Click on the question-mark icons to display help windows. The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

OMB No 1545-1150

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

ΔE	or the	2016 calendar year, or tax year beginning , 2016, and ending		. 20
_	heck if ap		Employer i	dentification number ?
	Address c			445249
=	Name cha	Number and street (or P O ,box, if mail is not delivered to street address) ? Room/suite E	Telephone	number
=	nıtıal retu	1 1094 A KKANUCKU ST	502	-855.0223
=		City or town, state or province, country, and ZIP or foreign postal code	Group Ex	
=	Amended Applicatio	n pending LOVISVILLE, Ry 40204	Number	·
==			eck > 🗸	if the organization is not
	Vebsite			tach Schedule B
			•	90-EZ, or 990-PF).
		organization: Corporation Trust Association Other		
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets	44/2
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. ▶	s <i>N/P</i>
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the in	struction	s for Part I) 2
		Check if the organization used Schedule O to respond to any question in this Part I		<i>,</i>
?	1	Contributions, gifts, grants, and similar amounts received	. 1	7825
?	2	Program service revenue including government fees and contracts	. 2	
7	3	Membership dues and assessments	. 3	1 \$ 30
?	4	Investment income	. 4	
ļ	5a	Gross amount from sale of assets other than inventory 5a	-	
ļ	ь	Less: cost or other basis and sales expenses		
)	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	1
i	6	Gaming and fundraising events	[
	а	Gross income from gaming (attach Schedule G if greater than	_	1
, š		\$15,000)	<u>?</u>	
Revenue	Ь	Gross income from fundraising events (not including \$ of contributions		
8	ļ	from fundraising events reported on line 1) (attach Schedule G if the		;
1		sum of such gross income and contributions exceeds \$15,000) 6b		•
	С	Less: direct expenses from gaming and fundraising events 6c 6c 54 59	8	
38	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	act	5230
8	j	line 6c)	· 6d	10 450
9	7a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	· · · · · · · · · · · · · · · · · · ·
_ `]	8	Other revenue (describe in Schedule O)	. 8	1 40
7	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 RECFIVED	▶ 9	24 685
	10	Grants and similar amounts paid (list in Schedule Q)	. 10	
	11	Benefits paid to or for members	. 11	<u> </u>
Sesual Ses	12		. 12	
30 S	13	Professional fees and other payments to independent contractors	. 13	FA Partie
Expenses	14	Occupancy, rent, utilities, and maintenance	. 14	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
m)	15	Frinding, publications, postage, and snipping	. 15	3 30H
	16	Other expenses (describe in Schedule O) 2	. 16	7/7/69
	17	Total expenses. Add lines 10 through 16	► 17 10	12884
ई	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	18601
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree w end-of-year figure reported on prior year's return)	-	LEAT POIT
3	000		19	1 1 1 2 1 1 3 A
S	20	Other changes in net assets or fund balances (explain in Schedule O)		William.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	Form 990-EZ (2016)
ror	rapen	work Reduction Act Notice, see the separate instructions. Cat. No. 10642		rom 330-EZ (2016)

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Part II	Observation of the second of t				Part II		I.
	Check if the organization	on used Schedul	e O to respond to a	iny question in this	(A) Beginning of year		End of year
2 Cas	sh, savings, and investmen	nte		-	<u> </u>	22	2/1/4 AV
						23	AULI KOS
	ner assets (describe in Sch					24	~ 0 ~
	tal assets	•	. .		102713	25	1014 578
26 Tot	tal liabilities (describe in S	chedule O)				26	
27Net	t assets or fund balances	(line 27 of colum	n (B) must agree wit	h line 21)	142713	27	144514
art III	Statement of Program	n Service Accon	nplishments (see th	ne instructions for F	Part III)	<u></u>	
	Check if the organization	on used Schedul	e O to respond to a	ny question in this	Part III 🔽		Expenses
/hat is the	e organization's primary ex	cempt purpose?	SK	y Schippyly	O HHALHAULA		ed for section 3) and 501(c)(4)
	he organization's program					organiz	ations; optional fo
	red by expenses. In a cle			e services provided	l, the number of	others.	}
28	enefited, and other relevan		ach program title.				
28	2 Mysle	EN STAVALIC	Holo a Hil	rEall			_
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(Gran) If this amoun	t includes foreign gra	ants check here		28a	D W BY
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	r program services (descrit	pe in Schedule O)					/
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(Gran	r program services (describ nts \$ I <mark>program service expens</mark>	oe in Schedule O) If this amountes (add lines 28a)	t includes foreign gra through 31a)	ants, check here .	🕨	31a 32	7,769
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 instructions for Part V) Check if the organization used Schedule O to respond to any question in 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provided detailed description of each activity in Schedule O. 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conform copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain to change on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business. 	e a 33 aed the 34 ess 35a e O 35b	Yes	No W
detailed description of each activity in Schedule O	33 ecd the 34 ess 35a e O 35b		
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain to change on Schedule O (see instructions)	the 34 ess 35a e O 35b		
	35a O 35b		1.4
activities (such as those reported on lines 2, 6a, and 7a, among others)?			الما
 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 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 			V
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assiduring the year? If "Yes," complete applicable parts of Schedule N	ets 36		1/
 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 	. 37b		
b If "Yes," complete Schedule L, Part II and enter the total amount involved	2		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 49 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior ye that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
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	tor		
transaction? If "Yes," complete Form 8886-T	40e	1	
41 List the states with which a copy of this return is filed ▶ 42a The organization's books are in care of ▶ 5 × × × ↑ AGAY Telephone no. ▶ Located at ▶ 1094 K. HIN VIN ST. 1008 VILLY My ZIP + 4 ▶ b At any time during the calendar year, did the organization have an interest in or a sign ature or other authority or a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 <i>020</i> ver	% (936
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 a Financial Accounts (FBAR).			
 At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ► 	42c		1
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 ▶ 4		Yes	No
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must completed instead of Form 990-EZ	be 44a		12
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must completed instead of Form 990-EZ			bo
 c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide explanation in Schedule O 			
 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within t meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead Form 990-EZ (see instructions) 	45 a		V

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46	Did the organization engage, directly or in to candidates for public office? If "Yes," of	ndirectiy, in political c	ampaign activities of			I .		1 A
Door			, Part 1	<u> </u>	<u> </u>		46	
Part		_	-1' 17 10'			4 - 4-1		
	All section 501(c)(3) organization	is must answer que	estions 47-49b and	52, and co	omplete th	e table	es tor	lines
	50 and 51.							_
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI	<u> </u>	<u> </u>	• • •	
						_	Y	es No
47	Did the organization engage in lobbying	activities or have a			during the	tax	İ	1
	year? If "Yes," complete Schedule C, Par					· [47	
48	Is the organization a school as described i	n section 170(b)(1)(A)(ii)? If "Yes," complete	Schedule E		- L	48	\mathcal{L}
49a	Did the organization make any transfers t			zation?		. 6	49a	
b	If "Yes," was the related organization a se						49b	
50	Complete this table for the organization's							
	employees) who each received more than	n \$100,000 of compe	nsation from the orga	nization. If t	here is non	e, ente	er "Non	e."
		(b) Average	(c) Reportable		benefits,			
	(a) Name and title of each employee	hours per week	compensation		to employee and deferred		imated a r comper	mount of
		devoted to position	(Forms W-2/1099-MISC)		nsation	1	Compo	(Sullo)
			 	 		 		
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	Total number of other employees paid ov	ver \$100,000	> N/a	A/15				
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	's five highest comp	ensated independent		s who each	ı recei	ved m	ore than
	Complete this table for the organization	's five highest companization. If there is no	ensated independent	contractor	I	n recei		ore than
	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."	contractor	I			ore than
	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."	contractor	I			ore than
	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."	contractor	I			ore than
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	Complete this table for the organization \$100,000 of compensation from the organization	's five highest companization. If there is no	ensated independent one, enter "None."	contractor	I			ore than
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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► Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply, e Solicitation of non-government grants not required Internet and email solicitations ☐ Solicitation of government grants b Phone solicitations Special fundraising events ď ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) (iii) Did fundraiser have custody or control of contributions? (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization col (i) Yes No 1 2 3 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	irt II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
		group roompro ground	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col (c))
Ф			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
<u>u</u> .	2	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes		 		
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ad Net income summary. Subtra				
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9	e organization answer		90, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue	19442	58900	18486	96828
ses	2	Cash prizes	[8301	44 191	11562	77052
ct Expenses	3	Noncash prizes		! 		
Direct	4	Rent/facility costs				A 2
_	5	Other direct expenses .				76 46
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		81.598
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		15230
	a isi	iter the state(s) in which the or the organization licensed to co 'No," explain:		s in each of these states	sok patucky	Ves No
10		ere any of the organization's g 'Yes," explain:	aming licenses revoked	I, suspended, or termin	ated dunng the tax year	? . 🗆 Yes 🗗 No

chedu	le G (Form 990 or 990-EZ) 2016 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity
40	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in: The organization's facility
a b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name > STEVE MAGREE
	Address 1094 & KNNTUCKY ST. LOUISVILLE, KY 40204-1936
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b c	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:
	Name ►
	Address►
16	Gaming manager information:
	Name ►
	Description of services provided OVERSEES VOLUMETES PREPARED PORTS & DEPOSITS
	☐Director/officer ☐Employee ☐Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions
·	

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.

OMB No 1545-0047

2016

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.

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Name of the organization of RMS Reflictory NISINABORIDOD Adsociation	Employer identification number 23 - 1445 249	
PAGE 2- NOT NEEDED		
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