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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)

2011

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 2011 calendar year, or tax year beginning, 2011, and ending, 20

Form header section containing: B Check it applicable (Address change, Name change, Initial return, Terminated, Amended return, Application pending); C Name of organization (CHAMPAIGN COUNTY RIFLE ASSOCIATION); D Employer identification number (30-0059231); E Telephone number ((217) 643-7314); F Name and address of principal officer (Doing Business As, 509 WEST PARK ST, Thomasboro IL 61878); G Gross receipts \$ (49,931); H(a) Is this a group return for affiliates? (Yes X No); H(b) Are all affiliates included? (Yes No); H(c) Group exemption number; I Tax-exempt status (501(c)(3) X 501(c)(7)); J Website: WWW.GUNSSAVELIFE.COM; K Form of organization (Corporation, Trust, Association X, Other); L Year of formation (2001); M State of legal domicile (IL)

Part I Summary

Table with 3 main sections: ACTIVITIES & GOVERNANCE (lines 1-7), REVENUE (lines 8-12), and EXPENSES (lines 13-19). Includes a RECEIVED stamp dated MAY 07 2012 from IRS-OSC in OGDEN, UT. Revenue and Expenses are compared for Prior Year and Current Year. Balance sheet items (lines 20-22) are compared for Beginning of Current Year and End of Year.

Part II Signature Block

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: LARRY SHURBET, TREASURER, dated 4-30-12.

Paid Preparer Use Only section: Print/Type preparer's name (Gary Dreher), Preparer's signature (Gary Dreher), Date (04-30-12), Firm's name (HRB TAX GROUP INC), Firm's address (1605 S PROSPECT AVE, CHAMPAIGN IL 61820), Firm's EIN (217) 355-1040.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes X No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2011)

SCANNED MAY 10 2012

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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

THE CHAMPAIGN COUNTY RIFLE ASSOCIATION SUPPORTS EDUCATION, SAFETY, AND THE WISE USE OF FIREARMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  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  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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code \_\_\_\_\_) (Expenses \$ 26,531 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_) See attachment #1

4b (Code \_\_\_\_\_) (Expenses \$ 3,720 including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services (Describe in Schedule O) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ▶ 30,251

**Part IV** Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 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		X
4 <b>Section 501(c)(3) organizations.</b> 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	N/A	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes" complete Schedule C, Part III	N/A	
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, 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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D Part VI		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		X
c 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		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		X
e Did the organization report an amount for other liabilities in Part X line 25? If "Yes," complete Schedule D, Part X		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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		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, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, & program service activities outside the United States, or aggregate foreign investments valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3 more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		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 (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G Part II		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		X
20a Did the organization operate one or more hospital facilities? If "Yes" complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	N/A	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5 000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5 000 of grants and other assistance to individuals in the United States on Part IX, column (A) line 2? If "Yes," complete Schedule I, Parts I and III		X
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 Schedule J		X
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 Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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 Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director trustee, key employee, substantial contributor or employee thereof a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 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, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 N/A		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

**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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	10		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent.		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	X	

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	N/A	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	X	
<b>13</b>	Did the organization have a written whistleblower policy?		X
<b>14</b>	Did the organization have a written document retention and destruction policy?		X
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official.		X
<b>b</b>	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions).		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law and taken steps to safeguard the organization's exempt status with respect to such arrangements?	N/A	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed: IL
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: See attachment #2

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL TRUSTEE	DIRECTOR	INSTITUTIONAL TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED EMPLOYEE	FORMER			
JOHN BOCH PRESIDENT	6.00				X				0	0	0
FRANK WRIGHT VICE PRESIDENT	4.00				X				0	0	0
LARRY SHURBET TREASURER	6.00				X				0	0	0
BONNIE GARRETT SECRETARY	4.00				X				0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST PAID	FORMER			
<p><b>1b Sub-total</b> ▶ 0 0 0</p> <p><b>c Total from continuation sheets to Part VII, Section A</b> ▶ 0 0 0</p> <p><b>d Total (add lines 1b and 1c)</b> ▶ 0 0 0</p>											

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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		X
<b>5</b> 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		X

**Section B. Independent Contractors**

**1** 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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

<b>Part VIII</b>		<b>Statement of Revenue</b>		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
OTHER CONTRIBUTIONS	<b>1a</b> Federated campaigns	<b>1a</b>						
	<b>b</b> Membership dues	<b>1b</b>	23 300					
	<b>c</b> Fundraising events	<b>1c</b>						
	<b>d</b> Related organizations	<b>1d</b>						
	<b>e</b> Government grants (contributions)	<b>1e</b>	-					
	<b>f</b> All other contributions, gifts, grants, & similar amounts not included above	<b>1f</b>	4 950					
	<b>g</b> Noncash contributions included in lines 1a-1f		\$					
	<b>h Total.</b> Add lines 1a-1f			28 250				
PROGRAM SERVICE REVENUE	<b>2a</b> ADVERTISING	<b>Business Code</b>						
		511190		5 707	5,707			
	<b>b</b> MERCHANDISE SALES	453000		4 041	4,041			
	<b>c</b> LASER SHOT RENTAL	713990		100	100			
	<b>d</b>							
	<b>e</b>							
	<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			9 848					
OTHER REVENUE	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			37	37			
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties							
	<b>6a</b> Gross Rents	(i) Real	(ii) Personal					
		<b>b</b> Less rental expenses						
		<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)							
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less cost or other basis and sales expenses						
		<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)							
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)							
		See Part IV, line 18	<b>a</b>					
<b>b</b> Less direct expenses		<b>b</b>						
<b>c</b> Net income or (loss) from fundraising events								
<b>9a</b> Gross income from gaming activities See Part IV line 19	<b>a</b>		11,796					
	<b>b</b> Less direct expenses	<b>b</b>	2 918					
	<b>c</b> Net income or (loss) from gaming activities			8 878				
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>							
	<b>b</b> Less cost of goods sold	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>						
<b>11a</b>								
<b>b</b>								
<b>c</b>								
<b>d</b> All other revenue								
<b>e Total.</b> Add lines 11a-11d								
<b>12 Total revenue.</b> See instructions				47 013	9 885			

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	11,016	11,016		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	3,460		3,460	
b	Legal				
c	Accounting				
d	Lobbying	1,520	1,520		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	26,831	26,831		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	470	470		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<u>MERCHANDISE PURCHASES</u>	3,642	3,642		
b	<u>GUN SAFETY PROGRAMS</u>	659	659		
c	<u>BANK CHARGES</u>	25	25		
d					
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	47,623	44,163	3,460	
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

<b>Part X</b>		<b>Balance Sheet</b>		(A)		(B)	
				Beginning of year		End of year	
<b>A S S E T S</b>	<b>1</b>	Cash -- non-interest-bearing		15,891	<b>1</b>	6,986	
	<b>2</b>	Savings and temporary cash investments		10,862	<b>2</b>	19,547	
	<b>3</b>	Pledges and grants receivable, net			<b>3</b>		
	<b>4</b>	Accounts receivable net			<b>4</b>		
	<b>5</b>	Receivables from current and former officers, directors, trustees key employees, and highest compensated employees Complete Part II of Schedule L			<b>5</b>		
	<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations or section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions)			<b>6</b>		
	<b>7</b>	Notes and loans receivable, net			<b>7</b>		
	<b>8</b>	Inventories for sale or use			<b>8</b>		
	<b>9</b>	Prepaid expenses and deferred charges			<b>9</b>		
	<b>10 a</b>	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>				
	<b>b</b>	Less accumulated depreciation	<b>10b</b>			<b>10c</b>	
	<b>11</b>	Investments -- publicly traded securities			<b>11</b>		
	<b>12</b>	Investments -- other securities See Part IV, line 11			<b>12</b>		
	<b>13</b>	Investments -- program-related See Part IV, line 11			<b>13</b>		
	<b>14</b>	Intangible assets			<b>14</b>		
	<b>15</b>	Other assets See Part IV, line 11			<b>15</b>		
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		26,753	<b>16</b>	26,533		
<b>L I A B I L I T I E S</b>	<b>17</b>	Accounts payable and accrued expenses			<b>17</b>		
	<b>18</b>	Grants payable			<b>18</b>		
	<b>19</b>	Deferred revenue			<b>19</b>		
	<b>20</b>	Tax-exempt bond liabilities			<b>20</b>		
	<b>21</b>	Escrow or custodial account liability Complete Part IV of Schedule D			<b>21</b>		
	<b>22</b>	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties			<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties			<b>24</b>		
<b>25</b>	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			<b>25</b>			
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25		0	<b>26</b>	0		
<b>N E T A S S E T B A L A N C E S O R S</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets			<b>27</b>		
	<b>28</b>	Temporarily restricted net assets			<b>28</b>		
	<b>29</b>	Permanently restricted net assets			<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land building, or equipment fund			<b>31</b>		
	<b>32</b>	Retained earnings, endowment accumulated income, or other funds		26,753	<b>32</b>	26,533	
<b>33</b>	<b>Total net assets or fund balances</b>		26,753	<b>33</b>	26,533		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b>		26,753	<b>34</b>	26,533		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A) line 12)	1	47,013
2	Total expenses (must equal Part IX column (A), line 25)	2	47,623
3	Revenue less expenses Subtract line 2 from line 1	3	-610
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,753
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33 column (B))	6	26,533

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?		X
2c	If 'Yes' to lines 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? <span style="float: right;">N/A</span> If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	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?		X
3b	If 'Yes' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits <span style="float: right;">N/A</span>		

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22  
▶ Attach to Form 990.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

CHAMPAIGN COUNTY RIFLE ASSOCIATION

Employer identification number

30-0059231

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LEGION AUXILIARY 573 2720 E LINCOLN ST BLOOMINGTON IL 61704	23-7292767		250				
CHAMPAIGN COUNTY YOUNG REPUBLICANS PO BOX 1734 CHAMPAIGN IL 61824			100				
DARNALL'S CENTRAL ILLINOIS PRECISION SHOOTING 6125 EAST 1175 NORTH ROAD BLOOMINGTON IL 61705	37-1392003		4,946				
FOOSLAND SPORTSMAN CLUB PO BOX 135 FOOSLAND IL 61845	45-0677272		100				
ILLINOIS FRIENDS OF THE NRA 722 N MONROE LITCHFIELD IL 62056			275				
ILLINOIS STATE RIFLE ASSOCIATION PO BOX 637 CHATSWORTH IL 60921 DANVILLE RIFLE AND PISTOL	36-6161799		1,000				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 instructions

3 Enter total number of other organizations listed in the line 1 instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

990 - Sch I - Part I, Continuation of Grants and Other Assistance to Governments and Organizations in the United States

For Calendar year 2011, or tax year period beginning		and ending					
Name of the organization							
CHAMPAIGN COUNTY RIFLE ASSOCIATION							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLUB, 8523 E 2250 N RD DANVILLE IL 61834 CHAMPAIGN COUNTY PHEASANTS FOREVER 819 W COLUMBIA CHAMPAIGN IL 61820 CHRIS BETLEY 120 E MARKET FARMER CITY, IL 61842 MISCELLANEOUS DONATIONS	41-1429149		250  520 500 3,075				

Employer identification number  
30-0059231

**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.

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

CHAMPAIGN COUNTY RIFLE ASSOCIATION

Employer identification number

30-0059231

PART VI, LINE 12C: IF EXTRAORDINARY ACTIONS ARE REQUIRED BY BOARD MEMBERS, THE POTENTIAL ACTION IS REVIEWED IN TERMS OF THE CONFLICT OF INTEREST POLICY.

PART VI, LINE 19: THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE ON REQUEST.

PART VI, SECTION A, QUESTION 9: NAMES AND ADDRESSES OF OFFICERS WHO CANNOT BE REACHED AT THE TAX RETURN MAILING ADDRESS:

JOHN BOCH, PRESIDENT

19 EVERGREEN SQUARE, SAVOY, IL 61874

FRANK WRIGHT, VICE PRESIDENT

301 E COLORADO, URBANA, IL 61801

BONNIE GARRETT, SECRETARY

PO BOX 255, MCLEAN, IL 61754

PART VI, PART B, LINE 11A: THE BOARD MEMBERS REVIEW THE FORM 990 BEFORE THE FORM IS MAILED TO IRS.

**990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT**

Attachment 1: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2011, or tax period beginning _____, and ending _____
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Name of Organization CHAMPAIGN COUNTY RIFLE ASSOCIATION	Employer Identification Number 30-0059231
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**Part III - Statement of Program Service Accomplishments**

Code	Expenses	26,531	including Grants of	Revenue
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**Exempt Purpose Achievements**

PUBLICATION AND MAILING OF THE ASSOCIATION'S NEWSPAPER TO INFORM MEMBERS AND OTHER INTERESTED PERSONS OF GUN-RELATED NEWS AND UPCOMING EVENTS. CIRCULATION RANGES FROM 10,000 TO 12,000 PER MONTH.

**990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT**

Attachment 1: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2011, or tax period beginning	, and ending
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Name of Organization CHAMPAIGN COUNTY RIFLE ASSOCIATION	Employer Identification Number 30-0059231
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**Part III - Statement of Program Service Accomplishments**

Code	Expenses	3,720	including Grants of	Revenue
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**Exempt Purpose Achievements**

THE ASSOCIATION PARTICIPATED IN THE ILLINOIS GUN OWNER'S LOBBY DAY IN THE STATE CAPITOL. THE ASSOCIATION LOBBIED IN FAVOR OF SECOND AMENDMENT RIGHTS TO HELP EDUCATE STATE SENATORS AND REPRESENTATIVES ABOUT THE ISSUES OF GUN OWNERSHIP.

990 BOOKS ARE IN CARE OF

Attachment 2: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2011 or tax period beginning	, and ending
Name of Organization CHAMPAIGN COUNTY RIFLE ASSOCIATION		Employer Identification Number 30-0059231

Part VI - Line 20

Individual Name LARRY SHURBET  
or  
Business Name

Street Address 509 WEST PARK ST

U S Address  
Zip code 61878 city Thomasboro State IL

Foreign Address  
City \_\_\_\_\_  
Province or State \_\_\_\_\_  
Country \_\_\_\_\_  
Postal code \_\_\_\_\_  
Phone Number (217) 643-7314  
Fax Number \_\_\_\_\_