

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2005 calendar year, or tax year beginning 10/01 , 2005, and ending 9/30 , 2006

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See specific instructions

CALIFORNIA RIFLE AND PISTOL ASSOCIATION, INC.
 271 E. IMPERIAL HIGHWAY, SUITE 620
 FULLERTON, CA 92835-1049

D Employer Identification Number
95-2258096

E Telephone number
714-992-2772

F Accounting method: Cash Accrual
 Other (specify) _____

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? Yes No
H (b) If 'Yes,' enter number of affiliates: _____
H (c) Are all affiliates included? Yes No
 (If 'No,' attach a list. See instructions.)
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number _____

M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Web site: WWW.CRPA.ORG

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

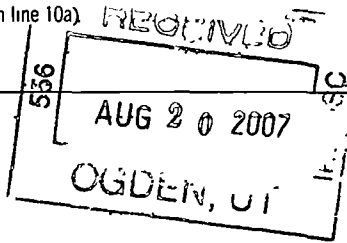
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 2,029,431.

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

SCANNED SEP 14 2007	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	355,954.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 355,954. noncash \$ _____)	1d		355,954.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		6,572.	
	3 Membership dues and assessments	3		448,257.	
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5		169,253.	
	6a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe _____)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	1,006,639.	8a			
	928,222.	8b			
	78,417.	8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		78,417.		
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	42,756.			
b Less direct expenses other than fundraising expenses	9b	34,117.			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		8,639.		
10a Gross sales of inventory, less returns and allowances					
	b Less cost of goods sold	10a			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,067,092.		
EXPENSES	13 Program services (from line 44, column (B))	13	599,980.		
	14 Management and general (from line 44, column (C))	14	347,831.		
	15 Fundraising (from line 44, column (D))	15	141,506.		
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		1,089,317.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-22,225.		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		3,712,459.		
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20		97,139.		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		3,787,373.		



Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	108,248.	21,650.	64,948.	21,650.
26 Other salaries and wages	26	149,692.	95,776.	40,437.	13,479.
27 Pension plan contributions	27	51,403.	29,321.	16,561.	5,521.
28 Other employee benefits	28				
29 Payroll taxes	29	21,437.	9,534.	8,928.	2,975.
30 Professional fundraising fees	30				
31 Accounting fees	31	39,355.	19,085.	20,270.	
32 Legal fees	32	11,752.	6,471.	3,251.	2,030.
33 Supplies	33	8,500.	1,094.	7,406.	
34 Telephone	34	10,580.	3,266.	7,314.	
35 Postage and shipping	35	11,610.	150.	11,460.	
36 Occupancy	36	48,399.	5,393.	43,006.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	157,125.	157,125.		
39 Travel	39	6,706.	4,526.	2,180.	
40 Conferences, conventions, and meetings	40	25,456.	629.	24,827.	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	1,413.		1,413.	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 4	43a	437,641.	245,960.	95,830.	95,851.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,089,317.	599,980.	347,831.	141,506.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

BAA

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>SEE BELOW</u>	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>NEWSPAPER PUBLICATION</u> <u>MONTHLY NEWSPAPER TO OVER 40,000 MEMBERS AND OTHERS</u> ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	164,055.
b <u>MEMBERSHIP PROGRAM INCLUDING REMINDERS FOR RENEWING MEMBERSHIP DUES.</u> ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	78,506.
c <u>SHOOTING EVENTS - AWARDS/EXPENSES</u> <u>TROPHIES PRESENTED AND RELATED EXPENSES AT VARIOUS STATE SHOOTING</u> <u>COMPETITIONS TO ENCOURAGE COMP. SHOOTING AND PROPER USE OF FIREARMS</u> ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	11,378.
d <u>MAINTAINING A GOVERNMENTAL AFFAIRS OFFICE IN SACRAMENTO TO MONITOR</u> <u>FIREARMS RELATED LEGISLATION. EXPENSES RELATED TO EFFORTS TO PREVENT</u> <u>LOCAL JURISDICTIONS FROM PREEMPTING STATE LAWS RELATED TO FIREARMS</u> ----- ----- ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	346,041.
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f <u>Total of Program Service Expenses</u> (should equal line 44, column (B), Program services) ▶	599,980.

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Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing		45	
	46 Savings and temporary cash investments	42,490.	46	42,217.
	47a Accounts receivable	47a		
	b Less. allowance for doubtful accounts	47b		47c
	48a Pledges receivable	48a		
	b Less. allowance for doubtful accounts	48b		48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a 26,174.		
	b Less. allowance for doubtful accounts	51b	29,186.	51c 26,174.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		12,884.	53 9,723.
	54 Investments – securities (attach schedule) SEE ST 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		4,193,999.	54 4,121,328.
	55a Investments – land, buildings, & equipment basis	55a		
b Less. accumulated depreciation (attach schedule)	55b		55c	
56 Investments – other (attach schedule)	SEE STMT 6		56 99,288.	
57a Land, buildings, and equipment basis	57a 48,326.			
b Less. accumulated depreciation (attach schedule) STATEMENT 7	57b 45,250.	4,490.	57c 3,076.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 8)		3,094.	58 3,094.	
59 Total assets (must equal line 74) Add lines 45 through 58		4,286,143.	59 4,304,900.	
LIABILITIES	60 Accounts payable and accrued expenses		60 7,922.	13,464.
	61 Grants payable		61	
	62 Deferred revenue		62 448,262.	376,063.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 9)		65 117,500.	128,000.
	66 Total liabilities. Add lines 60 through 65		66 573,684.	517,527.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		67 3,705,459.	3,780,373.
	68 Temporarily restricted		68	
	69 Permanently restricted		69 7,000.	7,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		73 3,712,459.	3,787,373.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		74 4,286,143.	4,304,900.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	1,228,764.
b	Amounts included on line a but not on Part I, line 12			
	1 Net unrealized gains on investments	b1		97,139.
	2 Donated services and use of facilities	b2		
	3 Recoveries of prior year grants	b3		
	4 Other (specify) _____ <u>SEE STM 10</u>	b4		34,117.
	Add lines b1 through b4		b	131,256.
c	Subtract line b from line a		c	1,097,508.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		38,120.
	2 Other (specify) _____ <u>SEE STM 11</u>	d2		-68,536.
	Add lines d1 and d2		d	-30,416.
e	Total revenue (Part I, line 12) Add lines c and d		e	1,067,092.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements		a	1,085,314.
b	Amounts included on line a but not on Part I, line 17			
	1 Donated services and use of facilities	b1		
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify) _____ <u>SEE STMT 12</u>	b4		34,117.
	Add lines b1 through b4		b	34,117.
c	Subtract line b from line a		c	1,051,197.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		38,120.
	2 Other (specify) _____	d2		
	Add lines d1 and d2		d	38,120.
e	Total expenses (Part I, line 17) Add lines c and d		e	1,089,317.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 13		108,248.	17,371.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings ▶ <u>30</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75 b	X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	75 c	X
d Does the organization have a written conflict of interest policy?	75 d	X

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information <i>(See the instructions)</i>	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78 b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80 a	X
b If 'Yes,' enter the name of the organization ▶ <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct and indirect political expenditures (See line 81 instructions)	81 a	0.
b Did the organization file Form 1120-POL for this year?	81 b	X

Part VI Other Information (continued)	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a	X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82 b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	X
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85 a	X
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	X
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85 c	N/A
d Section 162(e) lobbying and political expenditures	85 d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86 a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87 a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89 a 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>	89 a	
b 501(c)(3) and 501(c)(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,' attach a statement explaining each transaction	89 b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ <u>0.</u>	89 c	0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0.</u>	89 d	0.
90 a List the states with which a copy of this return is filed ▶ <u>NONE</u>	90 a	
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90 b	0
91 a The books are in care of ▶ <u>TOM THOMAS</u> Telephone number ▶ <u>714-992-2772</u> Located at ▶ <u>271 E. IMPERIAL HIGHWAY, FULLERTON, CA,</u> ZIP + 4 ▶ <u>92835-1049</u>	91 a	
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 Statements	91 b	X
c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶ _____	91 c	X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 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 ▶ <u>92</u> <input type="checkbox"/> N/A	92	N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a ADVERTISING REVENUE -	7310	6,572.			
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					448,257.
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	169,253.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	78,417.	
101 Net income or (loss) from special events			1	8,639.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		6,572.		256,309.	448,257.
105 Total (add line 104, columns (B), (D), and (E))					711,138.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 14

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Please 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: [Signature] Date: 8-14-07

TOM THOMAS, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 8/14/07 Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: GOODRICH AND THOMAS, CPAS
3200 PARK CENTER DR. STE. 1170
COSTA MESA, CA 92626 EIN: N/A Phone no: (714) 546-0755

CALIFORNIA RIFLE AND PISTOL
ASSOCIATION, INC.

95-2258096

STATEMENT 1
FORM 990, PART I, LINE 8
NET GAIN (LOSS) FROM NONINVENTORY SALESPUBLICLY TRADED SECURITIES

GROSS SALES PRICE:	1,006,639.
COST OR OTHER BASIS:	928,217.
EXPENSES OF SALE:	5.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ 78,417.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ 78,417.STATEMENT 2
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
ANNUAL BANQUET	42,756.	0.	42,756.	34,117.	8,639.
TOTAL	\$ <u>42,756.</u>	\$ <u>0.</u>	\$ <u>42,756.</u>	\$ <u>34,117.</u>	\$ <u>8,639.</u>

STATEMENT 3
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAINS FROM INVESTMENTS	\$ 97,139.
TOTAL	\$ <u>97,139.</u>

STATEMENT 4
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT & GENERAL</u>	(D) <u>FUNDRAISING</u>
BANK CHARGES	9,456.		9,456.	
COMPUTER CONSULTING	5,851.		5,851.	
FUNDRAISING EXPENSES	95,851.			95,851.
INSURANCE	62,588.	23,305.	39,283.	
INVESTMENT FEES	38,120.		38,120.	
LEGISLATIVE TRACKING	1,701.	1,701.		
MEMBERSHIP PROGRAMS	78,506.	78,506.		
PUBLIC RELATIONS	131,070.	131,070.		
REPAIRS	2,748.		2,748.	
SHOOTING ACTIVITIES	11,378.	11,378.		
TAXES & LICENCES	372.		372.	
TOTAL	\$ <u>437,641.</u>	\$ <u>245,960.</u>	\$ <u>95,830.</u>	\$ <u>95,851.</u>

CALIFORNIA RIFLE AND PISTOL
ASSOCIATION, INC.

95-2258096

STATEMENT 5
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

CORPORATE STOCKS	VALUATION METHOD	AMOUNT
ABBOTT LABORATORIES	MARKET VALUE	\$ 29,136.
ADVANCED AUTO PARTS	MARKET VALUE	18,117.
AMERICAN INTL GROUP	MARKET VALUE	56,321.
AMERICAN TOWER GROUP CL A	MARKET VALUE	27,375.
AMGEN INC	MARKET VALUE	21,101.
APPLE COMPUTER INC	MARKET VALUE	11,547.
BANK OF AMERICA CORP	MARKET VALUE	47,409.
BEST BUY CO INC	MARKET VALUE	15,800.
BURLINGTON NORTHERN SANTA FE	MARKET VALUE	29,376.
CAPITAL ONE FINANCIAL CORP	MARKET VALUE	18,092.
CARNIVAL CORP	MARKET VALUE	23,515.
CHEVRON CORP	MARKET VALUE	35,997.
CISCO SYSTEMS COMMON	MARKET VALUE	29,644.
CITIGROUP INC	MARKET VALUE	44,206.
COCA COLA CO	MARKET VALUE	28,819.
CONSTELLATION BRANDS INC - A	MARKET VALUE	19,139.
CORNING INC	MARKET VALUE	19,528.
COSTCO WHOLESALE CORP	MARKET VALUE	17,636.
DEERE & CO	MARKET VALUE	25,173.
ELECTRONIC ARTS INC	MARKET VALUE	10,051.
EXPRESS SCRIPTS INC - C; A	MARKET VALUE	21,126.
EXXON MOBIL CORPORATION	MARKET VALUE	59,719.
GENERAL ELECTRIC COMPANY	MARKET VALUE	64,776.
HONEYWELL INTERNATIONAL	MARKET VALUE	22,086.
INTL GAME TECHNOLOGY	MARKET VALUE	20,750.
JUNIPER NETWORKS INC	MARKET VALUE	15,898.
LILLY (ELI) & CO	MARKET VALUE	19,095.
LIZ CLAIBORNE INC	MARKET VALUE	14,619.
MARATHON OIL CORP	MARKET VALUE	29,222.
MEDTRONIC INC	MARKET VALUE	29,722.
MERRILL LYNCH & CO	MARKET VALUE	37,155.
MICROSOFT CORP	MARKET VALUE	54,974.
MONSANTO CO	MARKET VALUE	20,684.
MORGAN STANLEY	MARKET VALUE	38,278.
ORACLE SYSTEMS CORP	MARKET VALUE	29,182.
PPL CORPORATION	MARKET VALUE	29,939.
PEPISCO INC	MARKET VALUE	45,682.
PHELPS DODGE CORP	MARKET VALUE	25,410.
PRAXAIR INC	MARKET VALUE	18,044.
PROCTER & GAMBLE	MARKET VALUE	57,951.
PRUDENTIAL FINANCIAL INC	MARKET VALUE	26,306.
QUALCOMM INC	MARKET VALUE	24,355.
SLM CORP	MARKET VALUE	23,391.
SCHLUMBERGER LTD	MARKET VALUE	44,041.
TYCO INTERNATIONAL LTD	MARKET VALUE	19,173.
VIACOM INC CLASS B	MARKET VALUE	21,267.
WACHOVIA CORP	MARKET VALUE	25,947.
WAL-MART STORES	MARKET VALUE	28,606.
WELLPOINT INC	MARKET VALUE	17,336.
WELLS FARGO CO COMPANY	MARKET VALUE	28,220.
WISCONSIN ENERGY	MARKET VALUE	19,413.
WYETH	MARKET VALUE	30,504.
YAHOO! INC	MARKET VALUE	22,752.
ZIMMER HOLDINGS INC	MARKET VALUE	18,225.
ACE LTD	MARKET VALUE	16,145.

CALIFORNIA RIFLE AND PISTOL
ASSOCIATION, INC.

95-2258096

STATEMENT 5 (CONTINUED)
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

CORPORATE STOCKS	VALUATION METHOD	AMOUNT
MARVELL TECHNOLOGY GROUP LTD	MARKET VALUE	\$ 21,307.
NOBLE CORP	MARKET VALUE	10,911.
GOLDMAN SACHS GROWTH OPPORTUNITIES INST	MARKET VALUE	34,691.
T ROWE PRICE MID CAP VALUE FUND 115	MARKET VALUE	54,219.
STRATTON SMALL CAP VALUE FD	MARKET VALUE	51,296.
VANGUARD EXPLORER FUND - ADMIRAL FD 5024	MARKET VALUE	70,875.
ABB LTD - SPONS ADR	MARKET VALUE	21,088.
LOGITECH INTERNATIONAL - ADR	MARKET VALUE	13,274.
TEVA PHARMCEUTICAL - SP ADR	MARKET VALUE	16,022.
HARBOR INTL FUND #11	MARKET VALUE	235,777.
THORNBURG INTL VALUE FUND I	MARKET VALUE	112,253.
VANGUARD INTERNATION EXPLORER FD 126	MARKET VALUE	36,252.
ROUNDING	MARKET VALUE	-2.
	TOTAL	\$ 2,225,938.

CORPORATE BONDS	VALUATION METHOD	AMOUNT
BANKAMERICA CORP 5875 021509	MARKET VALUE	203,398.
CREDIT SUISSE FB 4875 081510	MARKET VALUE	197,636.
GOLDMAN SACHS GROUP 5700 090112	MARKET VALUE	203,402.
INTL LEASE FINANCE 4500 050108	MARKET VALUE	197,484.
WELLS FARGO CO 0525 120107	MARKET VALUE	200,174.
VANGUARD HIGH YIELD CORP ADM	MARKET VALUE	189,814.
	TOTAL	\$ 1,191,908.

U.S. GOVERNMENT OBLIGATIONS	VALUATION METHOD	AMOUNT
FEDERAL HOME LOAN BANK 4500 081409	MARKET VALUE	246,953.
FNMA 6000 051508	MARKET VALUE	253,828.
FREDDIE MAC 0600 011529	MARKET VALUE	202,701.
	TOTAL	\$ 703,482.

TOTAL INVESTMENTS - SECURITIES \$ 4,121,328.

CALIFORNIA RIFLE AND PISTOL
ASSOCIATION, INC.

95-2258096

STATEMENT 6
FORM 990, PART IV, LINE 56
INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	VALUATION METHOD	BOOK VALUE
BLACKROCK FUND TEMPFUND	MARKET VALUE	\$ 90,073.
BANK OF AMERICA INVESTMENT CD	MARKET VALUE	9,215.
	TOTAL	<u>\$ 99,288.</u>

STATEMENT 7
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
FURNITURE AND FIXTURES	\$ 48,326.	\$ 45,250.	\$ 3,076.
	TOTAL	<u>\$ 48,326.</u>	<u>\$ 3,076.</u>

STATEMENT 8
FORM 990, PART IV, LINE 58
OTHER ASSETS

SECURITY DEPOSIT	TOTAL	<u>\$ 3,094.</u>
		<u>\$ 3,094.</u>

STATEMENT 9
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

DEFERRED COMPENSATION	TOTAL	<u>\$ 128,000.</u>
		<u>\$ 128,000.</u>

STATEMENT 10
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

DIRECT EXPENSES REPORTED ON LINE 9(B)	TOTAL	<u>\$ 34,117.</u>
		<u>\$ 34,117.</u>

STATEMENT 11
FORM 990, PART IV-A, LINE D(2)
OTHER AMOUNTS

NON EXPENDABLE REDCTIONS

TOTAL	\$	-68,536.
	\$	<u>-68,536.</u>

STATEMENT 12
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

DIRECT EXPENSES REPORTED ON LINE 9(B)

TOTAL	\$	34,117.
	\$	<u>34,117.</u>

STATEMENT 13
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
TOM THOMAS 271 EAST IMPERIAL HWY FULLERTON, CA 92635	PRESIDENT 2	\$ 0.	\$ 0.	0.
WALT MANSELL 271 EAST IMPERIAL HWY FULLERTON, CA 92635	VICE PRESIDENT 2	0.	0.	0.
TONY MONTANARELLA 271 EAST IMPERIAL HWY FULLERTON, CA 92635	SECRETARY 2	0.	0.	0.
JIM SHEA 271 EAST IMPERIAL HWY FULLERTON, CA 92635	TREASURER 2	0.	0.	0.
JAMES H. ERDMAN 271 EAST IMPERIAL HWY FULLERTON, CA 92635	EXECUTIVE DIREC 45	108,248.	17,371.	0.
GEORGE C BARR 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.
DON WOOD 271 IMPERIAL HIGHWAY #620 FULLERTON, CA 92835	DIRECTOR 2	0.	0.	0.
GEORGE V. BARR 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.

STATEMENT 13 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MIKE BARRANCO 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	\$ 0.	\$ 0.	\$ 0.
RANDY BIMROSE 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.
RICHARD BLANKENSHIP 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.
GLEN BLOMGREN 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.
ROBERT COBEZ 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.
BRUCE COLODNY 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.
STEVE DEMBER 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.
PAUL DOUGHERTY 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.
LESLIE EASTERBROOK 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.
JESS GUY 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.
MIKE HOUSTON 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.
ROBERT LAPOINTE 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.

STATEMENT 13 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
COLE MCNEAL 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	\$ 0.	\$ 0.	\$ 0.
MARC MONENE 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.
STEVE NAPIER 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.
MIKE OPSITNIK 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.
LARRY PARKER 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.
DIRK SEELEY 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.
BEN SLATER 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.
RALPH WELLER 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.
HERB WILLIAMS 273 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.
HAROLD WOOD 271 EAST IMPERIAL HWY FULLERTON, CA 92635	DIRECTOR 2	0.	0.	0.
	TOTAL	\$ 108,248.	\$ 17,371.	\$ 0.

STATEMENT 14
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
94	MEMBERSHIP DUES ARE USED TO PROVIDE NEWSPAER AND OTHER SERVICES TO THE MEMBERS TO EDUCATE AND INFORM THE MEMBERS ON IMPORTANT MATTERS RELATING TO FIREARMS, HUNTING, LEGAL MATTERS, LEGISLATIVE MATTERS RELATING TO FIREARMS, AND OTHER INFORMATION THAT WOULD BE OF IMPORTANTANCE TO FIREARMS OWNERS AND USERS

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box.

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print File by the extended due date for filing the return See instructions.	Name of Exempt Organization CALIFORNIA RIFLE AND PISTOL ASSOCIATION, INC.	Employer identification number 95-2258096 For IRS use only
	Number, street, and room or suite number If a P O box, see instructions 271 E. IMPERIAL HIGHWAY, SUITE 620	
	City, town or post office, state, and ZIP code For a foreign address, see instructions FULLERTON, CA 92835-1049	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in care of **JAMES H. ERDMAN**
 Telephone No. **714-992-2772** FAX No. _____

• If the organization does **not** have an office or place of business in the United States, check this box

• If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is **part** of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 8/15, 2007.

5 For calendar year _____, or other tax year beginning 10/01, 2005, and ending 9/30, 2006.

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension TAXPAYER HAS NOT YET RECEIVED ALL OF THE INFORMATION NEEDED TO PREPARE AN ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature _____ Title _____ Date _____

Notice to Applicant – To be Completed by the IRS

We **have** approved this application. Please attach this form to the organization's return.

We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.

We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period

We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.

Other. _____

Director _____ By _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name GOODRICH AND THOMAS, CPAS
	Number and street (include suite, room, or apartment number) or a P.O. box number 3200 PARK CENTER DR. STE. 1170
	City or town, province or state, and country (including postal or ZIP code) COSTA MESA, CA 92626
