

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

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.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 2019, and ending 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization GARMAN TOWN NEIGHBORHOOD ASSOCIATION
 Number and street (or P O box if mail is not delivered to street address) 1094 E. KENTUCKY STREET
 City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KENTUCKY 40204-1936 04

D Employer identification number 23-74445249
E Telephone number 502-855-0223
F Group Exemption Number 04

G Accounting Method Cash Accrual Other (specify) _____
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: GPNA LOUISVILLE.COM

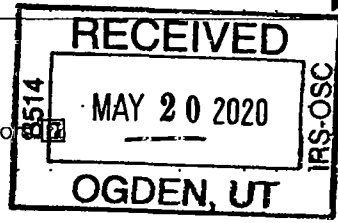
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) 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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	6500 * 2
2	Program service revenue including government fees and contracts	1007
3	Membership dues and assessments	300
4	Investment income	-
5a	Gross amount from sale of assets other than inventory	-
5b	Less: cost or other basis and sales expenses	-
5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	-0-
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	72145
6b	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)	-
6c	Less: direct expenses from gaming and fundraising events	63716
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	8429
7a	Gross sales of inventory, less returns and allowances	-
7b	Less: cost of goods sold	-
7c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	-0-
8	Other revenue (describe in Schedule O)	-0-
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	16,236
10	Grants and similar amounts paid (list in Schedule O)	-0-
11	Benefits paid to or for members	-0-
12	Salaries, other compensation, and employee benefits	-0-
13	Professional fees and other payments to independent contractors	2,000
14	Occupancy, rent, utilities, and maintenance	8,354
15	Printing, publications, postage, and shipping	4,143
16	Other expenses (describe in Schedule O)	6,079
17	Total expenses. Add lines 10 through 16	20,576
18	Excess or (deficit) for the year (subtract line 17 from line 9)	(4,340)
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)	145,315
20	Other changes in net assets or fund balances (explain in Schedule O)	-0-
21	Net assets or fund balances at end of year. Combine lines 18 through 20	140,975



SCANNED APR 14 2021

* GMI IS THE SISTER ORGANIZATION TO GPNA.
 THEY APPLY FOR THE METRO LOUISVILLE GRANT ANNUALLY.
 THE CITY REQUIRES A 100% PASS THROUGH TO GPNA FOR GPNA TO SPEND AND REPORT.

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	28,708	24,366
23 Land and buildings	116,609	116,609
24 Other assets (describe in Schedule O)		
25 Total assets	145,315	140,975
26 Total liabilities (describe in Schedule O)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	145,315	140,975

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

What is the organization's primary exempt purpose? Advocate City wants to improve neighborhood

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.

Line	Description	Grants \$	Expenses
28	PR - marketing, website and 10 months out for open meeting to spread year. Also 2 DOT under General meetings. Mandesh for Association for these meetings plus records.		1,719
29	Maintain MSD - give Run Memorial Park Garden. We maintain year around. Also for trees here. Maintenance, upgrade on our property. We support two raised garden. We installed an American flag on grounds.		2,161
30	We remain in sponsorship and partnership with ND groups who support our efforts. Also included is Admin & volunteer work. DOT is to interact with the non-profits as well. Marketing materials.		4,200
31	Other program services (describe in Schedule O)		
32	Total program service expenses (add lines 28a through 31a)		8,079

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
PRESIDENT JUDY MARRS	8	/	/	/
VIC PRESIDENT JOHN GONDRA	2	/	/	/
SECRETARY MARY HADKISTY	2	/	/	/
TREASURER STEVE MARRS	8	/	/	/

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	<input type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?	37b	<input type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<input type="checkbox"/>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	<input type="checkbox"/>
39	Section 501(c)(7) organizations. Enter:	39a	<input type="checkbox"/>
a	Initiation fees and capital contributions included on line 9	39a	<input type="checkbox"/>
b	Gross receipts, included on line 9, for public use of club facilities	39b	<input type="checkbox"/>
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		<input type="checkbox"/>
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		<input type="checkbox"/>
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	<input type="checkbox"/>
41	List the states with which a copy of this return is filed		<input type="checkbox"/>
42a	The organization's books are in care of <u>Stivic MARRIK</u> Telephone no. <u>502.888.0223</u> Located at <u>1094 E. MANLYCKY ST, LOUISVILLE, KY</u> ZIP + 4 <u>40204-1938</u>		<input type="checkbox"/>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	<input checked="" type="checkbox"/>
c	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	<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	<input type="checkbox"/>
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	<input type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	<input checked="" type="checkbox"/>

23-7448249

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 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 checked="" type="checkbox"/>

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

48		<input checked="" type="checkbox"/>
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		<input checked="" type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization?

49b		<input checked="" type="checkbox"/>
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 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

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 Yes No

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 Magre
 Date: 5-7-2020
 Type or print name and title: JUDY MAGRE, PRESIDENT

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 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)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

GERMANTOWN TOWN 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
- NONE*
- 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

(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						
Total						

- 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.

(This section is crossed out with a large handwritten 'X')

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	13953	48600	9892
Direct Expenses	2	Cash prizes	17860	36282	6599	60741
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				2975
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes 100% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100% <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				63716	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				8429	

9 Enter the state(s) in which the organization conducts gaming activities: WI, IL, VA, MD, KY
 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 ▶ STEW MARRS

Address ▶ 1094 E 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 MARRS

Gaming manager compensation ▶ \$ -0-

Description of services provided ▶ OPERATES VOLUNTEERS, PREPARES EACH SESSION'S REPORT PERFORMS DEPOSITS AND BANK ACTIVITIES & MAINTAINS INVENTORY

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.

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.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

GARMON PARISTOWN NEIGHBORHOOD ASSOCIATION

Employer identification number

23-7445249

RESPONSE TO PART III 990EZ ON PAGE 2 OF THE FORM-

THIS DESCRIPTION REQUESTED IS ATTACHED

Name of the organization

GERMAN PARISH TOWN NEIGHBORHOOD ASSOC.

Employer identification number

23-7446209

PAGE NOT USED

AS NOTED ON SCHEDULE O PAGE 1

THE DESCRIPTION IS ATTACHED