

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

2009

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 \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning OCT 1, 2009 and ending SEP 30, 2010

B Check if applicable: C Name of organization KNIFE RIGHTS, INC. D Employer identification number 74-3197990 E Telephone number 602-476-2702 F Group Exemption Number

G Accounting method: X Cash Other (specify) H Check if the organization is not required to attach Schedule B

I Website: WWW.KNIFERIGHTS.ORG

J Tax-exempt status (check only one) X 501(c)(4)

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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 84,778.

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

Table with 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.



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

		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? 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 why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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?	37b	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 outstanding at the end of the period covered by this return?	38a	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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 Schedule L, Part I	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Section 501(c)(3) and 501(c)(4) organizations. 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 organization's 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)?	42b	X
	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.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country: _____		
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 and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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 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>b</b> If "Yes," was the related organization a section 527 organization? .....	<b>49b</b>	

**50** Complete this table for the organization's 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	(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
N/A				

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

**51** Complete this table for the organization's 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	(b) Type of service	(c) Compensation
N/A		

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

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

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

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: **SUZANNE T. KING, CPA** Date: **08/10/11** 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



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Charitable contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			22,000.
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....			22,225.	22,225.
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				22,225.	
<b>8</b> Net gaming income summary. Combine line 1, column (d), and line 7 .....				<225.>	

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: <u>AZ</u>		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? .....	9a	X
<b>b</b> If "No," explain: ..... .....		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	10a	X
<b>b</b> If "Yes," explain: ..... .....		
<b>11</b> Does the organization operate gaming activities with nonmembers? .....	11	X
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....	12	X

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility ..... 

<b>13a</b>		%
<b>13b</b>		%
- b** An outside facility ..... 

<b>13b</b>		%
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**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ DOUGLAS RITTER

Address ▶ 313 W TEMPLE COURT - GILBERT, AZ 85233

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....

	Yes	No
<b>15a</b>		<b>X</b>

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_ .
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

<b>17a</b>		<b>X</b>
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FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION

AMOUNT

MARKETING

4,335.

BANK FEES

1,276.

TRAVEL AND ENTERTAINMENT

2,328.

TOTAL TO FORM 990-EZ, LINE 16

7,939.

COPY



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

KNIFE RIGHTS' NATIONAL KNIFE LAW PREEMPTION CAMPAIGN WAS INITIATED BY PASSING THE NATION'S FIRST KNIFE LAW PREEMPTION BILL IN ARIZONA, WITH BIPARTISAN BACKING, PREVENTING LOCAL POLITICAL SUBDIVISIONS FROM ENACTING KNIFE ORDINANCES MORE RESTRICTIVE THAN STATE LAW AND VOIDING ALL SUCH RESTRICTIVE KNIFE ORDINANCES. KNIFE LAW PREEMPTION PROTECTS KNIFE OWNERS' CIVIL RIGHTS BY REMOVING CONFUSING AND DISCRIMINATORY PATCHWORK OF LOCAL KNIFE RESTRICTIONS SO THAT KNIFE OWNERS ARE TREATED THE SAME WHEREVER THEY TRAVEL WITHIN A STATE'S BORDERS.

IN NEW HAMPSHIRE, KNIFE RIGHTS WAS INSTRUMENTAL IN THE BIPARTISAN PASSAGE OF A KNIFE RIGHTS BILL THAT ELIMINATED THE STATE'S ANTIQUATED AND IRRATIONAL RESTRICTIONS ON SWITCHBLADES, DIRKS, DAGGERS AND STILETTOS.

KNIFE RIGHTS ALSO WORKED TO PUBLICIZE THE CIVIL RIGHTS VIOLATIONS PRECIPITATED BY NEW YORK DISTRICT ATTORNEY CYRUS VANCE, JR. ON KNIFE RETAILERS AND KNIFE OWNERS IN NEW YORK CITY, HELPING TO EDUCATE CITIZENS ABOUT THE ISSUE AND PROVIDED INFORMATION TO MEMBERS ON HOW TO AVOID PROBLEMS WITH THE DA.

COPY

## 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.

COPY