

Short Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization  KNIFE RIGHTS, INC. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 313 W. TEMPLE CT. City or town, state or country, and ZIP + 4 GILBERT, AZ 85233	D Employer identification number  74-3197990

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

G Accounting method:  Cash  Accrual  
Other (specify) \_\_\_\_\_

I Website: WWW.KNIFERIGHTS.ORG

H Check  if the organization is not

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

required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 31,828.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															12,465.											
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments															19,363.											
	4	Investment income																										
	5a	Gross amount from sale of assets other than inventory																										
	b	Less: cost or other basis and sales expenses																										
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)																										
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																										
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)																										
	b	Less: direct expenses other than fundraising expenses																										
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																											
7a	Gross sales of inventory, less returns and allowances																											
b	Less: cost of goods sold																											
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
8	Other revenue (describe _____)																											
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8															31,828.												
Expenses	10	Grants and similar amounts paid (attach schedule)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors															13,776.											
	14	Occupancy, rent, utilities, and maintenance																										
	15	Printing, publications, postage, and shipping															430.											
	16	Other expenses (describe _____ SEE STATEMENT 1)															15,656.											
17	Total expenses. Add lines 10 through 16															29,862.												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															1,966.											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															1,694.											
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															3,660.											

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	1,694.	3,660.
23	Land and buildings		
24	Other assets (describe _____)		
25	Total assets	1,694.	3,660.
26	Total liabilities (describe _____)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,694.	3,660.



**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter amount of tax on line 40c reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed. <u>AZ</u>		
42a	The books are in care of <u>DOUGLAS RITTER</u> Telephone no. <u>602-476-2702</u> Located at <u>313 W. TEMPLE COURT, GILBERT, AZ</u> ZIP + 4 <u>85233</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: _____	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>49b</b> If "Yes," was the related organization(s) a section 527 organization?	<b>49b</b>	

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances

Total number of other employees paid over \$100,000 **0**

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000 N/A	(b) Type of service	(c) Compensation

Total number of other independent contractors each receiving over \$100,000 **0**

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

**Sign Here**

Signature of officer: **DOUGLAS S RITTER, PRESIDENT** Date: \_\_\_\_\_

Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature: **SUZANNE T. KING, CPA** Date: **08/05/10** Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **CLIFTON GUNDERSON LLP, 335 N. WILMOT ROAD, SUITE 300, TUCSON, AZ 85711**

Preparer's Identifying Number (See instr.): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no.: **(520) 790-3500**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION

AMOUNT

MARKETING	13,117.
OFFICE EXPENSES	1,291.
BANK AND CREDIT CARD FEES	1,248.
TOTAL TO FORM 990-EZ, LINE 16	15,656.

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A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

COPY

OPPOSED U.S. CUSTOMS AND BORDER PROTECTION PROPOSED RULING TO REDEFINE AS A SWITCHBLADE ALL ONE-HAND OPENING KNIVES REPRESENTING 80% OF THE KNIVES SOLD IN AMERICA. DEVELOPED AND SUPPORTED A CONGRESSIONAL AMENDMENT TO THE FEDERAL SWITCHBLADE ACT THAT EXCEPTED THESE KNIVES, WHICH AMENDMENT WAS PASSED AND SIGNED INTO LAW IN OCTOBER, 2009

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## KNIFE RIGHTS IS DEDICATED TO:

1. PROVIDING KNIFE AND EDGED TOOL OWNERS AN EFFECTIVE VOICE TO INFLUENCE PUBLIC POLICY AND TO OPPOSE EFFORTS TO RESTRICT THE RIGHT TO OWN, USE AND CARRY KNIVES AND EDGED TOOLS;
2. ENCOURAGING SAFE, RESPONSIBLE AND LAWFUL USE OF KNIVES AND EDGED TOOLS THROUGH EDUCATION AND OUTREACH, ENHANCING POSITIVE PERCEPTIONS OF KNIVES AND EDGED TOOLS AND THEIR OWNERS AND USERS;
3. ENCOURAGING THE MARKETING OF KNIVES AND EDGED TOOLS IN A RESPONSIBLE MANNER CONDUCIVE TO THE ORGANIZATION'S GOALS;
4. COOPERATING WITH ADVOCACY ORGANIZATIONS HAVING COMPLEMENTARY INTERESTS AND GOALS;
5. PROVIDING KNIFE AND EDGED TOOL OWNERS WITH SERVICES THAT THEY WILL FIND VALUABLE IN ORDER TO BUILD MEMBERSHIP TO ENABLE SUCCESS IN OUR PRIMARY OBJECTIVES.

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