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A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

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-EZ and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
GREATER APPALACHIAN LLAMA ASSOC

Number and street (or P O box, if mail is not delivered to street address)	Room/suite
409 BUCK HOLLOW ROAD	

City or town, state or province, country, and ZIP or foreign postal code
BIRDSBORO, PA 19508

D Employer identification number

06-1264023

E Telephone number

(860) 429-2726

F Group Exemption Number	Exemption Description	Exemption Amount	Exemption Period	Exemption Status
1	Exemption 1			
2	Exemption 2			
3	Exemption 3			
4	Exemption 4			
5	Exemption 5			
6	Exemption 6			
7	Exemption 7			
8	Exemption 8			
9	Exemption 9			
10	Exemption 10			
11	Exemption 11			
12	Exemption 12			
13	Exemption 13			
14	Exemption 14			
15	Exemption 15			
16	Exemption 16			
17	Exemption 17			
18	Exemption 18			
19	Exemption 19			
20	Exemption 20			
21	Exemption 21			
22	Exemption 22			
23	Exemption 23			
24	Exemption 24			
25	Exemption 25			
26	Exemption 26			
27	Exemption 27			
28	Exemption 28			
29	Exemption 29			
30	Exemption 30			
31	Exemption 31			
32	Exemption 32			
33	Exemption 33			
34	Exemption 34			
35	Exemption 35			
36	Exemption 36			
37	Exemption 37			
38	Exemption 38			
39	Exemption 39			
40	Exemption 40			
41	Exemption 41			
42	Exemption 42			
43	Exemption 43			
44	Exemption 44			
45	Exemption 45			
46	Exemption 46			
47	Exemption 47			
48	Exemption 48			
49	Exemption 49			
50	Exemption 50			
51	Exemption 51			
52	Exemption 52			
53	Exemption 53			
54	Exemption 54			
55	Exemption 55			
56	Exemption 56			
57	Exemption 57			
58	Exemption 58			
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86	Exemption 86			
87	Exemption 87			
88	Exemption 88			
89	Exemption 89			
90	Exemption 90			
91	Exemption 91			
92	Exemption 92			
93	Exemption 93			
94	Exemption 94			
95	Exemption 95			
96	Exemption 96			
97	Exemption 97			
98	Exemption 98			
99	Exemption 99			

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

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

I Website: ► WWW.GALAONLINE.ORG

J Tax-exempt status(check only one) - ☐ 501(c)(3) ☒ 501(c)(6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 58,737

Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
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Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	11,397	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2	43,310	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3		20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	894	21	Net assets or fund balances at end of year Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
b	Less cost or other basis and sales expenses	5b			
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events				
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b			
c	Less direct expenses from gaming and fundraising events	6c			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8	3,136		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	58,737		
10	Grants and similar amounts paid (list in Schedule O)	10			
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12			
13	Professional fees and other payments to independent contractors	13	550		
14	Occupancy, rent, utilities, and maintenance	14			
15	Printing, publications, postage, and shipping	15	1,595		
16	Other expenses (describe in Schedule O)	16	40,180		
17	Total expenses. Add lines 10 through 16 ▶	17	42,325		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	16,412		
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	117,688		
20	Other changes in net assets or fund balances (explain in Schedule O)	20			
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	134,100		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2016)

Part II

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	124,580	22	139,667
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	124,580	25	139,667
26 Total liabilities (describe in Schedule O).	6,892	26	5,567
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	117,688	27	134,100

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?
THE PRIMARY PURPOSE OF GALA IS TO EDUCATE MEMBERS AND THE PUBLIC AS TO THE BREEDING, RAISING AND CARING OF LLAMAS, ALPACAS AND RELATED CAMELIDS AND TO PROMOTE AND ADVANCE THE INTERESTS OF THE INDUSTRY AS A WHOLE

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28
See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here ☐

28a

29
(Grants \$) If this amount includes foreign grants, check here ☐

29a

30
(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JANE HAMILTON-MERRITT	2 00	0		
PRESIDENT				
CAROL MILLARD	2 00	0		
TREASURER				
CAROL REIGH	2 00	0		
SECRETARY				
MIKE SHERIDAN	2 00	0		
DIRECTOR				
KELLY RALPH	2 00	0		
DIRECTOR				
BARB BAKER	2 00	0		
DIRECTOR				
TERRY BEAL	2 00	0		
VICE PRESIDE				
AUDREY LEE	2 00	0		
DIRECTOR				
CHARLOTTE SANKEY	2 00	0		
DIRECTOR				
JOSH MEADOR	2 00	0		
DIRECTOR				
CHUCK LEACH	2 00	0		
INDUSTRY LIA				

Form **990-EZ** (2016)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a Yes	
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b Yes	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ CAROL MILLARD Telephone no ▶ (860) 429-2726 Located at ▶ 384 WESTFORD ROAD ASHFORD, CT ZIP + 4 ▶ 06278		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000	▶	
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51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000.	▶	
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52	Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A	☐ Yes ☐ No
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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		2017-04-25 Date		
	CAROL MILLARD TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL RUBIN	Preparer's signature	Date 2017-05-01	Check ☐ if self-employed	PTIN P01037664
	Firm's name ▶ SHANE NAVRATIL & CO CPA'S			Firm's EIN ▶ 06-0916777	
	Firm's address ▶ 20 WALNUT ST WILLIMANTIC, CT 06226			Phone no (860) 456-2297	

	May the IRS discuss this return with the preparer shown above? See instructions	☒ Yes ☐ No
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Additional Data

Software ID:
Software Version:
EIN: 06-1264023
Name: GREATER APPALACHIAN LLAMA ASSOC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 THE PRIMARY PURPOSE OF GALA IS TO EDUCATE MEMBERS AND THE PUBLIC AS TO THE BREEDING, RAISING AND CARING OF LLAMAS, ALPACAS AND RELATED CAMELIDS AND TO PROMOTE AND ADVANCE THE INTERESTS OF THE INDUSTRY AS A WHOLE (Grants \$) If this amount includes foreign grants, check here . . . ☐	28a	

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
29 BROCHURE AND DIRECTORY ADVERTISING FOR EVENTS (Grants \$) If this amount includes foreign grants, check here . . . ☐	29a	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER APPALACHIAN LLAMA ASSOC

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 O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

06-1264023

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	ADVERTISING & PROMOTION 3,136 TOTAL 3,136

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	ADVERTISING & PROMOTION NEWSLETTER 813 DIRECTORY 81 CONFERENCE 676 EXPENSES DONATIONS 500 PHOTO CONTEST EXPENSE 530 NEWSLETTER EXPENSE 1,898 ELECTION EXPENSE 87 BOARD EXPENSE 969 MEMBERSHIP EXPENSE 2,731 DIRECTORY EXPENSE 921 CONFERENCE EXPENSE 30,974 TOTAL 40,180

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 2,232 2,057 DEFERRED REVENUE 4,660 3,510

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III	THE PRIMARY PURPOSE OF GALA IS TO EDUCATE MEMBERS AND THE PUBLIC AS TO THE BREEDING, RAISING AND CARING OF LLAMAS, ALPACAS AND RELATED CAMELIDS AND TO PROMOTE AND ADVANCE THE INTERESTS OF THE INDUSTRY AS A WHOLE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III, LINE 31	BROCHURE AND DIRECTORY ADVERTISING FOR EVENTS