 Did the organization liquidate, terminate, or dissolve and cease operations? 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 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 Part V, line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 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? 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 5 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Form 990 (2020) AND BEAR ARMS

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

	Contanued			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	2a	4		24133A 23443		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	X			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions						
За			_		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Foreign Bank and Financial Actions for Financ	counts (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 transaction	tion?	5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit		l			
	any contributions that were not tax deductible as charitable contributions?		6a	X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts		l			
	were not tax deductible?		6b	X	Section (V. F		
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 ser	vices provided to the payor	7a	ļ			
b	, , , , , , , , , , , , , , , , , , , ,		7b	ļ	ļ		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	to file Form 8282? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		7c	v severasis	SSSSSAV		
d	, , , , , , , , , , , , , , , , , , , ,	7d	100000				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			 	-		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f 7g	 	<u> </u>		
g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	100,000,00				
_	sponsoring organization have excess business holdings at any time during the year?		8		Maga.		
9	Sponsoring organizations maintaining donor advised funds.		9a		- Allender		
a	, , ,	***************************************	9b	+	ļ		
b 10			30		N. C. C.		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a					
a		10b					
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1001					
a	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against		7				
~	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [] [] [] [] []	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
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.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
14a			14a		Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner						
	excess parachute payment(s) during the year?		15		X		
	If "Yes," see 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		X		
	If "Ves." complete Form 4720, Schedule O				[HEADS		

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Form 990 (2020) 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 on Schedule O. See instructions.

Х

Sec	tion A. Governing Body and Management			11_11_11_1	<u> </u>	
	don' A do forming Dody and management				Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a	9			
ıa	If there are material differences in voting rights among members of the governing body, or if the governing			1		
	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	1b	8	s l		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		anv other	7		
_	office of director twenton, and have proplement			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
0				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х
6	State and the state of the stat			6	Х	
7a	Did the organization have members or stockholders, or other persons who had the power to elect or as					
1 a	the state of the s			7a		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
b				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					46.5
				8a	Х	
a h	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			0.0		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O. [1.1.1.1.1.]			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			1 3	L	
	tion B. Folloics (This Section B requests information about policies not required by the internal Re	venue	Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100		
b				10b		
44-	Has the organization provided a complete copy of this Form 990 to all members of its governing bod		e filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y Deloi	e ming the form:	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	200000000000000000000000000000000000000
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "?			121		
С		-		12c	X	
10	in Schedule O how this was done			13	X	
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X	
14 15				17		
15	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	יוו ע טווי	aoponaont			
_	The organization's CEO, Executive Director, or top management official			15a	orac (jetiší)	Х
	Other officers or key employees of the organization			15b		X
Ŋ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			.00		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ith a			
ioa				16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			100		300
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization that the organization to evaluate the organization to evaluate the organization to evaluate the organization that the organization the organization that the organization the organization that the organization the organization that the organization the organization that the organization the organization that the organization th					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure	11,11,11	1 11 11 11 11 11 11 11 11	100	L	<u></u>
17	List the states with which a copy of this Form 990 is required to be filed ►WA , PA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	nd 990	-T (Section 501(c)(3)s onlvì	availa	ble
.0	for public inspection. Indicate how you made these available. Check all that apply.	550	, , , , , , , , , , , , , , , , , , , ,	, , ,		
	Own website Another's website X Upon request Other (explain	1 0n Sc	thedule (1)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d financ	cial	
13	statements available to the public during the tax year.		ponoji un			
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records			
∠ ∪	ALAN M. GOTTLIEB - 425-454-4911	ain				
	12500 N.E. 10TH PLACE BELLEVIE WA 98005					

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Form 990 (2020)

AND BEAR ARMS

91-0

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

Employees, and Independent Contractors

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. See instructions for the order in which to list the persons above.

Check this box if neither the organization needs	1	orga	niza			nper	sate			
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average Position (do not check more than one		Reportable	Reportable	Estimated					
	hours per	hours per box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	1			from the	from related organizations	other compensation				
	hours for	director				_		organization	(W-2/1099-MISC)	from the
	related	5	stee			sateo		(W-2/1099-MISC)	(** 2) 1000 (***)	organization
	organizations	Individual trustee	Institutional trustee		ae A	Highest compensated employee		(** 2, **300 ********************************		and related
	below	dual	ution	<u></u>	Key employee	sst co	₁₅			organizations
	line)	Indiv	Instit	Officer	Key e	High	Former			
(1) ALAN M. GOTTLIEB	20.00								_	
CHAIRMAN		X		X				36,000.	0.	5,893.
(2) HERB STUPP	1.00									
DIRECTOR/VICE CHAIRMAN		Х		X				0.	0.	0.
(3) JOE WALDRON	10.00									
DIRECTOR/SECRETARY		X		X				0.	0.	0.
(4) PEGGY TARTARO	1.00								_	
DIRECTOR/TREASURER		X		Х				0.	0.	0.
(5) MARK WALTERS	1.00									_
DIRECTOR		X				ļ		0.	0.	0.
(6) DONALD MORAN	1.00							_	_	_
DIRECTOR		X				ļ		0.	0.	0.
(7) MIKO TEMPSKI	1.00							_	_	
DIRECTOR		X				<u> </u>	<u> </u>	0.	0.	0.
(8) CAM EDWARDS	1.00									
DIRECTOR		X			ļ			0.	0.	0.
(9) DAN ZELENKA	1.00									
DIRECTOR		X			<u> </u>	ļ	<u> </u>	0.	0.	0.
		-								
					<u> </u>	-	-			
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CITIZENS COMMITTEE FOR THE RIGHT TO KEEP 91-0904621 Page 8 AND BEAR ARMS Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (F) (A) (D) (E) Position Average Reportable Reportable Estimated Name and title (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any ndividual trustee or director the organizations compensation hours for (W-2/1099-MISC) organization from the related nstitutional trustee (W-2/1099-MISC) organization organizations and related ey employee below organizations line) 36,000. 5,893. 0. 0. 0. c Total from continuation sheets to Part VII, Section A 5,893. 36,000. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Х 3 Х 4

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person \(\) \(

Section B. Independent Contractors

\$100,000 of compensation from the organization

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SOUTHWEST PUBLISHING & MAILING		
4000 SE ADAMS ST, TOPEKA, KS 66609	PRINTING/MAILING	779,956.
SERVICE BUREAU COOPERATIVE INC	DATA	
12500 NE 10TH PL, BELLEVUE, WA 98005	PROC/ACCTG/TELEMARKE	263,401.
MERRIL ASSOCIATES	MAIL, MARKETING/LIST	
12500 NE 10TH PL, BELLEVUE, WA 98005	RENTAL	214,820.
Total number of independent contractors (including but not limited to those listed		

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP 91-0904621 AND BEAR ARMS Page 9 Form 990 (2020) Part VIII Statement of Revenue (D) Revenue excluded (A) (B) (C) Unrelated Related or exempt Total revenue function revenue business revenue from tax under sections 512 - 514 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,275,972. similar amounts not included above ... g Noncash contributions included in lines 1a-1f 2,275,972. **Business Code** Program Service Revenue f All other program service revenue Investment income (including dividends, interest, and 9,436. 9,436. other similar amounts) Income from investment of tax-exempt bond proceeds (i) Real 6 a Gross rents 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses ______7b c Gain or (loss) ______7c 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses _______8b c Net income or (loss) from fundraising events [] [] [] [] 9 a Gross income from gaming activities. See

11 a b

Part IV, line 19 b Less: direct expenses ______9b

and allowances 10a b Less: cost of goods sold

d All other revenue

10 a Gross sales of inventory, less returns

c Net income or (loss) from gaming activities ☐ ☐ ☐ ☐ ☐ ☐ ☐

c Net income or (loss) from sales of inventory [[[] [] [] [

10b

Business Code

285,408.

0.

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Form 990 (2020) AND BEAR ARMS
Part IX Statement of Functional Expenses

Do i	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		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				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	41,893.	32,893.	4,500.	4,500
6	Compensation not included above to disqualified	41,000.	32,033.	1,000.	27300
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	63,899.	63,899.		
8	Pension plan accruals and contributions (include	00,000.	00,000.		
o	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	22,812.		22,812.	
9 10	Payroll taxes	7,642.	6,954.	344.	344
11	Fees for services (nonemployees):	.,,			
''a					
a b					
	Accounting				,
ď					
u	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	418,625.	243,066.	63,321.	112,238
12	Advertising and promotion	113,010.	113,010.		
13	Office expenses	1,042,652.	700,882.	13,396.	328,374
14	Information technology		,	•	
15	Royalties				
16	Occupancy	72,266.	46,626.	7,270.	18,370
17	Travel	,		•	·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	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 0.) MAILING LIST	121,145.	79,555.	April 1994 A Principle	41,590
a ı₋	TELEPHONE MARKETING	21,426.	14,284.		7,142
a	OTHER	6,365.	14,204.	6,365.	1,144
d d	RESEARCH	4,159.	4,159.	0,303.	
_	***	4,1000	4,1000		
		1,935,894.	1,305,328.	118,008.	512,558
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,000,020•	110,000	312,330
.0	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)				

AND BEAR ARMS

Part X | Balance Sheet (B) (A) Beginning of year End of year 813,110. 1,204,205. Cash - non-interest-bearing 1,252,937. 1,261,248. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 10,000. 20,000. 7 Notes and loans receivable, net _____ Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 113,630. 0. 0. b Less: accumulated depreciation ______ 10b 10c 11 Investments - publicly traded securities 11 1,589,593. 1,589,593. 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 4,083. 4,083. 15 15 Other assets. See Part IV, line 11 3,669,723. 4,079,129. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) | | | | | | | | | | | | | | | 175,098. 234,990. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 175,098. 234,990. 26 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 3,494,625. 3,844,139. 27 Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 3,494,625. 3,844,139. 32 Total net assets or fund balances 32 4,079,129. 3,669,723. 33

Form **990** (2020)

Form 990 (2020)	TIND	DEAR	AITHO	
Part XI Reconciliation	of Ne	t Assets	}	

•	Neconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI [] [] [] [] [] [] [] [] [] [] [] []	0000	1000000000
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,285,408.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,935,894.
3	Revenue less expenses. Subtract line 2 from line 1	3	349,514.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,494,625.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		
	$column(B))\lceil\lceil\lceil\lceil\lceil\lceil\lceil\lceil\lceil\lceil\lceil\lceil$	10	3,844,139.
Pa	rt XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII [] [] [] [] [] [] [] [] [] [] [] [] []	0000	<u> </u>

	Check in ochequie o contains a response of note to any line in this factorial and a a a a a a a a a a a a a a		Yes	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 O.			
2a		2a		X
	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: Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
	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			
С	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		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	15.45	30.540	inicatija
За	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?	3a		х
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 [] [] [] [] [] [] [] [] [] [] [] [] []	3b		
		Form	990	(2020)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service ➤ 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.

QUZU
Open to Public
Inspection

OMB No. 1545-0047

Name of the organization

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP

Employer identification number

Pai	TI Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accou	nts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line				
		(a) Donor advised funds	(b) Fur	nds 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 w				
	are the organization's property, subject to the organization's ex			Yes	No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor or			_	
	impermissible private benefit?				<u>No</u>
Pa			Part IV, line 7	4	
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (for example, recreation	on or education) Preservation o	f a historically	important land area	
	Protection of natural habitat	Preservation o	f a certified hi	storic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conserva		
	day of the tax year.		1000	Held at the End of the T	ax Year
а	Total number of conservation easements		<u>2a</u>		
b	Total acreage restricted by conservation easements		I		
С	Number of conservation easements on a certified historic struc				
d	Number of conservation easements included in (c) acquired aff	ter 7/25/06, and not on a historic struct			
	listed in the National Register				
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization	during the tax	
	year ▶				
4	Number of states where property subject to conservation ease				
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it h				No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing con	servation eas	ements during the year	
	MALAURA MARINE TO THE STATE OF				
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	ation easemer	its during the year	
	\$				
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(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 footno	te to the organization's financial statem	ents that des	cribes the	
-	organization's accounting for conservation easements.	A - 11:-4:	lla au Cimaila	w A	
Pa	rt III Organizations Maintaining Collections of		tner Simila	ir Assets.	
	Complete if the organization answered "Yes" on Form 9				
1a	If the organization elected, as permitted under FASB ASC 958				
	of art, historical treasures, or other similar assets held for publi			public	
	service, provide in Part XIII the text of the footnote to its finance				
b	If the organization elected, as permitted under FASB ASC 958				
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furt	herance of pu	blic service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	
				\$	
2	If the organization received or held works of art, historical treas		al gain, provid	е	
	the following amounts required to be reported under FASB AS				
а	Revenue included on Form 990, Part VIII, line 1			\$	
b	Assets included in Form 990, Part X			\$	

AND BEAR ARMS

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3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research e Other C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No No No
a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No
b Scholarly research e Other C Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? The first of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes If "Yes," explain the arrangement in Part XIII and complete the following table: Amount C Beginning balance d Additions during the year	No
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	No
to be sold to raise funds rather than to be maintained as part of the organization's collection?	No
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c Amount 1c Id Additions during the year	No
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year	
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1d	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year Yes Amount 1c 1d	
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance C Additions during the year 10	
c Beginning balance 1c Amount d Additions during the year 1d	
c Beginning balance d Additions during the year 1d	 No
d Additions during the year 1d	No
e Distributions during the year	No
	No
f Ending balance 1f	No
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years	раск_
1a Beginning of year balance	
b Contributions	
c Net investment earnings, gains, and losses	
d Grants or scholarships	—
e Other expenditures for facilities	
and programs	
f Administrative expenses	
g End of year balance	
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:	
a Board designated or quasi-endowment %	
b Permanent endowment ►	
The percentages on lines 2a, 2b, and 2c should equal 100%.	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes	No
	140
(i) Unrelated organizations 3a(i) 3a(ii) 3a(iii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	
Describe in Part XIII the intended uses of the organization's endowment funds.	
Part VI Land, Buildings, and Equipment.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value	
basis (investment) basis (other) depreciation	
1a Land	
b Buildings	
c Leasehold improvements	
d Equipment	
e Other[[][][][][][][][][][][][][][][][][][][0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)	0.

AND BEAR ARMS

Competer if the organization answered "Yes" on Form 980, Part IV, line 11b. See Form 980, Part X, line 12. (p) Pestription of searchly or entirpry (missing-wave desearch) (p) Pestription of searchly or entirpry) (missing-wave desearch) (p) Environment of the organization answered "Yes" on Form 980, Part IV, line 11b. See Form 980, Part X, line 12. (p) Method of valuations: Cost or end of-year market value (p) Environment IV (p) Environment I	Part VII Investments - Other Securities.			
(a) Bescription of recently or collegory introduces (b) Book value (c) Method of valuation: Cost or end of year market value (f) Financial definitions (c) Cost or end of year market value (f) Financial definitions (c) Cost or end of year market value (f) Financial definitions (c) Cost or end of year market value (f) Financial value (f) Financi		on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
				l-of-year market value
	(1) Financial derivatives			
(a) INVESTMENT IN RADIO (b) STATIONS 1,443,898. COST (c) GOLD COINS 2,880. COST (d) INVESTMENT IN INTERNET 142,815. COST (e) IMPORTMENT (e) IMPORTMEN				
INVESTMENT IN RADIO 1,443,898. COST				
Co GOLD COINS 2,880. COST				
(a) INVESTMENT IN INTERNET (b) MEDIA WEB SITE 142,815. COST (c) (d) (d) (d) (e) (e) (e) (e) (f) (f) (f) (e) (f) (e) (f) (f	(B) STATIONS		COST	
(E) MEDIA WEB SITE	(C) GOLD COINS	2,880.	COST	· · · · · · · · · · · · · · · · · · ·
(F) (G) (C) (D) (F)	(D) INVESTMENT IN INTERNET			
(G) (Ph Total (Cot. (b) must equal form 990, Part X, cot. (B) line 12.) ▶ 1,589,593. Complete if the organization answered "Yes" on Form 990, Part N, line 11c. See Form 990, Part X, line 13.	(E) MEDIA WEB SITE	142,815.	COST	
Control Col. (b) must equal Form 990, Part X, col. (B) line 12.)	(F)			
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				
	1 Julia. (Column (b) must equal Form 990, Part X, col. (B) line	the text of the feetness to	the organization's financial statements the	nat reports the

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP

91-0904621 Page 4 Schedule D (Form 990) 2020 AND BEAR ARMS Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,285,408. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 2b Donated services and use of facilities 2c Recoveries of prior year grants 2d Other (Describe in Part XIII.) 2e e Add lines 2a through 2d 2,285,408. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 285 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,935,894. 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b b Prior year adjustments c Other losses 2c 2d d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 1,935, 894. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

032054 12-01-20

Schedule D (Form 990) 2020

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

➤ 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.

<u> 2020</u>

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

OMB No. 1545-0047

Name of the organization CITIZENS COMMITTEE FOR THE RIGHT TO KEEP
AND BEAR ARMS

Employer identification number 91-0904621

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Complete if the c			elationship betv person and or	veen d	disquali	irt IV, line 25a or 25b ified (o		escription of tran			<u>. </u>	· · · ·		cted?
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section 4958						nanization				\$				
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Part II Loans to and	l/or Fron	n Inte	erested Pers	ons.	•									
Complete if the c	organization	answ	ered "Yes" on F	orm 9	990-EZ,	, Part V, line 38a or F	orm	990, Part IV, lin	e 26; c	or if the	e orgar	nizatio	n	
reported an amo	1								r		(h) App	roved		
(a) Name of interested person	(b) Relation with organia		(c) Purpose of loan	fror	an to or	(e) Original principal amount	(f) Balance due	(g) defa		by box	ard or I	(i) W	ritten ment?
interested person	With Organi	Zation	Orloan	organ To	ration?	principal amount			Yes	No	Yes	No	Yes	
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Part III Grants or As	sistance	Ben	efiting Inter	este	d Per	sons.								
Complete if the c	organization	answ	vered "Yes" on F	orm 9	90, Pa			r						
(a) Name of interested p	person	(b) Relationship			(c) Amount of assistance		(d) Type assistan) Purp assista		f
			interested pers the organiza		a	assistance		assistan	00		,	200/010		
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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) 2020

91-0904621 Page 2

Complete if the organization answered (a) Name of interested person	(b) Relations		interested	(c) Amou		(d) Description of transaction	òrganiz	aring of zation's nues?
	pordori di	na mo organ	nzanori	i, a, road			Yes	No
MERRIL ASSOCIATES	OWNED B					SOLICITATIO		Х
LIBERTY PARK	OWNED B	Y ALAN	GOTTL	60,	600.	LEASE OFFIC		X
Part V Supplemental Information. Provide additional information for response.	oonses to questi	ons on Sche	edule L (see i	instructions).				
SCH L, PART IV, BUSINESS	ransact)	ONS II	1AOFAI <i>V</i>	IG INTER	RESTE	ED PERSONS:		
(A) NAME OF PERSON: MERRII	L ASSOCIA	ATES						
(B) RELATIONSHIP BETWEEN	INTERESTI	ED PERS	SON AND	ORGANI	(ZAT)	ON:		
OWNED BY ALAN GOTTLIEB, D	IRECTOR							
(C) AMOUNT OF TRANSACTION		20.						
(D) DESCRIPTION OF TRANSAC			ATION C	F BIDS	FOR	MAILINGS,		
MARKETING AND LIST RENTAL,								
VENDORS.								***************************************
	THE THE TAX	TEG 2	NTO					
(E) SHARING OF ORGANIZATION	N KEVENC	JES? =	NO					
(A) NAME OF PERSON: LIBERT	שסגם עוד							
(B) RELATIONSHIP BETWEEN		משמ חיב	CON AND	OPCANT	r 7 A m 1	ron.		
		D PER	ON AND	ONGAIN.	LUAL	LON.		
OWNED BY ALAN GOTTLIEB, D								
(C) AMOUNT OF TRANSACTION								
(D) DESCRIPTION OF TRANSAC	CTION: LE	EASE O	FFICE S	SPACE				
(E) SHARING OF ORGANIZATION	ON REVENU	JES? =	NO					

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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 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 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

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Open to Public Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information. COMMITTEE FOR THE RIGHT TO KEEP

2020

OMB No. 1545-0047

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. AND BEAR ARMS CITIZENS Name of the organization

Employer identification number 91-0904621

(6)	(h)	3	(5)	(0)	-	9
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-		Direct controlling entity
Part II 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.	tions. Complete if the organization ar	nswered "Yes" on Form 990,	Part IV, line 34, be	cause it had one o	more related tax-exen	tdı.
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R	Schedule R (Form 990) 2020

THE RIGHT TO KEEP CITIZENS COMMITTEE FOR

Schedule R (Form 990) 2020

AND BEAR ARMS

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. Part III

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91-0904621

Percentage ownership 图 managing partner? Seneral or Yes 9 Code V-UBI amount in box 20 of Schedule -K-1 (Form 1065) \equiv Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>(6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Direct controlling entity ਉ (c)
Legal
domicile
(state or
foreign Primary activity 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

	,							
(a)	(q)	<u></u>	(0	(e)	£	(B)	<u> </u>	(Sec ₁)
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?
		country)		บ แนรบ		doselo		Yes No
KSBN RADIO, INC 91-1669197								
12500 NE 10TH PL	BROADCAST RADIO							
BELLEVUE, WA 98005-2532	STATION	WA	N/A	c CORP	34,675.	144,070.	50.00%	×
KITZ RADIO, INC 91-2019576								
12500 NE 10TH PL	BROADCAST RADIO							
BELLEVUE, WA 98005-2532	STATIONS	WA	N/A	c corp	78,828.	416,032.	50.00%	×
KEEPANDBEARARMS.COM, INC 20-1551728								
12500 NE 10TH PL						·		
BELLEVUE, WA 98005-2532	INTERNET WEBSITE	WA	N/A	C CORP	5,250.	555.	50.00%	×
KBNP RADIO INC 91-1420974								
12500 NE 10TH PL	BROADCAST RADIO							
BELLEVUE, WA 98005-2532	STATION	WA	N/A	C CORP	118,791.	140,963.	50.00\$	×

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Schedule R (Form 990) 2020 AND BEAR ARMS

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 No
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?	with one or more rel	ated organizations listed ii	n Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				Ta X
b Gift, grant, or capital contribution to related organization(s)				1b X
(S)				1c X
loans or loan distantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				
f Dividends from related organization(s)				# X
				1g X
Purchase of assets from related organization(s)				
_				
I Exchange of assets with related organization(s)				
j Lease of facilities, equipment, or other assets to related organization(s)				1
k Lease of facilities, equipment, or other assets from related organization(s)				*
I Performance of services or membership or fundraising solicitations for related organization(s)	ization(s)			1 X
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			1m X
)u(s)			1h
	(A)			
o sharing of paid employees with related organization(s)				
p Reimbursement paid to related organization(s) for expenses				⇔ ;
q Reimbursement paid by related organization(s) for expenses				1g X
r Other transfer of cash or property to related organization(s)				1r X
				1s X
1	no must complete thi	is line, including covered r	elationships and transaction thresholds.	
1	7.17		47	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
8				
(3)				
		A A A A A A A A A A A A A A A A A A A		
(4)				
(5)		The state of the s		
032163 10-28-20			Sched	Schedule R (Form 990) 2020

CITIZENS COMMITTEE FOR THE RIGHT TO KEEP

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AND BEAR ARMS

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.

				_
(k) Percentage ownership				
(j) General or managing partner? Yes No				
Gen mar 1 par Yes				
(h) (i) (j) (k) Disproportional propertional plane include amount in box 20 allocations? of Schedule K-1 partner? of Schedule K-1 partner? (Form 1065) partner? over expension partner? over expension partner? over expension partner?				
(h) Disproportionate allocations? Yes No				
Disp tic alloc				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all partners sec. 501(c)(3) 019.7 Yes No				
(d) Predominant income proceed (related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2020

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 9	990 PAGE 10				ł		990							
Asset No.	Description	Date Acquired	Method	Life	C C C 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 EQUIPMENT	VARIOUS	VAR	5.00	HY16	.697,86				. 692, 86	.697,86		0	.692,86
2	FURNITURE AND EQUIPMENT	07/01/02	SL	5.00	16	5,119.				5,119.	5,119.		0	5,119.
m	NETWORK EQUIPMENT	08/13/04	SI	3.00	16	2,462.				2,462.	2,462.		0.	2,462.
4	NETWORK EQUIPMENT	01/01/07	SI	5.00	16	1,273.				1,273.	1,273.		0.	1,273.
Ŋ	COMPUTER EQUIPMENT	11/01/07	ЛS	5.00	16	1,977.				1,977.	1,977.		• 0	1,977.
9	FURNITURE AND EQUIPMENT	10/01/08	SL	5.00	16	2,017.				2,017.	2,017.		0.	2,017.
7	TELEPHONE SYSTEM	11/01/12	SL	5.00	16	2,014.				2,014.	2,014.		•0	2,014.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL					113,631.				113,631.	113,631.		.0	113,631.
	* GRAND TOTAL 990 PAGE 10 DEPR					113,631.				113,631.	113,631.		.0.	113,631,
028111	028111 04-01-20					(D) - Asset disposed	pesod		Ť	TC, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	nercial Revita	lization Deduc	tion, GO Zone