

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)

OMB No 1545-1150

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning 2016, and ending 20

**B** Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization **?**  
German PARMETOWN NEIGHBORHOOD Association

Number and street (or P O box, if mail is not delivered to street address) **?** Room/suite  
1094 E Kentucky ST

City or town, state or province, country, and ZIP or foreign postal code  
LOUISVILLE, Ky 40204

**D** Employer identification number **?**  
23-7445249

**E** Telephone number  
502-855-0223

**F** Group Exemption Number ▶ **?**  
2

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ GPNA LOUISVILLE.COM

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( 4 ) ◀ (insert no)  4947(a)(1) or  527

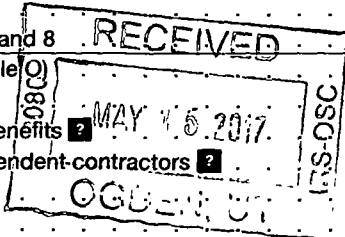
**H** Check  if the organization is not required to attach Schedule B **?**  
(Form 990, 990-EZ, or 990-PF).

**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. LESS ▶ \$ N/A

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received														1	7825	*											
	2	Program service revenue including government fees and contracts														2													
	3	Membership dues and assessments														3	1630												
	4	Investment income														4													
	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	96828												
	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	81598													
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)														6d	15230													
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														
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8														9	24885													
Expenses	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 <b>?</b>														12													
	13	Professional fees and other payments to independent contractors <b>?</b>														13													
	14	Occupancy, rent, utilities, and maintenance														14	168116												
	15	Printing, publications, postage, and shipping														15	3304												
	16	Other expenses (describe in Schedule O) <b>?</b>														16	7769												
17	<b>Total expenses.</b> Add lines 10 through 16														17	22884													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														18	1801												
	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	142713												
	20	Other changes in net assets or fund balances (explain in Schedule O)														20	0												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														21	144514												



SCANNED JUN 07 2017

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2016)

\* GRANT & WORK FROM GMI NOT GPNA. GMI TRANSFERRED GRANT & TO GPNA 9

**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	26104	27905
23 Land and buildings	116609	116609
24 Other assets (describe in Schedule O)	0	0
25 Total assets	142713	144514
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	142713	144514

**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? SEE SCHEDULE O ATTACHED

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	2 MUSIC FESTIVALS HELD IN THE FALL	5069
29	UPHOLDING RAIN GARDEN & RAISED GARDENS MAINTAINED	950
30	PR 2 ADMINISTRATIVE COST AT CENTER 4104 E. KY ST, USED FOR COMMUNITY MEETINGS OPEN TO THE PUBLIC, ALSO PROVIDING SPONSORSHIP OF OUR MURKIN OTHERS	1750
31	Other program services (describe in Schedule O)	
32	Total program service expenses (add lines 28a through 31a)	7769

**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
JUDY MARRAS	15	N/A	N/A	N/A
CONN GONDER	8	N/A	N/A	N/A
MARY HARRIS	15	N/A	N/A	N/A

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.

Form 990-EZ (2016) questions 33-45b with handwritten answers and checkboxes. Includes questions about IRS activity, organizational changes, income, loans, and tax shelter transactions.

**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 . . . . .

	Yes	No
46	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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 . . . . .

**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 . . . . .

	Yes	No
47	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

	Yes	No
48	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

	Yes	No
49a	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**b** If "Yes," was the related organization a section 527 organization? . . . . .

	Yes	No
49b	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>

**f** Total number of other employees paid over \$100,000 . . . . . **NONE**

**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
<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>
<del> </del>	<del> </del>	<del> </del>

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **NONE**

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . .

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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: Judy Magore Date: 5-8-17  
 Type or print name and title: JUDY MAGORE - PRESIDENT

<b>Paid Preparer Use Only</b>	Prnt/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN	Firm's address		
		Firm's address	Phone no		

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

**2016**

Open to Public Inspection

Name of the organization

**GERMAN PARLSTOWN NEIGHBORHOOD ASSOCIATION**

Employer identification number

**23-7445249**

**Part I 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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** 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?  Yes  No
- b** 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.

*Not required*

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

- 3** 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.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .			
	2	Less: Contributions . . . . .			
	3	Gross income (line 1 minus line 2) . . . . .			
Direct Expenses	4	Cash prizes . . . . .			
	5	Noncash prizes . . . . .			
	6	Rent/facility costs . . . . .			
	7	Food and beverages . . . . .			
	8	Entertainment . . . . .			
	9	Other direct expenses . . . . .			
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue . . . . .	19442	58900	18486
Direct Expenses	2	Cash prizes . . . . .	18301	44191	11562	74052
	3	Noncash prizes . . . . .				
	4	Rent/facility costs . . . . .				
	5	Other direct expenses . . . . .				4546
6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				11598	
8	Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				15230	

9 Enter the state(s) in which the organization conducts gaming activities: Kentucky  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	100	%
b	An outside facility	13b		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ STEVE MAGRE

Address ▶ 1094 B KENTUCKY ST, LOUISVILLE, KY 40204-1936

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ JUDY MAGRE

Gaming manager compensation ▶ \$ -0-

Description of services provided ▶ OVERSEES VOLUNTEERS, PREPARES REPORTS & DEPOSITS

Director/officer  Employee  Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

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 IV 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

**2016**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

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

Name of the organization

*GRAMMONTOWN NEIGHBORHOOD ASSOCIATION*

Employer identification number

*23-7445249*

*SEE ATTACHED-*

*RESPONSE TO PAGE 2-990-EZ  
FOR DESCRIPTION REQUESTED.*



Name of the organization *GERMANTOWN NEIGHBORHOOD ASSOCIATION*

Employer identification number  
*23-1445249*

*PAGE 2 - NOT NEEDED*