## Form 990-F7

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

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

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. Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements. and ending SEP 30, For the 2009 calendar year, or tax year beginning OCT 1, 2009 2010 Check if applicable: C Name of organization D Employer identification number Please use IRS Address label or KNIFE RIGHTS, INC. Name change 74-3197990 print or type. Initial return Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Room/suite Specific Termin-313 W. TEMPLE CT. 602-476-2702 Instruc-City or town, state or country, and ZIP + 4 Amended F Group Exemption Application GILBERT, AZ 85233 Number > • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed **G** Accounting method: X Cash Accrual Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► WWW.KNIFERIGHTS.ORG H Check ► if the organization is **not** Tax-exempt status (check only one) — X 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF). if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. 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 ...... Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I Contributions, gifts, grants, and similar amounts received 32,225. 1 Program service revenue including government fees and contracts 2 2 30,553. Membership dues and assessments 3 3 Investment income 4 **5a** Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here **3evenue** a Gross revenue (not including \$ of contributions 22,000 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) -225.6с 7a Gross sales of inventory, less returns and allowances Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 62,553. 9 Grants and similar amounts paid (attach schedule) 10 10 11 11 Benefits paid to or for members Salaries, other compensation, and employee benefits 12 12 41,760. 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping 15 15 7,939. 16 Other expenses (describe 16 49,699. 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 12,854. Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 19 (must agree with end-of-year figure reported on prior year's return) 3,660. 19 Other changes in net assets or fund balances (attach explanation) 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 16,514. Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 3,660. 16,514. Cash, savings, and investments 22 22 23 23 Land and buildings Other assets (describe 24 24 25 3,660. 25 Total assets 0. 26 26 Total liabilities (describe Net assets or fund balances (line 27 of column (B) must agree with line 21) 3,660. 27

Fori	m 990-EZ (2009) KNIFE RIGHTS, INC.			74-	31979	90 Page 2
	art III Statement of Program Service Accomplishmer	nts (See the instructions for	Part III.)		Ex	penses
Wh	nat is the organization's primary exempt purpose? SEE STATEMENT	4				r section 501(c)(3)
Des	scribe what was achieved in carrying out the organization's exempt pur	poses. In a clear and conc	ise manner, descri	ibe		) organizations and 7(a)(1) trusts; optional
	e services provided, the number of persons benefited, and other relevan	₹`			for others.)	, (αχ, τ, παστο, σρ ποτιαι
28	SEE STATEMENT 3					
	(Grants \$ ) If this amount includes foreign g	rants, check here	<b>&gt;</b>		28a	
29	, , , , , , , , , , , , , , , , , , , ,					
	(Grants \$ ) If this amount includes foreign g	rants, check here	<b>•</b>		29a	
30		jranto, onocitioro				
••						
	(Grants \$ ) If this amount includes foreign g	rranta abaak bara		$\top$	30a	
21					30a	
31	Other program services (attach schedule)				210	
20	(Grants \$ ) If this amount includes foreign g	grants, cneck nere	······	<del>-</del>	31a 32	0.
32 D	Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key E	mnlovees		···· •		
Р	art IV   List of Officers, Directors, Trustees, and Key L	Imployees. List each one ev	en if not compensated. (		ntributions	
		(b) Title and average hours	(c) Compensation	, ,	employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)		eferred <sub></sub>	other allowances
_	21212			com	pensation	
	OUGLAS S. RITTER, 313 W. TEMPLE	CHAIRMAN			•	
	OURT, GILBERT, AZ 85233	20.00	0.		0.	0.
		DIRECTOR			_	
	ILBERT, AZ 85233	0.00	0.		0.	0.
	•	DIRECTOR				
	ILBERT, AZ 85233	0.00	0.		0.	0.
	,	DIRECTOR				
	ILBERT, AZ 85233	0.00	0.		0.	0.
PΙ	PETER BROWNELL, 313 W. TEMPLE COURT, DIRECTOR					
G]	ILBERT, AZ 85233	0.00	0.		0.	0.
_		1				
_						
		1				
_						
_		1				
_						
_		1				
_						
_		1				
_						
_		1				
		1				
_		1				
		1				
_		-				

Гс	Other information (Note the statement requirements in the instructions for Part V.)			No		
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X		
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b>					
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.					
а	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?	35a		х		
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/			
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	-005	-17	Ħ		
30		36		x		
07.	complete applicable parts of Sch. N  Enter amount of political expenditures, direct or indirect, as described in the instructions.    37a   0.	30				
	Dilli 11 (1 F 1400 DOL ( 11) 0	0.71		v		
	Did the organization file Form 1120-POL for this year?	37b		X		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made			37		
	in a prior year and still outstanding at the end of the period covered by this return?	38a		X		
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A					
	Section 501(c)(7) organizations. Enter:					
	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					
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:					
	section 4911 $\blacktriangleright$ ; section 4912 $\blacktriangleright$ N/A ; section 4955 $\blacktriangleright$ N/A					
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		Х		
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					
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the					
	organization D.					
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter					
Ī	transaction? If "Yes," complete Form 8886-T	40e		х		
41	List the states with which a copy of this return is filed. ▶ AZ					
	The organization's books are in care of ► DOUGLAS RITTER  Telephone no. ► 602-47	6-2	702			
7 <i>L</i> u	Located at ► 313 W. TEMPLE COURT, GILBERT, AZ  ZIP+4 ► 8					
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u> </u>				
J	over a financial account in a foreign country (such as a bank account, securities account, or other financial	ſ	Vec	No		
	account)?	42b	163	X		
	1	420				
	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.	40		37		
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 <b>Form 1041</b> - Check here		▶			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A				
			Yes	No		
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		
		orm Q	۵۸-F7	(2009)		

Form 990-	EZ(2009) KNIFE RIGHTS, INC.			74-31979	90	Page 4			
Part V	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt chart and 51.								
offic	the organization engage in direct or indirect political campaign activities? If "Yes," complete Schedule C, Part I	e Schedule C, Part II			46 47 48	No			
<b>49 a</b> Did 1	the organization make any transfers to an exempt non-charitable rees," was the related organization a section 527 organization?	elated organization?			49a 49b				
<b>50</b> Com	plete this table for the organization's five highest compensated em \$100,000 of compensation from the organization. If there is none	nployees (other than officers, directors	s, trustees and key er	nployees) who ea	ch received	more			
	(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) Exp accoun other allo	t and			
<b>51</b> Com	I number of other employees paid over \$100,000	dependent contractors who each recei	ved more than \$100,	000 of compensa	tion from th	ne			
	(a) Name and address of each independent contractor paid	more than \$100,000	<b>(b)</b> Type of ser	vice (c)	) Compensa	ation			
<b>d</b> Tota	I number of other independent contractors each receiving over \$1	00,000	<u> </u> ▶						
Sign Here	Under penalties of perjury, I declare that I have examined this return, inclucorrect, and complete. Declaration of preparer (other than officer) is based Signature of officer  DOUGLAS S RITTER, PRESIDEI	d on all information of which preparer has any	nts, and to the best of my knowledge.	/ knowledge and beli Date	ef, it is true,				
Paid Preparer's	Type or print name and title  Preparer's signature	Date Che		arer's identifying nur	tifying number (See instr.)				
Use Only	SUZANNE T. KING, O Firm's name (or yours if self-employed), address, and ZIP + 4  SUZANNE T. KING, O CLIFTON GUNDERSON LI 335 N. WILMOT ROAD, TUCSON, AZ 85711	LP	EIN D Phon no.		90-35	500			
May the IF	S discuss this return with the preparer shown above? See instruc	otions			Yes _ rm 990-EZ	No (2009)			

## **SCHEDULE G**

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Schedule G (Form 990 or 990-EZ) 2009

Name of the organization	T. G. I. T. I. G.						ntification number
					74-3197		
Part I required to complete this part	<ul> <li>Complete if the organization answer.</li> </ul>	ered "\	es" to	Form 990, Part IV, I	ine 1	7. Form 990-E2	filers are not
<ul> <li>Indicate whether the organization rais a Mail solicitations</li> <li>Mail solicitations</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, Policity</li> <li>If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	ion of ion of fundra (includerofess	non-governaising of ding of ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total	<b>&gt;</b>						
3 List all states in which the organization	n is registered or licensed to solicit t	funds	or has	been notified it is ex	empt	from registrati	on or licensing.

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

Pa	art I	Fundraising Events. Complete if the on Form 990-EZ, line 6a. List events with	-		t IV, line 18, or reported	more 1	than \$	15,000	)
		טוו רטוווו אשטי±ב, וווופ סמ. List events with	gross receipts greater tr	nan \$5,000. (b) Event #2	(c) Other events		l) Total	a) thro	
Φ			(event type)	(event type)	(total number)		col.	(c))	
Revenue									
Вè	1	Gross receipts							
	2	Less: Charitable contributions							
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
	5	Noncash prizes							
nses	"	Noncasii piizes							
<b>Direct Expenses</b>	6	Rent/facility costs							
ect F	7	Food and beverages							
ä	<b>'</b>	1 ood and beverages							
	8	Entertainment							
	9 10	Other direct expenses				1			
		Net income summary. Combine line 3, column				(			
Pa	irt					•			
		\$15,000 on Form 990-EZ, line 6a.							
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		Total gaming (a (a) through col		
Revenue						,	<u>,                                     </u>		
<u> </u>	1	Gross revenue			22,000.		2	2,0	00.
ses	2	Cash prizes							
xpen	3	Noncash prizes			22,225.		2	2,2	25.
Direct Expenses	4	Rent/facility costs							
	5	Other direct expenses							
		,	Yes %	Yes %	X Yes 100.00 %				
	6	Volunteer labor	└── No	∟ No	└── No				
	7 Direct expense summary. Add lines 2 through 5 in column (d)						2	2,2	25,
	8	Net gaming income summary. Combine line 1	, column (d), and line 7		<b>&gt;</b>				25.
•	Гn:	ter the state(s) in which the organization opera	taa gaming aativitias. A	7.				Yes	No
		the organization licensed to operate gaming ac	_				9a		х
		No," explain:							
	_								
10a	— We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax	vear?		10a		х
		Yes," explain:		g	,				
	_								
11		es the organization operate gaming activities v	vith nonmembers?				11	X	
		the organization a grantor, beneficiary or truste							
	ad	minister charitable gaming?					12		Х

Independent contractor

Schedule G (Form 990 or 990-EZ) 2009

17a

Х

Director/officer

Mandatory distributions:

Employee

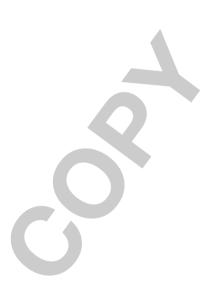
organization's own exempt activities during the tax year > \$

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

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
MARKETING BANK FEES TRAVEL AND ENTERTAINMENT		4,335. 1,276. 2,328.
TOTAL TO FORM 990-EZ, LINE 16		7,939.



FO	ORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRA	INFORMATION REGARDING TRANSFERS STATEME ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS					
A)	DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY IDIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONABENEFIT CONTRACT?	AL	[	]	YES	[X]	NO
B)	DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRA	-	. [	]	YES	[X]	NO



990-EZ PG 2 STATEMENT 3

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.

74-3197990

990-EZ PG 2 STATEMENT 4

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.