



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

2013

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Part I Summary: A For the 2013 calendar year, or tax year beginning 2013, and ending 2013, and ending 20. B Check if applicable: C Name of organization CHAMPAIGN COUNTY RIFLE ASSOCIATION. D Employer identification number 30-0059231. E Telephone number (217) 643-7314. G Gross receipts \$ 104,086. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No. H(c) Group exemption number. I Tax-exempt status: 501(c)(3) 501(c)(7). J Website: WWW.GUNSSAVELIFE.COM. K Form of organization: Corporation. L Year of formation 2001. M State of legal domicile IL.

Part II Signature Block: 1 Briefly describe the organization's mission or most significant activities. THE CHAMPAIGN COUNTY RIFLE ASSOCIATION SUPPORTS EDUCATION, SAFETY, AND THE WISE USE OF FIREARMS. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body 13. 4 Number of independent voting members of the governing body. 5 Total number of individuals employed in calendar year 2013. 6 Total number of volunteers (estimate if necessary) 100. 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7b Net unrelated business taxable income from Form 990-T, line 34. 8 Contributions and grants (Part VIII, line 1h) 38,376 (Prior Year) 51,142 (Current Year). 9 Program service revenue (Part VIII, line 2g) 18,121 14,388. 10 Investment income (Part VIII, column (A), lines 4, and 7d) 30 35. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,610 22,190. 12 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 65,137 87,755. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9,962 18,226. 14 Benefits paid to or for members (Part IX, column (A), line 4). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16a Professional fundraising fees (Part IX, column (A), line 11e). b Total fundraising expenses (Part IX, column (D), line 25). 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 41,684 67,998. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 51,646 86,224. 19 Revenue less expenses. Subtract line 18 from line 12 13,491 1,531. 20 Total assets (Part X, line 16) Beginning of Current Year 40,264 End of Year 41,967. 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20 40,264 41,967.

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. Sign Here: Signature of officer LARRY SHURBET, Date 5/12/14, Title TREASURER. Paid Preparer Use Only: Preparer's name GARY DREHER, Preparer's signature Gary Dreher, Date 05-12-2014, Check self-employed, PTIN P00005416, Firm's name HRB TAX GROUP INC, Firm's EIN 431871840, Firm's address 1333 SAVOY PLAZA LN STE M7, SAVOY IL 61874, Phone no. 2173551040.

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)

SCANNED JUN 23 2014

Handwritten mark

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

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 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 \$ 38,525 including grants of \$ ) (Revenue \$ 7,208 ) SEE ATTACHMENT #1

4b (Code ) (Expenses \$ 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 38,525

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their status (Yes/No/N/A).

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No checkboxes. Rows include questions 21 through 38 regarding grants, tax-exempt bonds, and organizational structure.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, sub-column (e.g., 1a, 1b), and Yes/No columns. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and sponsoring organizations.

**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 or note to any line 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. <span style="float: right;">13</span>		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent <span style="float: right;">1b</span>		
<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? <span style="float: right;">N/A</span>		
<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		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<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 take steps to safeguard the organization's exempt status with respect to such arrangements? <span style="float: right;">N/A</span>		

**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  Other (explain in Schedule O)
- 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 or note to any line 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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below)	(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	INSTITUTIONAL	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED	FORMER			
JOHN BOCH PRESIDENT	45.00				X						
FRANK WRIGHT VICE PRESIDENT	10.00				X						
LARRY SHURBET TREASURER	45.00				X						
TAMMY WILLIAMS SECRETARY	30.00				X						



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
OTHER CONTRIBUTIONS SIMILAR AMOUNTS	<b>1a</b> Federated campaigns					
	<b>1b</b> Membership dues	44,820				
	<b>1c</b> Fundraising events					
	<b>1d</b> Related organizations					
	<b>1e</b> Government grants (contributions)					
	<b>1f</b> All other contributions, gifts, grants, & similar amounts not included above	6,322				
	<b>g</b> Noncash contributions included in lines 1a-1f	\$				
	<b>h Total.</b> Add lines 1a-1f		51,142			
PROGRAM REVENUE	<b>2a</b> ADVERTISING	511190	7,963	7,963		
	<b>b</b> LAZER SHOT RENTAL	713900	100	100		
	<b>c</b> MEETING MEALS	900099	2,719	2,719		
	<b>d</b> MERCHANDISE SALES	453000	3,606	3,606		
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		14,388			
OTHER REVENUE	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		35	35		
	<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>	38,521			
<b>b</b> Less: direct expenses	<b>b</b>	16,331				
<b>c</b> Net income or (loss) from gaming activities		22,190				
<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		87,755	14,423			

**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).

Check if Schedule O contains a response or note to any line 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	17,226	17,226		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	1,000	1,000		
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	1,597		1,597	
b	Legal				
c	Accounting	220		220	
d	Lobbying	2,366	2,366		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	38,925	38,925		
13	Office expenses	4,795		4,795	
14	Information technology	1,332	1,332		
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	8,103	8,103		
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	<b>BANK CHARGES</b>	68	68		
b	<b>MERCHANDISE PURCHASES</b>	8,916	8,916		
c	<b>SIGNS</b>	1,284	1,284		
d	<b>MISCELLANEOUS EXPENSES</b>	392	392		
e	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24e	86,224	79,612	6,612	
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)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>A S S E T S</b>	<b>1</b> Cash -- non-interest-bearing		<b>1</b>	
	<b>2</b> Savings and temporary cash investments	40,264	<b>2</b>	41,967
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other 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> Loans and other 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 of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L.		<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>10a</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 Total assets.</b> Add lines 1 through 15 (must equal line 34)	40,264	<b>16</b>	41,967	
<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> Loans and other 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 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</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 (ASC 958), check here <input checked="" type="checkbox"/> 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	40,264	<b>32</b>	41,967
<b>33</b> Total net assets or fund balances	40,264	<b>33</b>	41,967	
<b>34</b> Total liabilities and net assets/fund balances	40,264	<b>34</b>	41,967	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	87,755
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	86,224
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,531
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	40,264
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	41,967

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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		X
<b>c</b> 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? . . . . N/A If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b> 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
<b>b</b> 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 . . . . N/A		

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047  
**2013**  
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. 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
DARNALL'S CENTRAL ILLI PRECISION SHOOTING 6125 EAST 1175 N BLOOMINGTON IL 61705	37-1392003		13,077				
DANVILLE RIFLE AND PIS CLUB 8523 E 2250N DANVILLE IL 61834			250				
ILLINOIS STATE RIFLE ASSOCIATION PO BOX 637 CHATSWORTH IL 60921	36-6161799		1,000				
CHAMPAIGN COUNTY PHEAS FOREVER 819 W COLUMBIA CHAMPAIGN IL 61820	41-1429149		580				
ARMED CITIZEN PROJECT PO BOX 541039 HOUSTON TX 77254			200				

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

**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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

and ending

For Calendar year 2013, or tax year period beginning

(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
Name of the organization <b>CHAMPAIGN COUNTY RIFLE ASSOCIATION</b>	Employer identification number <b>30-0059231</b>						
CHANUTE AIR MUSEUM 1011 PACESETTER DR RANTOUL IL 61866	37-1282931		25				
CROSS TRAILS OUTFITTER 7530 BANDERA RD SAN ANTONIO TX 78240			180				
HOLLAND FARM FIREARM TRAINING 1411 RODEO DR MC LEAN IL 61754	26-3803356		410				
CENTRAL ILLINOIS HONOR FLIGHT 712 E JEFFERSON EFFINGHAM IL 62401			98				
HOOAH  LIVE FREE USA PO BOX 3295 MUNSTER IN 46321	35-2269458		393				
WOMEN IN THE OUTDOORS  CHRIS BETLEY			500				

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

For Calendar year 2013, or tax year period beginning		and ending					
Name of the organization		Employer identification number					
CHAMPAIGN COUNTY RIFLE ASSOCIATION		30-0059231					
(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
			1,000				

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

For Calendar year 2013, or tax year period beginning		and ending		Employer identification number			
(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
Name of the organization <b>CHAMPAIGN COUNTY RIFLE ASSOCIATION</b>			1,000				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.

▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

CHAMPAIGN COUNTY RIFLE ASSOCIATION

Employer identification number

30-0059231

NAMES AND ADDRESSES OF OFFICERS WHO CANNOT BE REACHED AT THE TAX RETURN M

JOHN BOCH, PRESIDENT; 19 EVERGREEN SQUARE; SAVOY, IL 61874

FRANK WRIGHT, VICE PRESIDENT; 301 E COLORADO, URBANA, IL 61801

TAMMY WILLIAMS, SECRETARY; 408 E MAIN ST, SIDNEY, IL 61877

PART VI, SECTION B, LINE 11A

THE BOARD MEMBERS REVIEW THE FORM 990 BEFORE IT IS MAILED TO THE IRS.

PART VI, SECTION B, LINE 19

THE ASSOCIATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE ON REQUEST.

PART VI, SECTION B, LINE 12C

IF EXTRAORDINARY ACTIONS ARE REQUIRED BY BOARD MEMBERS, THE POTENTIAL  
ACTION IS REVIEWED IN TERMS OF THE CONFLICT OF INTEREST POLICY.

990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: FORM 990 PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
CHAMPAIGN COUNTY RIFLE ASSOCIATION	30-0059231	

Part III - Statement of Program Service Accomplishments			
Code.	Expenses.	including Grants of:	Revenue:
	38,525		7,208

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 20,000 TO 26,000 PER MONTH. THE ASSOCIATION PARTICIPATED IN THE ILLINOIS GUN OWNER'S LOBBY DAY AT 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. COST WAS \$2366.

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 2013, or tax period beginning , and ending

Name of Organization CHAMPAIGN COUNTY RIFLE ASSOCIATION Employer Identification Number 30-0059231

Part VI - Line 20

Individual Name or Business Name LARRY SHURBET

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