Form	99	0
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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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. ↑ To S ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016
Open to Public
Inspection

Form **990** (2016)

A	For the 2016	alendar year, or tax year beginning $-09/01/16$, and ending -08	8/31/	17		
<u>B</u>	Check if applicable	C Name of organization			D Employer	Identification number
	Address change	<u>GARAND</u> COLLECTORS ASSOCIATION,	INC.		1	
	Name change	Doing business as				<u> 151649 </u>
\equiv	•	Number and street (or PO box if mail is not delivered to street address) P.O. BOX 7498		Room/suite	E Telephone	number 471-2005
	Initial return Final return/	City or town, state or province, country, and ZIP or foreign postal code	1	010-	4/1-2003	
	terminated					
	Amended return	NORTH KANSAS CITY MO 64116 F Name and address of principal officer			G Gross rece	ppts \$ 525, 900
一	Application pending	· ·		H(a) Is this a gr	oup return for su	bordinates? Yes X No
ш	Application pending	STEVEN T. RUTLEDGE		U/b) A		ted? Yes No
		P.O. BOX 7498		H(b) Are all sub		see instructions)
		NORTH KANSAS CITY MO 64116	7	-1 " '``	allawi a liot (.	see iiisa acaonsy
<u> </u>	Tax-exempt status	501(c)(3) X 501(c) (7) ◀ (Insert no) 4947(a)(1) or	527	<u>-1</u>		
<u>J</u>		WWW.THEGCA.ORG	1 7	H(c) Group exe		
K Feet a	Form of organization		∄ ∟	Year of formation ∠	<u>:001 </u>	M State of legal domicile IN
蠹.		ummary	<u> </u>			
	1	escribe the organization's mission or most significant activities				
ė	SEE	SCHEDULE O				
and	1					
ćĔ.	· 					
٤	2 Check t	his box $\blacktriangleright \bigcap$ if the organization discontinued its operations or disposed of more	e than 25%	% of its net asset	s	
رق	3 Number	of voting members of the governing body (Part VI, line 1a)			3	10
, co	4 Number	of independent voting members of the governing body (Part VI, line 1b)			4	10
E	F Total nu	mber of individuals employed in calendar year 2016 (Part V, line 2a)			5	0
÷	5 Total nu				6	20
-Activities & Governance	6 Total nu	mber of volunteers (estimate if necessary)			<u> </u>	
		related business revenue from Part VIII, column (C), line 12			7a	0
<u>÷</u>	b Net unre	elated business taxable income from Form 990-T, line 34		Draw Va	7b	<u> </u>
-		there and made (D-41/III has 45)		Prior Ye	56	Current Year
ě	8 Contribu	itions and grants (Part VIII, line 1h)				
Revenue 7 1 1	9 Progran	n service revenue (Part VIII, line 2g)		52	7,691	521,043
ě	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)	 	2,214	3,552	
	11 Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			2 2 2 2	1,194
		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			9,961	525,900
		and similar amounts paid (Pare) (Milit (A) Lines (53)		1	8,363	27,500
		paid to or for members (Part IX, column (A), line 4 (A)			0	
S	15 Salaries	other compensation, employee benefits (Part IX, column (A), lines 5-10)				0
ūŠ	16a Profess	ional fundraising fees (Fart MA Aolumin (A), line (Vie)				0
Expenses	b Total fu		0			
Û	17 Other e	xpenses (Part IX, colemn (A) lipes (Na. 11724e)		50	4,355	421,661
	18 Total ex	penses Add lines 13-17 (must-equal Part IX, column (A), line 25)		52	2,718	449,161
		e less expenses Subtract line 18 from line 12			7,243	<u>76,739</u>
Net Assets or	Sec			Beginning of Cu		End of Year
seta	틟 20 Total as	sets (Part X, line 16)		68	3,830	760,569
Ę.	21 Total lia	bilities (Part X, line 26)			0	0
		ets or fund balances Subtract line 21 from line 20		<u> 68</u>	<u>3,830</u>	760,569
<u>. [</u>	Part II	ignature Block				
		f perjury, I declare that I have examined this return, including accompanying schedules a				wledge and belief, it is
t	rue, correct, and	complete Declaration of preparer (other than officer) is based on all information of which	n preparer	has any knowledg	e	
		04 10 (4)				
Si	ign /	Signature of Chicker			Date	- 2 0
	ere	STEVEN T. RUTLEDGE	PRESI	EDENT	3/91	2012
		Type or print name and title	<u> </u>		4 4	,
_	Print/Tv	pe preparer's name Preparer's signature	/ 	Date	Check	f PTIN
Pa		$\sim / \sim m / h$	///	-PA 211-	sett-em	∟ 」"
	ODSTOR ITEM	M. PEREZ, CPA BADEN, GAGE & SCHROEDER, LLC	X	417 KHH	770	
	se Only		- U		Firm's EIN	35-1939627
US	Se Oilly	6920 POINTE INVERNESS WAY #300		i		260 422 2551
_		address FORT WAYNE, IN 46804-7926			Phone no	260-422-2551 V Vos
LA-	Alea IF3C dia a.	es this return with the preparer shown above? (see instructions)				1717 1 111-

	GARAND COLLECTORS			2151649	Page 2
	Statement of Program Serv				X
	Check if Schedule O contains	s a response or note to	any line in this P	art III	
-	cribe the organization's mission HEDULE O				
DDD DCI					
					<u></u>
_	anization undertake any significant p	rogram services during the y	ear which were not lis	sted on the	
•	990 or 990-EZ? scribe these new services on Sched	ulo O			∐ Yes X No
- •	anization cease conducting, or make		it conducts, any progra	am	
services?	ariizadori cease seriadotting, or mate	olgrimoditt Gridrigge III riew	ic conducto, any progra	A111	Yes X No
	escribe these changes on Schedule ()			
4 Describe th	ne organization's program service ac	complishments for each of it	s three largest prograi	m services, as measured by	
•	Section 501(c)(3) and 501(c)(4) orga	· · · · · · · · · · · · · · · · · · ·	ort the amount of grai	nts and allocations to others,	
the total ex	penses, and revenue, if any, for each	n program service reported			
4a (Code:) (Expenses \$	2,081 including gra	nts of \$) (Revenue \$	6,387)
	BUTION OF DOCUMENT			UMENTARY HAS BEEN	
	THIRTY MINUTE VER				
4b (Code		.34,672 including gra) (Revenue \$	1,920)
	H QUARTERLY JOURNA				
	GE OF INFORMATION		CTORS OF TH	E U.S. RIFLE. SEF	RVES
APPROX.	IMATELY 18,986 MEM	BERS.			
4c (Code) (Expenses \$	749 including gra	nts of \$) (Revenue \$	34,252)
SALE O	F BOOKS 1-6 BEST C	F GCA JOURNAL			
		•			
	gram services (Describe in Schedule		05		
(Expenses		luding grants of \$	27,500)(Revenue \$	<u> </u>
4e Total prog	ram service expenses >	165,002			
)AA					Form 990 (2016)

DAA

Part IV	Checklist of Required Schedules	

	_		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		3.7
	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,	5		Х
6	Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		Λ
0	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,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		
Ŭ	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		Х
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,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
		11b		<u>X</u>
С				
		11c		X
đ				٠,,
		11d		X
е		11 <u>e</u>		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	Х	ļ
40-	· · · · · · · · · · · · · · · · · · ·	11f	Λ	
12a		12a		X
.	Was the organization included in consolidated, independent audited financial statements for the tax year? If	ıza		
D		l2b		Х
13		13		X
14a		l4a		Х
b				
	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	l4b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? 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			
		18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			١,,
_	If "Yes," complete Schedule G, Part III	19		X
		East	991	1/2016

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			$\overline{}$
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	Х
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			ļ
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	[-		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	1	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? 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	1	ļ	1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	_27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1		
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			ĺ
	complete Schedule N, Part II	_32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		1	1
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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	L	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	l		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36_	<u></u>	<u></u>
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>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	İ		
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2016) GARAND COLLECTORS ASSOCIATION, INC. 35-2151649 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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, secunties account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? R Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter-10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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 Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a

14b

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

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	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	X	
3	Did the organization delegate control over management duties customanly performed by or under the direct	- -		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
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?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	alfiebal to 4	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
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	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40-	v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	^	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	v	
40	describe in Schedule O how this was done	12c	<u>X</u>	X
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	^	
15	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?	450		v
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a		X
b	offier officers of key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	سلاداه الرابدان	Hamanar serjes
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	16a		X
_	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		aletela and	
U	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?	16b		
Sac	ction C. Disclosure	1 100 1		
	List the states with which a copy of this Form 990 is required to be filed IN			
17 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 X 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, address, and telephone number of the person who possesses the organization's books and records:			
	TTACHE INTERNATIONAL, INC. 2005 BUCHANAN ST.			
		16-47	1-2	005

(F)

Form 990 (2016)	GARAND	COLLECTORS	ASSOCIATION,	INC.	35-2151649	Page 7
	=		irectors, Trustees, K	ey Emp	oyees, Highest Comper	sated Employees, and
	Independen	t Contractors				
	Check if Sch	edule O contains	a response or note to	any line	in this Part VII	

Section A.	Officers Directors	Trustees Key Employees	s, and Highest Compensated	i Employee

- 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)	(B)	(C)	(D)	(E)									
Name and Title	Average	Position	Reportable	Reportable									
	hours per	(do not check more than one	compensation	compensation from									

Name and Title	Average hours per week (list any	bo of	x, unli ficer a	Pos check ess pe	rson i irecto	than o s both r/truste	an e)	Reportable compensation from the	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) STEVEN T. RUTLED									1	
	20.00									
PRESIDENT	0.00	X		Х		<u> </u>	<u> </u>	0	0	0
(2) ANTHONY PUCCI, J	R	İ	1	İ		ľ				
<u>.</u>	1.00	l	l			l				_
CHAIRMAN/TREASURER	0.00	X	_	X		\vdash		0	0	0
(3) DON KEMPS	1.5 00									
CD CD CD A DV	15.00	X		X				0	_	_
SECRETARY (4) JAMES ADELL	0.00	<u>├</u>		^		-		U U	0	0
(4) OAMES ADELL	15.00									
DIRECTOR	0.00	X	Ì			İ		0	0	0
(5) MICHAEL BERNAZZA			I^-							<u>_</u>
(-,	20.00									
DIRECTOR	0.00	X						0	0	0
(6) ANDREW HALL										
	15.00									
DIRECTOR	0.00	X	<u> </u>	_	<u> </u>	╙	<u> </u>	0	0	0
(7) DAVID H. MCCLAIN			İ							
	15.00	١	İ							
DIRECTOR MICHAELS	0.00	X	ļ	-	-	-		0	0	0
(8) OREST MICHAELS	15.00									
DIRECTOR	0.00	X						0	0	0
(9) ROBERT SEIJAS	0.00	<u>Γ</u>	╁┈	├~	-	╁	┢		<u> </u>	
(S) ROBERT SETOMS	20.00									
DIRECTOR	0.00	X						0	0	0
(10) FRANK TODARO	1	Ť				T	<u> </u>	Ŭ.		<u>_</u>
(11,11111111111111111111111111111111111	15.00									
DIRECTOR	0.00	Х						0	0	0
(11)										

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	· (A) · Name and title	(B) Average hours per week (list any hours for	bo of	x, unle	ss pe nd a d	ition more rson is	than or s both r/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
		related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations	
	<u> </u>											
			ļ							//		
	·											
			_	_								
1b c d	Sub-total Total from continuation shee Total (add lines 1b and 1c)				_			▶ ▶				
2	Total number of individuals (increportable compensation from			to th	ose	liste	d abo	ove)	who received more than \$1	00,000 of		
3	Did the organization list any fo employee on line 1a? If "Yes," For any individual listed on line organization and related organ	rmer officer, dire complete Schedu	ctor, ule J f rep	or tr for s	uch de co	indiv ompe	idual ensat	מסו	and other compensation from		Yes No 3 X	
5	individual Did any person listed on line 1: for services rendered to the or	a receive or accruganization? If "Ye	Je co	ompe	nsat	ion f	rom :	any	unrelated organization or inc	dividual	4 X 5 X	
Sect 1	tion B. Independent Contracto Complete this table for your five		nsate	ed in	depe	nder	nt coi	ntrac	ctors that received more tha	n \$100.000 of		
	compensation from the organiz	zation Report cor	mpe	nsati	on fo	r the	cale	nda I	ar year ending with or within t	the organization's tax year	(C)	
— <u>—</u>	Name and TTACHE INTERNATIONAL	(A) d business address				200)5 F	UC	Descrip	(B) stion of services	(C) Compensation	
	ORTH KANSAS CITY) (341					ADMINISTRATION	1	138,000	
_						_						
	Total number of independent of								e listed above) who			
DAA	received more than \$100,000	of compensation	from	the	orga	<u>nizat</u>	ion 🕨			1	Form 990 (2016)	

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (C) Linrelated exempt function excluded from tax under sections 512-514 Gifts, Grants lar Amounts 1a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 111 1f q Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Program Service Revenue Busn. Code 900099 457,539 457,539 MEMBERSHIP DUES 34,252 34,252 900099 b BOOK INCOME 511120 15,020 15,020 CONVENTION INCOME 900099 12,312 12,312 PROMOTIONAL ITEMS 511120 1,920 1,920 GCA JOURNAL f All other program service revenue Total. Add lines 2a-2f \triangleright Investment income (including dividends, interest, 3,552 3,552 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) Þ d Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets other than inventory **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) \triangleright 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 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 Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 1,189 1,189 11a SPECIAL EVENTS MISCELLANEOUS b C All other revenue Total, Add lines 11a-11d 1,194

525,900

522,237

3,552

0

Total revenue. See instructions.

Page 10

sectio	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon	nse or note to any line in thi	s Part IX	прівів сошіні (А).	
Do no	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8l	b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	27 , 500			
2	Grants and other assistance to domestic				
	individuals See Part IV, fine 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	Individuals 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				
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes 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)				
а	Management	138,000			
b	Legal	5,000	. <u> </u>		
C	Accounting	3,690			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				1
g	Other (If line 11g amount exceeds 10% of line 25, column	4,000			
42	(A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	4,000			
12 13	Office expenses	53,174	-		
14	Information technology	3,507	-		
15	Royalties				
16	Occupancy				
17	Travel	19,507			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,086			
20	Interest				
21	Payments to affiliates	·	-		
22	Depreciation, depletion, and amortization	2 4 5 0			
23	Insurance	2,458			
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)		**************************************		.,-
-	CON TOUDNAT	134,672	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	
a b	ME CORT E AMEQUE	18,655			
C	CAMP PERRY	14,225			
d	BANK SERVICE CHARGES	11,413			
e		10,274			
25	Total functional expenses. Add lines 1 through 24e	449,161		0 (0
26	Joint costs. Complete this line only if 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)				

Form 990 (2016) GARAND COLLECTORS ASSOCIATION, INC. 35-2151649

Part X Balance Sheet

Page **11**

Rau	:X		any II-	o in this Port V			
		Check if Schedule O contains a response or note to	any III	ie in this Part A	(A)	ľ	(B)
					Beginning of year		End of year
T-1		Cash—non-interest bearing			58,930	1	132,29
١,		cavings and temporary cash investments			624,900		628,27
3		Pledges and grants receivable, net				3	020,27
4		accounts receivable, net				4	
5		oans and other receivables from current and former office	ere dir	ertors			
`		rustees, key employees, and highest compensated employees	•	Colors,			
1		Complete Part II of Schedule L	,,,,,,			5	<u>الدريس ما عندان التنافية بالمساور بينا المساولية ا</u>
١		oans and other receivables from other disqualified person	ns (as	defined under section			
`		958(f)(1)), persons described in section 4958(c)(3)(B), ar					
1		ponsoring organizations of section 501(c)(9) voluntary en					
,		rganizations (see instructions) Complete Part II of Sched		55 55,15,15,15,15		6	
		lotes and loans receivable, net				7	
ζ ,		nventories for sale or use				8	
1 1	•	Prepaid expenses and deferred charges				9	
(and, buildings, and equipment cost or	1				
		other basis Complete Part VI of Schedule D	10a				
		ess. accumulated depreciation	10b			10c	
11		nvestments—publicly traded securities				11	
1:		nvestments—other securities See Part IV, line 11				12	
1:		nvestments—program-related See Part IV, line 11				13	
14		ntangible assets				14	
1		Other assets. See Part IV, line 11				15	
10		Total assets. Add lines 1 through 15 (must equal line 34)			683,830	-	760,56
1:		Accounts payable and accrued expenses			Ţ	17	
11		Grants payable				18	
19		Deferred revenue				19	
20	0 Т	ax-exempt bond liabilities				20	
2	1 E	Escrow or custodial account liability. Complete Part IV of S	Schedu	ile D		21	
رم <u>2</u>	2 L	oans and other payables to current and former officers, c	lirector	s,			
	tr	rustees, key employees, highest compensated employee	s, and				
	d	isqualified persons Complete Part II of Schedule L		•		22	
ءَ دَ	3 S	Secured mortgages and notes payable to unrelated third p	arties			23	
2	4 L	Insecured notes and loans payable to unrelated third part	ties			24	
2	5 C	Other liabilities (including federal income tax, payables to	related	third			
ł	р	parties, and other liabilities not included on lines 17-24) C	omple	te Part X			
- 1	0	of Schedule D				25	
2	6 T	Total liabilities. Add lines 17 through 25			0	26	
	C	Organizations that follow SFAS 117 (ASC 958), check	here	► X and			
S	С	complete lines 27 through 29, and lines 33 and 34.					
	7 L	Unrestricted net assets			683,830	27	760,56
ğ 2	8 T	Cemporarily restricted net assets				28	
2	9 F	Permanently restricted net assets				29	
	C	Organizations that do not follow SFAS 117 (ASC 958)	, chec	k here ▶ 🔲 and			
5	c	complete lines 30 through 34.			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
3 3	0 C	Capital stock or trust principal, or current funds				30	
ğ 3	1 F	Paid-in or capital surplus, or land, building, or equipment f	und			31	
Net Assets or	2 F	Retained earnings, endowment, accumulated income, or o	other fo	ınds		32_	
		Total net assets or fund balances			683,830	33	760,56
اء	4 T	Total liabilities and net assets/fund balances			683,830	34	760,56

orm	990 (2016) GARAND COLLECTORS ASSOCIATION, INC. 35-2151649		Page 12
Pa	Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>525,900</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	449,161
3	Revenue less expenses Subtract line 2 from line 1	3	<u>76,739</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>683,830</u>
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Pnor period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line]]	
	33, column (B))	10	760,569
Pa	rt XIII Financial Statements and Reporting		_
	Check if Schedule O contains a response or note to any line 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
	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		
	X Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?		2b X
	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:		
	Separate basis Consolidated basis Both consolidated and separate basis		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1 1 1
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c X
	If the organization changed either its oversight process or selection process during the tax year, explain in		
	Schedule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
	the Single Audit Act and OMB Circular A-133?		3a X
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		3b
			Form 990 (2016)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public

Employer identification number 35-2151649 GARAND COLLECTORS ASSOCIATION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important 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 held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Starg the organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)			OLLECTORS A							Page 2
collection terms (check all that apply): Public exhibition									ts (continued)	
b	3		on, and other records,	check any of the	following	that are a	significant	use of its		
b	а	Public exhibition	d□	Loan or exchang	e progran	ms				
Provise a description of the organization's collections and explain how they further the organization's exempt purpose in Part XXIII During the year, did the organization solicit or receive denations of art, historical treasures, or other similar assets to be sold to raise funds onther than to be maintained as part of the organization's collection? Ves No	_	H	_			_				
# Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII 5 During the year, did the organization collections and explain for the organization assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X in Eq. (1) 1b ("Fes," explain the arrangement in Part XIII and complete the following table: □ Beginning bilance □ Distributions during the year distribution of the explanation has been provided on Part XIII □ Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as □ Beginning of year balance □ Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as □ Board designated or quasi-endowment % □ The procentinges on lines 2a, 2b, and 2c should equal 100% □ The year balance □ Provide the estimated percentage of the current year end bala		hand.	- Ш							
SUII Summary	4	_	ollections and explain h	ow they further t	ne organiz	zation's ex	empt purp	ose in Part		
Source to be sold to raise funds rather than to be maintained as part of the organization's collection? Pair		•	•	•	ŭ					
### sests to be sold to rase funds rather than to be maintained as part of the organization? #### Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990. Part XI, line 21. 1a is the organization as agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI inc. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C	5		r receive donations of	art, historical trea	sures, or	other sim	ılar			
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b (I*Yes,* explain the arrangement in Part XIII and complete the following table: 1c Beginning balance 1d Additions during the year 1d Distributions during the year 1e Distributions during the year 1f Ending balance 2 Distributions during the year 1 Endowment Tar XIII Check here if the explanation has been provided on Part XIII Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance 1b Contributions 1c Net investment earnings, gains, and losses 1d Grants or scholarships 1d Grants or scholarships 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment % 1c Temporanly restricted endowment %		assets to be sold to raise funds rather than to	be maintained as par	t of the organizat	ion's colle	ection?			Yes	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Yes No If Yes; "Yesy days the arrangement in Part XIII and complete the following table: Complete Additions during the year 1d Amount 1d	Pa									
ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? c Beginning balance d Additions during the year e Distributions during the year e Distributions during the year f Ending belance 2a Diet the organization include an amount on Form 990, Part X, line 21, for eacrow or custodial account liability? If If Sending belance 2a Diet the organization include an amount on Form 990, Part X, line 21, for eacrow or custodial account liability? If If Sending belance 2a Diet the organization and under a manual on Form 990, Part X, line 21, for eacrow or custodial account liability? If If Sending belance 2a Diet the organization answered "Yes" on Form 990, Part IV, line 10. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Prior year Sending (b) Part Year Sending (c) Prior years back (d) Three years back (e) Four years back (e) Fo		Complete if the organization	n answered "Yes"	on Form 990), Part l	V, line 9	, or repo	rted an amou	nt on Form	
Seginning balance Amount		990, Part X, line 21.								
b If "Yes," explain the arrangement in Parl XIII and complete the following table: C Beginning balance	1a	Is the organization an agent, trustee, custodi	an or other intermedia	ry for contribution	s or othe	r assets n	ot			
d Additions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the year Distributions during the years back during the y		ıncluded on Form 990, Part X?							Yes	No
C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If	b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table.						
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b if "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships d Cher expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. Pesception of property (a) Convestment) (b) Cost or other basis (colber) Part Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. (b) Buildings c Leasehold improvements d Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10. (c) Book value dependance) (c) Book value dependance) Classehold improvements d Equipment e Other									Amount	
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d Equipment e Other		<u> </u>								
e Other										
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			equal Form 990. Part >	C, column (B), line	e 10c.)			•		_

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Part VIII	Investment	s-Other Se	ecurities.	

	Complete if the organization answered "Yes" or	n Form 990, Part IV, Iir	ne 11b. See Form 990, Part X, I	ine 12.
-	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year market v	alue
(1) Financial d	envatives			
(2) Closely-he	ld equity interests			·
(3) Other				
(A)				
(B)				
(C)				· · · · · · · · · · · · · · · · · · ·
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments—Program Related.			
hints - horresta transcomme	Complete if the organization answered "Yes" or	n Form 990, Part IV, lir	ne 11c. See Form 990, Part X, I	ine 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market v	atue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)	· · · · · · · · · · · · · · · · · · ·			
(7)				
(8)				
(9)			<u> </u>	
	n (b) must equal Form 990, Part X, col (B) line 13)▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	n Form 990. Part IV. lii	ne 11d. See Form 990. Part X. i	ine 15.
	(a) Description	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		(b) Book value
(1)	, , , , , , , , , , , , , , , , , , ,			.,,
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>		<u></u>		
_(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities.			<u> </u>
LLCTIC (V)	Complete if the organization answered "Yes" o	n Form 990 Part IV li	ne 11e or 11f See Form 900 D	art Y
	· · · · · · · · · · · · · · · · · · ·	in Folin 990, Fait IV, iii	ne Tie of Til. See Follif 990, F	ait A,
	line 25.	(h) Beek value		
1.	(a) Description of liability	(b) Book value		
	income taxes		- A T. V. S. A. A. A. A. A. A. A. A. A. A. A. A. A.	
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				

(8)

(9)
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

GARAND COLLECTORS ASSOCIATION, INC. 35-2151649 Schedule D (Form 990) 2016 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments 2a 2b b Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c 2d d Other (Describe in Part XIII) e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2. Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information PART X - FIN 48 FOOTNOTE

THE ASSOCIATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(7) 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. MANAGEMENT HAS ANALYZED THE ASSOCIATION'S TAX POSITIONS TAKEN ON INCOME TAX RETURNS FOR ALL OPEN TAX YEARS (GENERALLY AUGUST 31, 2014 AND LATER YEARS) AND HAS CONCLUDED THAT NO PROVISION FOR INCOME TAX WOULD BE REQUIRED IN THE ASSOCIATION'S FINANCIAL STATEMENTS.

Schedule D (Form 990) 2016 GARAND COLLECTORS ASSOCIATION, INC. 35-2151649

Part XIII Supplemental Information (continued)

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OMB No 1545-0047

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

Open to Public Inspection

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(h) Purpose of grant RIFLE RANGE-CMP or assistance Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Employer identification number Yes 35-2151649 OPERATIONS (g) Description of noncash assistance 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of noncash assistance 10,000 15,000 (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States INC. (c) IRC section (if applicable) 34-1839195 501C3 501C3 GARAND COLLECTORS ASSOCIATION, 59-2951543 General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (1) CORP FOR PROMOTION OF RIFLE PRACTIC (2) CAMP BLANDING MUSEUM & HISTORICAL AL 36207 FL 32091 (a) Name and address of organization or government 1401 COMMERCE BLVD. 5629 SR 16 W Name of the organization ANNISTON Parti Part II STARKE

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For Paperwork Reduction Act Notice, see the instructions for Form 990. Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2016)

Page 2

35-2151649

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	Part III can be duplicated if additional space is needed	nai space is needed.				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
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Partil	Supplemental Information. Provide the information		uired in Part I, line 2	. Part III, column (b):	equired in Part I, line 2. Part III, column (b); and any other additional information.	formation.

SCHEDULE O (Form 990 or 990-EZ)

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.

2016

Open to Public

Department of the Treasury Internal Revenue Service ► 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.

s.gov/form990. Inspection
Employer identification number

Name of the organization

GARAND COLLECTORS ASSOCIATION, INC.

35-2151649

FORM 990 - ORGANIZATION'S MISSION

TO EXCHANGE INFORMATION AND EXPAND KNOWLEDGE OF THE U.S. RIFLE, CALIBER.30, M1; TO PRESERVE AND PUBLICIZE THE HISTORY OF THE RIFLE AND ITS INVENTOR JOHN C. GARAND. TO ASSIST AND ENCOURAGE NEW COLLECTORS; TO ASSIST AUTHORS 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 III, LINE 4D - ALL OTHER ACCOMPLISHMENT

GRANTS ARE MADE TO FURTHER GARAND'S MISSION OF EXPANDING KNOWLEDGE OF THE

US RIFLE AND ENCOURAGING COMPETITIVE AND RECREATIONAL SAFE SHOOTING OF THE

RIFLE. GRANTS PAID INCLUDE THE CORPORATION FOR THE PROMOTION OF RIFLE

PRACTICE AND FIREARMS SAFETY, DBA CIVILIAN MARKSMANSHIP PROGRAM, THE LIVING

HISTORY EDUCATION FOUNDATION AND CAMP BLANDING MUSEUM.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

STEVEN RUTLEDGE

THOMAS RUTLEDGE

TREASURER

FAMILY RELATIONSHIP

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

MEMBERSHIP IN THE CORPORATION SHALL BE OPEN TO ADULTS OF GOOD CHARACTER,

WITHOUT REGARD TO RACE, RELIGION OR NATIONAL ORIGIN, UPON WRITTEN

APPLICATION, ACCEPTANCE OF THE CODE OF CONDUCT PRINTED ON THE APPLICATION,

AND PAYMENT OF ANNUAL DUES. ALL REGULAR MEMBERSHIPS SHALL EXTEND 12 MONTHS.

THE CORPORATION MAY FROM TIME TO TIME OFFER LIFE OR MULTI-YEAR MEMBERSHIPS.

Page 2

Employer identification number

GARAND COLLECTORS ASSOCIATION, INC.

35-2151649

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
DIRECTORS ARE ELECTED BY AND FROM THE MEMBERSHIP FOR A TERM OF FOUR YEARS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE 990 IS PROVIDED TO THE EXECUTIVE DIRECTOR, PRESIDENT, AND TREASURER FOR
REVIEW. THE BOARD OF DIRECTORS ARE OFFERED THE OPPORTUNITY TO REVIEW THE
990 PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
BOARD MEMBERS ARE EXPECTED TO EXERCISE THEIR AUTHORITY FOR THE SOLE BENEFIT
OF THE CORPORATION. ANY USE OF A BOARD MEMBER'S POSITION TO BENEFIT HIMSELF
OR HERSELF, OR HIS OR HER FAMILY OR BUSINESS INTERESTS, IS INAPPROPRIATE.
FULL DISCLOSURE SHOULD BE MADE OF ANY OCCURENCES OF POTENTIAL CONFLICT,
FINANCIAL OR OTHERWISE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE AVAILABLE UPON REQUEST.