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Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

Quanto Public Inspection

A	For the 201	I calendar year, or tax year beginning 9/01 , 2011, and endi	ng 8/3	31	, 2012	
	Check if applica			D Employer Id		nber
	Address ch	GIPIND COLLEGEORG ICCOCTIMENT TWO		35-215	51649	
	Name char	P.O. BOX 7498		E Telephone n		
	Initial retui	INORTH KANSAS CITY, MO 64116		816-47	71-2005	
	Terminated		i			
	Amended			G Gross receip	k Š	407,029.
	Application		H(a) Is this a	group return for		Yes X No
			1	affiliates included		Yes No
<u> </u>	Tax-exempt	status 501(c)(3) X 501(c) (7) (Insert no) 4947(a)(1) or 527	If No,'	attach a list (see	instructions)	<u>.</u> _
j J	Website:		H(c) Group e	exemption numbe	, >	
K	Form of orga			· , · · · · · · · · · · · · · · · · · ·	of legal domicile	IN
Pa	Su					
		describe the organization's mission or most significant activities: TO EXCHA	NGE IN	FORMATIO	N AND EX	CPAND
	KNO	VLEDGE OF THE U.S. RIFLE, CALIBER .30, M1; TO PRES	ERVE AN	D PUBLIC	IZE THE	
au		TORY OF THE RIFLE AND ITS INVENTOR JOHN C. GARAND				
E		-	- -			
Governance	2 Check	this box F if the organization discontinued its operations or disposed of m	ore than 25	5% of its net	assets.	_
ø		er of voting members of the governing body (Part VI, line 1a)		3		
ies		er of independent voting members of the governing body (Part VI, line 1b) number of individuals employed in calendar year 2011 (Part V, line 2a)	•	5		
Activities &		number of individuals employed in calendar year 2017 (Fait V, line 2a)		6	_	12
ફ		unrelated business revenue from Part VIII, column (C), line 12			a	0.
		nrelated business taxable income from Form 990-T, line 34			b	0.
			P	rior Year	Curr	ent Year
	8 Contr	butions and grants (Part VIII, line 1h)		185		123.
Revenue		am service revenue (Part VIII, line 2g)		440,150		402,521.
e e		ment income (Part VIII, column (A), lines 3, 4, and 7d)		5,787		4,380.
Í		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15		5.
\dashv		revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	446,137	_	407,029.
		s and similar amounts paid (Part IX, column (A), lines 1-3)		7,072	•	31,940.
9		its paid to or for members (Part IX, column (A), line 4)			_	
ses		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
Su.		ssional fund <u>raising fees (Part IX, column (A),</u> line 11e)	State of the latest			
<u>×</u>	b Total	fundraising expenses (Part X) coturn (D), line 25)►				1.0
۳	17 Other	expenses (Part-IX,-column-(A), lines-Ha (Jd, 11f-24e)		329,785		544,821.
	18 Total	expenses. Add lines 13-17 (must equal Par X, column (A), line 25)		336,857		576,761.
	19 Rever	ue less expenses Subtractime 18-110m upe 12		109,280		169,732.
8		<u> </u>	Beginnin	g of Current Ye	ar End	of Year
a a a	20 Total	assets (Part X, III) OF FN 117		851,016		<u>681,284.</u>
22	21 Total	liabilities (Rart X, line 26)		0	•	0.
žŽ	A SAN AND AND AND AND AND AND AND AND AND A	sets or fund balances. Subtract line 21 from line 20		851,016		681,284.
Ŗā	rill Sig	nature Block		_		
Und	er penalties of polete Declaration	enury, I declare that I have examined this return, including accompanying schedules and statements, and to in of preparer (other than offi <u>cer) is</u> ba <u>s</u> ed on all information of which preparer has any knowledge	the best of m	y knowledge and	belief, it is true,	correct, and
					 	
6 !	P	Signature of difficer	Dat	1. 15-2	-4/3	
Sig He	n re	JAMES A. SPAWN	Dat	·C		
IC		Type or print name and title				
	D.	int/Type preparer's name Preparer's signature Date	T	<u> </u>	PTIN	
n - '	_		2013	Checkif		006
Pai	_	DADEN GAGE CONTRACTOR TO	1013	self-employed	P00235	סצע
۱ د ا ح	Only	COOO DOTHER THEIR THE BOOK		¬	E 10200	27
	Fi	rn's address FORT WAYNE, IN 46804-7926			85-19396 0-433-31	
N/~·	the IDS and	cuss this return with the preparer shown above? (see instructions)		Phone no 26	0-422-25 X Yes	
ividly	une iro ais	cuss this return with the preparer shown above, (see instructions)			IXI Yes	s No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2011) GARAND COLLECTORS ASSOCIATION, INC.	35-215	51649		Page 2
Pa	Statement of Program Service Accomplishments	•			
	Check if Schedule O contains a response to any question in this Part III				X
1	Briefly describe the organization's mission: SEE SCHEDULE 0				
2	Did the organization undertake any significant program services during the year which were not listed of Form 990 or 990-EZ?	n the prior	Пу	es X	No
	If 'Yes,' describe these new services on Schedule O.		· لــا		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?	Y	es X	No
	If 'Yes,' describe these changes on Schedule O.			_	
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the air others, the total expenses, and revenue, if any, for each program service reported.	rices, as me mount of gra	asured l ants and	by expend allocation	ises. ons to
48	(Code:		ND_CO	LLECTO) DR'S
					. _
					. – –
41	O(Code:) (Expenses \$140,962. Including grants of \$) (FOURTH OF THE HIST OF THE U.S. RIFLE. SERVES APPROXIMEMBERS.		EXC:	HANGE	50.) OF
4	(Code: 43,589. including grants of \$) (f			41,4	35.)
	BOOK - BEST OF GCA JOURNAL				
		 -			
4	d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$			`	
	(Expenses \$ including grants of \$) (Revenue \$ e Total program service expenses ► 349, 407.				

			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	1_		_x_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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	_3_		_X_
4	Section 501(c)(3) organizations 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	4		
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	5		<u>x</u>
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	6		Х_
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	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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	9		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	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10 <i>'lf 'Yes,' complete Schedule D, Part VI</i>	11a		х
t	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	11b		Х
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	11c		X
	I 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	11 d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25?If 'Yes,' complete Schedule D, Part X	11e		X
	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	11f	Х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		<u>X</u>
ŀ	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
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	15		Х
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	16		_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)	17		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	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a7f 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	<u> </u>	X
ı	o If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		<u> </u>

Form 990 (2011) GARAND COLLECTORS ASSOCIATION, INC. 35-2151649

Part M. Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
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	22		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	23		Х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		
ŀ	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-EZ3f 'Yes,' complete Schedule L, Part I	25b		
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	26		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	27		Х
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):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M .	29		Х
30	contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
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	33	·	х
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	34	_	х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	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	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
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	37	<u>-</u>	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	_
BAA		Forn	990	(2011)

Form 990 (2011) GARAND COLLECTORS ASSOCIATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			\Box			
			Ye	s No			
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
_	Did the organization comply with backup withholding rules for reportable payments to vendo	rs and reportable gaming					
Ī	(gambling) winnings to prize winners?		1c X	<u> </u>			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-						
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a	0				
b	If at least one is reported on line 2a, did the organization file all required federal employmer	nt tax returns?	2b				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file. (see ins	structions)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year	ar?	3a	X			
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O							
4a	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 f	inancial account)?	4a	X			
b	If 'Yes,' enter the name of the foreign country:						
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F			البيد الد			
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	_	_5a	<u> X</u>			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	ter transaction?	5b	X			
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5c	-			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, a	and did the organization		,,			
	solicit any contributions that were not tax deductible?		6a	+x			
b	lf 'Yes,' did the organization include with every solicitation an express statement that such c not tax deductible?	ontributions or gifts were	6ь				
7	Organizations that may receive deductible contributions under section 170(c).						
	-						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and particles provided to the payor?	partly for goods and	7a				
h	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b	\top			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w						
	Form 8282?		7с				
C	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7e				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7f	<u> </u>			
ç	If the organization received a contribution of qualified intellectual property, did the organizat as required?	ion file Form 8899	7g				
	·	o organization file o	/9				
•	if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a	7h				
Ω	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporti	ng organization@id the					
Ü	supporting organization, or a donor advised fund maintained by a sponsoring organization, h	nave excess business					
	holdings at any time during the year?		8				
9	Sponsoring organizations maintaining donor advised funds.						
	Did the organization make any taxable distributions under section 4966?		9a	-			
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b				
	Section 501(c)(7) organizations.Enter:	10a (
	Initiation fees and capital contributions included on Part VIII, line 12) . 				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	[100]	<u>' </u>				
	Section 501(c)(12) organizations.Enter: Gross income from members or shareholders	11a					
		114					
Ľ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b					
12 a	Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 10412	12a				
Ŀ	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
ā	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note. See the instructions for additional information the organization must report on Schedu	ile O.					
ŧ	Enter the amount of reserves the organization is required to maintain by the states in	1 401					
	which the organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand	13c	145	X			
	a Did the organization receive any payments for indoor tanning services during the tax year?	Schodulo O	14a	 ^			
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	Scredule U	14b				

Form 990 (2011) GARAND COLLECTORS ASSOCIATION, INC. 35-2151649 Page 6 Randville Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to līne 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 X Section A. Governing Body and Management Yes No 8 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 8 b Enter the number of voting members included in line 1a, above, who are independent 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? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? SEE SCHEDULE O 6 7a 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? SEE SCHEDULE 0 7a X **b** Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or other persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director or 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 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise X to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done Х SEE SCHEDULE O 12c 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers of key employees of the organization 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 162 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? Section C. Disclosure IN 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website |X| Upon request Own website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

BAA

JAMES SPAWN 1912 CLAY ST NORTH KANSAS CITY MO 64116 816-471-2005

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.

X 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	and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable	(F) Estmated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	from the organization and related organizations
(1) ANTHONY PUCCI, JR CHAIRMAN	1	X		Х				0.	0.	0.
(2) STEVEN T. RUTLEDGE PRESIDENT	1	Х		X				0.	0.	0.
(3) JIM ADELL DIRECTOR	1	Х						0.	0.	0.
(4) ANDREW HALL DIRECTOR	1	Х						0.	0.	0.
	1	х						0.	0.	0.
	1	Х						0.	0.	0.
	1	X						0.	0.	0.
	1_1_	Х						0.	0.	0.
(9) JAMES SPAWN SECRETARY/TREAS	1		<u>.</u>	х				0.	0.	0.
	1									
(11)										
(12)										
(13)	-									
(14)										

Part VIII Section A. Officers, Directors, Trust	ees, l	(ey	Em			es,	and	d Highest Com	pensated Em	ployees (cont)
	(B)	l		Pos	C) sition			(D)	(F)	(E)
(A) Name and title	(B) Average hours	box,	, unle:	ss pe	k more than one person is both an director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organization (W-2/1099-MISC)	
(15)										
(16)										
(17)										
<u>(18)</u>	1				<u> </u>					
(19)										
(20)										
(21)										
(22)						-				
(23)										
(24)										
(25)										
1 b Sub-total	_						>	0.	C	
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	Α						>	0.	C	
2 Total number of individuals (including but not limite from the organization • 0	d to the	ose I	liste	d ab	ove) wh	o re			• • • • • • • • • • • • • • • • • • • •
 3 Did the organization list anyformer officer, director on line 1a? If 'Yes,' complete Schedule J for such it 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to 	ndividu	al		•	•	•	,	,	. ,	Yes No
such individual 5 Did any person listed on line 1a receive or accrue of										4 X
for services rendered to the organization? If 'Yes,' or	omplet	e Sc	hed	ule .	J foi	r suc	th pe	erson	Individual	5 X
1 Complete this table for your five highest compensation from the organization. Report compe	ted inde	eper	iden the	t col	ntra	ctors	tha ar e	at received more t	han \$100,000 of	on's tax vear
(A) Name and business addres							•	(B Description)	(C) Compensation
ATTACHE INTERNATIONAL, INC. 1912 CLAY ST NOR	TH KAI	NSAS	CI	TY,	МО	64	116	ADMINISTRATIO	N	108,000.
2 Total number of independent contractors (including \$100,000 in compensation from the organization▶	but no	t lım	ııted	to t	hose	e list	ed a	above) who receiv	ed more than	

Pa	t VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
GIFTS, GRANTS	1a Federated campaigns 1a b Membership dues. 1b c Fundraising events 1c d Related organizations 1d				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f. h Total. Add lines 1a-1f	3			
	2a MEMBERSHIP DUES & ASSESSMENTS b BOOK INCOME c CONVENTION INCOME	345,146. 41,435. 10,348.			
PROGRAM SERVICE REVENUE	d PROMOTIONAL ITEMS e GCA JOURNAL f All other program service revenue	3,742. 1,850.	3,742. 1,850.		. ,, , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,
<u>-</u>	 g Total. Add lines 2a-2f 3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 	► 4,380.		,,,,,,	4,380.
	(i) Real (ii) Personal 6a Gross rents b Less: rental expenses c Rental income or (loss)	0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses				
<u>u</u>	c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$, , , , , ,		
OTHER REVENU	of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events	- i			
	9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities		, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,
	10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;			
	Miscellaneous Revenue Business Code 11 a MISCELLANEOUS b c	5.	5.		
	d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions	► 5. ► 407,029.	402,526.	0.	4,380.

Page 10

Part X 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 n 6b, 7	not include amounts reported on lines 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	31,940.								
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.			<u> </u>					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.								
7	Other salaries and wages									
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):									
	Management	108,000.								
	Legal	15,000.								
	: Accounting .	8,300.								
	Lobbying									
	, ,									
	Professional fundraising services See Part IV, line 17									
	Investment management fees .	2,000.								
_	Other	2,000.								
	Advertising and promotion	2 004								
13	Office expenses	3,904.								
14	Information technology	6,594.								
15	Royalties			-						
16	Occupancy									
17	Travel	22,107.								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	5,012.								
20	Interest				ļ					
21	Payments to affiliates	·								
22	Depreciation, depletion, and amortization									
23	Insurance	1,327.								
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.)									
	PRINTING AND PUBLICATIONS	184,551.								
	VIDEO PROJECT	164,856.								
	PROMOTIONAL ITEMS	7,149.								
	BANK CHARGES	6,675.								
	All other expenses.	9,346.								
	Total functional expenses Add lines 1 through 24e	576,761.								
26	Joint costs. Complete this line only if	5.07.02.								
20	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.									
	Check here ► if following									
	SOP 98-2 (ASC 958-720)	L	1	<u> </u>	<u> </u>					

Pa	KiX	Balance Sheet			· · · · · · · · · · · · · · · · · · ·
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	230,583.	1	109,527.
	2	Savings and temporary cash investments	620,433.	2	571,757.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	· · · · · · · · · · · · · · · · · · ·
	6	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)		6	
AS	7	Notes and loans receivable, net		7	
A S E T S	8	Inventories for sale or use		8	<u> </u>
Ţ	9	Prepaid expenses and deferred charges		9	
Ĭ		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	h	Less: accumulated depreciation 10b		10c	
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	851,016.	16	681,284.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable .		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
Ä	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
A B I L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ţ	23	Secured mortgages and notes payable to unrelated third parties		23	
E S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
Ni		Organizations that follow SFAS 117, check here► X and complete lines			
N E T		27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets	851,016.	27	681,284.
ASSETS	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
O R		Organizations that do not follow SFAS 117, check here▶ and complete			
	1	lines 30 through 34.			
FUZD	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ĺ	32	Retained earnings, endowment, accumulated income, or other funds.		32	
BALANCES	33	Total net assets or fund balances	851,016.	33	681,284.
Š	34	Total liabilities and net assets/fund balances.	851,016.	34	681,284.

BAA

Form **990** (2011)

Form 990 (2011) GARAND COLLECTORS ASSOCIATION, INC.	35-2151649	Pa	ge 12		
Reconciliation of Net Assets					
Check if Schedule O contains a response to any question in this Part XI	·	<u>.</u>	\Box		
	1 1				
1 Total revenue (must equal Part VIII, column (A), line 12)	1	407,0			
2 Total expenses (must equal Part IX, column (A), line 25)	2	<u>576, 7</u>			
3 Revenue less expenses. Subtract line 2 from line 1	3	<u>-169,7</u>			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	<u>851,0</u>	<u> 16.</u>		
5 Other changes in net assets or fund balances (explain in Schedule O)	5		0.		
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,		601 0	0.4		
column (B))	6	681,2	84.		
Part XIII 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: X Cash Accrual 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?		2a	X		
b Were the organization's financial statements audited by an independent accountant?	• •	2b X			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	2c	X		
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	n				
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we separate basis, consolidated basis, or both:	re issued on a				
X Separate basis Consolidated basis 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 Audit Act and OMB Circular A-133?	in the Single	3a	X		
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo to or audits, explain why in Schedule O and describe any steps taken to undergo such audits	he required audit	3b			
BAA		Form 990 (2	2011)		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Employer identification number

CAT	RAND COLLECTORS ASSOCIATION, I	TNC .				35-21	.51649	
	Organizations Maintaining Dono		ner	Similar Fund	s or Acc			te if
	the organization answered 'Yes' t	o Form 990, Part IV, lin	e 6) .				
		(a) Donor advised	d fur	nds	(b) F	unds an	d other acc	ounts
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and dor funds are the organization's property, subject				nor advised		Yes	No No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits.	ors, and donor advisors in wri the benefit of the donor or de efit?	ting onor	that grant fund: advisor, or for	s can be any other		Yes	No
Par	Conservation Easements. Comp		ans	wered 'Yes'	o Form S	90. Pa	rt IV. line	. 7.
1							,	
_	Preservation of land for public use (e.g.,			Preservation of	an historic	ally impo	rtant land	area
	Protection of natural habitat	·		Preservation of	a certified	historic	structure	
	Preservation of open space			•				
2	Complete lines 2a through 2d if the organization last day of the tax year.	ion held a qualified conserva	tion	contribution in t				
						Held at t	he End of t	he Tax Year
	a Total number of conservation easements.				2a 2b			
	b Total acreage restricted by conservation ease		مدر ام	(a)	2 c	.		
	Number of conservation easements on a certi			` '				
	d Number of conservation easements included structure listed in the National Register				2d			
3	Number of conservation easements modified, tax year ▶	transferred, released, exting	luish	ed, or terminate	d by the or	ganızatıd	on during th	ne
4	Number of states where property subject to co							
5	Does the organization have a written policy reand enforcement of the conservation easeme						Yes	No
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing	g cor	nservation easer	nents durin	g the yea	ar	
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing con	serv	ation easement	s during the	e year		
8	Does each conservation easement reported of 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	in line 2(d) above satisfy the	requ	urements of sec	tion		Yes	No
9	In Part XIV, describe how the organization re include, if applicable, the text of the footnote conservation easements.	ports conservation easement to the organization's financia	s in al sta	its revenue and atements that de	expense s escribes the	tatement organiz	, and balar ation's acc	nce sheet, and ounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historica swered 'Yes' to Form 99	al T i 0, F	reasures, or Part IV, line 8	Other Sir	nilar A:	ssets.	
1:	a If the organization elected, as permitted unde art, historical treasures, or other similar asse in Part XIV, the text of the footnote to its final	ts held for public exhibition, e	educ	ation, or resear				
I	b If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items:	er SFAS 116 (ASC 958), to reeld for public exhibition, educ	port atıor	: in its revenue s n, or research ir	tatement a furtherand	nd balan e of publ	ce sheet w lic service,	orks of art, provide the
	(i) Revenues included in Form 990, Part VIII	, line 1				•	\$	
	(ii) Assets included in Form 990, Part X					•	\$	
2	If the organization received or held works of amounts required to be reported under SFAS	art, historical treasures, or ot 116 (ASC 958) relating to th	her :	sımılar assets fo ıtems:	r financial	gaın, pro	vide the fo	llowing
	a Revenues included in Form 990, Part VIII, lin	e 1				•	\$	
	b Assets included in Form 990, Part X					•	\$	

Schedule D (Form 990) 2011 GARAN					5-2151649	Page 2
Pacilli Organizations Maintai	ning Collec	tions of Art, Histo	orical Treasures	s, or Other Simila	ar Assets ((continued)
3 Using the organization's acquisiti items (check all that apply):	on, accession,	and other records, ch	eck any of the follo	wing that are a signi	ficant use of its	s collection
a Public exhibition		d Loan	or exchange progra	ams		
b Scholarly research		e U Other				
c Preservation for future gener						
4 Provide a description of the organ Part XIV.		•	•		t purpose in	
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or re ather than to b	eceive donations of ar e maintained as part	t, historical treasur of the organization'	es, or other similar 's collection?	Yes	□No
Escrow and Custodia line 9, or reported an	Arrangeme	ents. Complete if	the organization	n answered 'Yes'		
1a is the organization an agent, trus included on Form 990, Part X?				or other assets not	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV an	d complete the follow	ing table:			
					Amoun	<u>.t</u>
c Beginning balance				1c		
d Additions during the year .				1d		
e Distributions during the year			•	1e		
f Ending balance2a Did the organization include an a	mount on Form	- 000 Port V June 213		<u> </u>	Yes	- No
b If 'Yes,' explain the arrangement		1 990, Fart A, III e 21:	•		les	∐No
Party Endowment Funds. Co		e organization an	swered 'Yes' to	Form 990 Part	IV line 10	
Endewhell and S.	(a) Current y		ſ	1		Four years back
1a Beginning of year balance .	<u> </u>	(=7:110.700	(6))	<u> </u>	BER	
b Contributions					<u>किंग्र</u> ामा कर्म • • • • • • • • • • • •	
c Net investment earnings, gains, and losses						
d Grants or scholarships					177	
 Other expenditures for facilities and programs 						
f Administrative expenses					75	
g End of year balance						
Provide the estimated percentage		t year end balance (lir	ne 1g, column (a)) l	held as		
a Board designated or quasi-endov	vment ►	%				
b Permanent endowment ▶		0				
c Temporarily restricted endowmer	-	8				
The percentages in lines 2a, 2b,	and 2c should	equal 100%.				
3a Are there endowment funds not a organization by.	in the possessi	on of the organization	that are held and	administered for the		Yes No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	- -
b If 'Yes' to 3a(II), are the related of	•	•			3b	
4 Describe in Part XIV the intender Part VII Land, Buildings, and						
		a) Cost or other basis		r (c) Accumula	tod (d)	Book value
Description of property		(investment)	basis (other)	depreciation	on	
1 a Land	L					
b Buildings	_					
c Leasehold improvements	Ĺ					
d Equipment	L					
e Other	L		<u> </u>			
Total. Add lines 1a through 1e. (Column	nn (d) must equ	ial Form 990, Part X,	column (B), line 10	(c)_)	>	0.
BAA					Schedule D (l	Form 990) 2011

Schedule D (Form 990) 2011 GARAND COLLECTORS ASSOCIATION, INC.	35-2151649 Page 4
Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	N/A
1 Total revenue (Form 990, Part VIII, column (A), line 12)	
2 Total expenses (Form 990, Part IX, column (A), line 25)	
3 Excess or (deficit) for the year. Subtract line 2 from line 1	
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities .	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV.)	
9 Total adjustments (net). Add lines 4 through 8	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	
Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return N/A
Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants . 2c	
d Other (Describe in Part XIV.)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line1:	
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
Detroit (Beeche Mit artitity)	40
c Add lines 4a and 4b	4c 5
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	
	1 N/A
1 Total expenses and losses per audited financial statements	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities b Prior year adjustments	
Di Horyeur adjustinome	
c Other losses 2c	
d Other (Describe in Part XIV.)	2
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line1:	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) 4a 4b	
,	4c
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c . <i>(This must equal Form 990, Part I, line 18.)</i>	5
Part XIV. Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV lines 1h and 2h:
Part V. line 4: Part X. line 2: Part XI. line 8: Part XII. lines 2d and 4b; and Part XIII, lines 2d and 4b. Also of	omplete this part to provide
any additional information.	
PART X - FIN 48 FOOTNOTE	
	\
THE_ASSOCIATION_IS_EXEMPT_FROM_INCOME_TAX_UNDER_SECTION_501(C) (6)_OF THE INTERNAL
REVENUE_CODE_AND_HAS_BEEN_CLASSIFIED_AS_AN_ORGANIZATION_THAT_IS_	NOT_A_PRIVATE
FOUNDATION_UNDER_SECTION_509(A)_OF_THE_INTERNAL_REVENUE_CODE MA	<u>NAGEMENT HAS</u>
ANALYZED_THE_ASSOCATION'S_TAX_POSITIONS_TAKEN_ON_INCOME_TAX_RETU	<u>RNS_FOR_ALL_OPEN_TAX</u>
YEARS_(GENERALLY_DECEMBER_31,_2009_AND_LATER_YEARS)_AND_HAS_CONC	LUDED THAT NO
PORVISION_FOR_INCOME_TAX_WOULD_BE_REQUIRED_UNDER_THE_ASSOCIATION	'S_FINANCIAL
STATEMENTS.	0.1
BAA TEEA3304L 05/25/11	Schedule D (Form 990) 201

Schedule D (Form 990) 2011 GARAND CULLECTURS ASSUCTATION, INC.	35-2151649	Page 5
Part XIV Supplemental Information (continued)		
	- - · · · · · · · · · · · · · · · · ·	
	· 	
		- -
		- -
		-- -
	· 	
	·	
	·	
	·	

SCHEDULE I (Form 990)

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

OMB No 1545-0047

2011

Employer identification number

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
Attatch to Form 990. Department of the Treasury Internal Revenue Service Name of the organization

6	☐ Yes X No	res' to \$5,000.	(h) Purpose of grant or assistance	EDUCATIONAL	VETERAN ASSISTANCE						0	2	Schedule (Form 990) (2011)
35-2151649	e, and	Ition answered '\ eived more than	(g) Description of non-cash assistance		·							•	Schedu
	e grants or assistance	Complete if the organization answered 'Yes' to ox if no one recipient received more than \$5,00	(f) Method of valuation (book, FMV, appraisal, other)										06/01/11
	antees' eligibility for the	d States. Comple	(e) Amount of non-cash assistance	0.	0.								TEEA3901L 06/01/11
	of the grants or assistance, the grantees' eligibility for the grants or assistance, and	I Organizations in the United States. Complete if the organization answered 'Yes' to ceived more than \$5,000. Check this box if no one recipient received more than \$5,000.	(d) Amount of cash grant	25,000.	6,000.	-					the line 1 table		
ance	e amount of the grance?	ents and Organization that received mo	(c) IRC section								rganizations listed in	1 table	s for Form 990.
ON, INC.	ds to substantiate the	ice to Governme for any recipient	(b) EIN								3) and government o	ions listed in the line	, see the Instruction
GARAND COLLECTORS ASSOCIATION, INC.	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	1	1 (a) Name and address of organization or government	(1) <u>EKU FOUNDATION</u> SSB_CPO_BOX_56,_ROOM_346 RICHMOND, KY 40475	(2) M1 FOR VETS PROJECT 7735 PRAIRIE ROSE LANE HUNTERSVILLE, NC 26078	(3)	(4)	(5)	 ω	(8)	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		

GARAND COLLECTORS ASSOCIATION, INC.

Schedule I (Form 990) (2011) GARAND COLLECTORS ASSOCIATION, INC.

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.

(f) Description of non-cash assistance								provide the information required in Part I, line 2, and any other additional information.		 				
(e) Method of valuation (book, FMV, appraisal, other)								irt I, line 2, and any ot	 	 				
(d) Amount of non-cash assistance								ation required in Pa		; ; ; ; ;	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(c) Amount of cash grant								provide the inform						
(b) Number of recipients				:				olete this part to p						
(a) Type of grant or assistance	1	2	3	4	5	9	7	Partiw Supplemental Information. Complete this part to		•				

BAA

Schedule I (Form 990) (2011)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(10)

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization					Employer id	lentifica	tion nur	mber			
GARAND COLLECTORS ASSOCIATION, INC. 35-2151649											
Rarti Excess Benefit Transactions	(sect	tion 50	1(c)(3) and section	501(c)(4) orga	nizations	only	/).				
Complete if the organization answer	ed 'Yes	s' on Fo	rm 990, Part IV, line 25	a or 25b, or Form 9	990-EZ, Pa	art V, I	ine 40	ъ			
(a) Name of disqualified person		ŀ		(b) Description of transact	ton				(c) Correcte		
·									Yes	No	
(1)											
(2)										-	
(3)				 						<u> </u>	
(4)											
(5) (6)									_		
2 Enter the amount of tax imposed on the or section 4958	_				ear under	► \$		-			
3 Enter the amount of tax, if any, on line 2,)		- 9					
Loans to and/or From Interes				Form 000 E7 Port	V lina 20a						
Complete If the organization answere	T	to or from	1	(d) Balance due						ritten	
(a) traine of marestal person and purpose	the orga	anization?	principal amount	(3,00.0	(3,		(f) Approved by board or committee?		agree		
	То	From	1		Yes	No	Yes	No	Yes	No	
(1)	<u> </u>	1			1.55						
(2)											
(3)											
(4)			:								
(5)											
(6)										i	
(7)											
(8)											
(9)											
(10)		<u></u>			Control at A			0 ene app		0.4	
Total			▶ \$	3	W. 1. 1.	lighte risi	n i toi in		2.2.2.	-	
Rattill Grants or Assistance Benefi											
Complete if the organization answere		_	-	<u> </u>							
(a) Name of interested person	(b) Relatio	ationship between interested person and the organization (c) Amount and type of assist						e 			
(1)											
(2)											
(3)											
(4)											
(5)	ļ		-			-					
(6)										-	
(7)	-										
(8)											
(9)	1			ľ							

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

Schedule L (Form 990 or 990-EZ) 2011

chedule L (Form 990 or 990-EZ) 2011 GARAL	ND COLLECTORS AS	SOCIATION, INC	. 35-2151649	F	Page 2
Business Transactions Invol					
Complete if the organization answere	· · · · · · · · · · · · · · · · · · ·	IV, line 28a, 28b, or 28d			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organı	aring of zation's nues?
(1) JAMES SPAWN	SECRETARY/TREA		SEE BELOW	Yes	No X
(2)			<u> </u>		
(3)					
(4)					
(5)					
<u>(6)</u> (7)				-	├─
(8)					
(9)					
(10)					
Supplemental Information	1 ()				
Complete this part to provide additional	ai information for response	s to questions on Sched	lule L (see instructions).		
SUPPLEMENTAL INFORMATION					
· 					
JIM_SPAWN,_APPOINTED_AS_SEC	CRETARY/TREASURE	R_(NON-VOTING)	BY THE GCA BOARD, IS	<u>A</u>	. -
SHAREHOLDER OF ATTACHE' INT	TERNATIONAL INC.,	WHO PROVIDES	ADMINISTRATION FOR GC	A_UND	ER
CONTRACT. THIS APPOINTMENT	r_to_secretary/ti	REASURER CAME A	AFTER GCA AND ATTACHE'	HAD	
ALREADY ENTERED INTO THEIR	אדיים פפשעדפונם	ONGUTD			
ALACADI ENIERED INIO INCIA	DOSINESS KELATIO	DNSHIP.		-	
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			- 	_	. – – –

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public liceposition

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

GARAND COLLECTORS ASSOCIATION, INC.	35-2151649
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
TO_EXCHANGE_INFORMATION_AND_EXPAND_KNOWLEDGE_OF_THE_U	J.S. RIFLE, CALIBER .30, M1; TO
PRESERVE AND PUBLICIZE THE HISTORY OF THE RIFLE AND I	TS INVENTOR JOHN C. GARAND; TO
ASSIST_AND_ENCOURAGE_NEW_COLLECTORS; TO_ASSIST_AUTHOR	RS IN WRITING NEW REFERENCE
WORKS; TO ASSIST MEMBERS IN THEIR COLLECTING; AND TO	ENCOURAGE COMPETITIVE AND
RECREATIONAL SAFE SHOOTING OF THE RIFLE.	
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBE	RS OR SHAREHOLDER
MEMBERSHIP IN THE CORPORATION SHALL BE OPEN TO ADULTS	OF GOOD CHARACTER, WITHOUT
REGARD TO RACE, RELIGION OR NATIONAL ORIGIN, UPON WRI	TTTEN APPLICATION, ACCEPTANCE OF
THE CODE OF CONDUCT PRINTED ON THE APPLICATION, AND F	PAYMENT OF ANNUAL DUES AS OF
SEPTEMBER 1ST OF EACH YEAR. ALL REGULAR MEMBERSHIPS	SHALL EXTEND 12 MONTHS FROM
SEPTEMBER 1ST OF EACH YEAR, AND SHALL BE RENEWABLE EA	ACH SEPTEMBER 1ST. THE
CORPORATION MAY FROM TIME TO TIME OFFER LIFE OR MULTI	I-YEAR MEMBERSHIPS.
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS	ELECT GOVERNING BODY
DIRECTORS ARE ELECTED BY AND FROM THE MEMBERSHIP FOR	A TERM OF FOUR YEARS.
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE 990 IS PROVIDED TO THE EXECUTIVE DIRECTOR, PRESID	DENT, AND TREASURER FOR REVIEW.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND	ENFORCEMENT OF CONFLICTS
A STATEMENT IS SUBMITTED ON AN ANNUAL BASIS.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS	PUBLICLY AVAILABLE
DISCLOSURES ARE AVAILABLE UPON REQUEST.	