

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2014

Prepared for	GERMAN VILLAGE SOCIETY 588 SOUTH THIRD STREET COLUMBUS, OH 43215
Prepared by	NORMAN, JONES, ENLOW & CO. 226 N. FIFTH STREET, SUITE 500 COLUMBUS, OH 43215
Amount due or refund	NOT APPLI CABLE
Make check payable to	NOT APPLI CABLE
Mail tax return and check (if applicable) to	NOT APPLI CABLE
Return must be mailed on or before	NOT APPLI CABLE
Special Instructions	<p>THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.</p> <p>THE OHIO ANNUAL FILING REPORT MUST BE FILED ONLINE AT THE OHIO ATTORNEY GENERAL'S WEBSITE (WWW. OHI OATTORNEYGENERAL. GOV) BY AUGUST 17, 2015.</p>

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

CMS No. 154E-1879

For calendar year 2014, or fiscal year beginning _____, 2014, and ending _____, 2014

2014

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Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

Three horizontal lines for describing the mission.

2

Yes No

3

Yes No

4

4a Code: Expenses \$ including grants of \$ Revenue \$

Multiple horizontal lines for reporting expenses and grants for item 4a.

4b Code: Expenses \$ including grants of \$ Revenue \$

Multiple horizontal lines for reporting expenses and grants for item 4b.

4c Code: Expenses \$ including grants of \$ Revenue \$

Multiple horizontal lines for reporting expenses and grants for item 4c.

4d Expenses \$ including grants of \$ Revenue \$

4e

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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		X
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, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
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	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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		X
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		X
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		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		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
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		X
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 employees? If "Yes," complete Schedule J		X
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		X
24b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
25b	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? If "Yes," complete Schedule L, Part I		X
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		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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		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):		
28a	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ~~~~~		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ~~~~~		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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 ~~~~~		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ~~~~~ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file(see instructions) ~~~~~		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? ~~~~~		
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O ~~~~~		
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, securities account, or other financial account)? ~~~~~		
4b	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 (FBAR).		
5a	a		
	b		
	c		
6a	ITxr(Dik43" has it filed a Form (IW-2G i30.88or within the :jding 1149 has it filniti)-2161s re4 -1capif atnd9 ph.1)uranstable250, F16a/III.Dike9r12j_93.6 -G(the		
	b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		
b			
c			
d			
e			
f			
g			
h			
8	Sponsoring organizations maintaining donor advised funds.		
9	Sponsoring organizations maintaining donor advised funds.		
a			
b			
10	Section 501(c)(7) organizations.		
a			
b			
11	Section 501(c)(12) organizations.		
a			
b			
12a	Section 4947(a)(1) non-exempt charitable trusts.		
b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Note.		
b			
c			
14a			
b	If "No," provide an explanation in Schedule O		

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

Table with columns for line numbers (1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9) and columns for Yes/No responses.

(This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line numbers (10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b) and columns for Yes/No responses.

- 17 List the states with which a copy of this Form 990 is required to be filed
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.
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:

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns ~~~~~	1a				
	b	Membership dues ~~~~~	1b				
	c	Fundraising events ~~~~~	1c				
	d	Related organizations ~~~~~	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ~	1f				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue ~~~~~					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)-----					
	4	Income from investment of tax-exempt bond proceeds					
	5						
	6 a						
	b						
	c						
	d						
	7 a						
	b						
	c						
	d						
	8 a	_____					
	b		a				
	c		b				
	9 a		a				
b		b					
c							
10 a		a					
b		b					
c							
		Business Code					
11 a	_____						
b	_____						
c	_____						
d							
e	Total.						
12	Total revenue See instructions.						

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ~				
2 Grants and other assistance to domestic individuals. See Part IV, line 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 memblineses ~				
5				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9				
10				
11				
a				
b				
c				
d				
e Professional fundraising services. See Part IV, line 17				
f				
g (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
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.)				
a _____				
b _____				
c _____				
d _____				
e _____				
25 Total functional expenses Add lines 1 through 24e				
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)				

		(A)		(B)
Assets	1		1	
	2		2	
	3		3	
	4		4	
	5			
			5	
	6			
			6	
	7		7	
	8		8	
	9		9	
	10a			
		10a		
	b	10b		10c
	11		11	
	12		12	
13		13		
14		14		
15		15		
16	Total assets.		16	
Liabilities	17		17	
	18		18	
	19		19	
	20		20	
	21		21	
	22			
			22	
	23		23	
	24		24	
	25			
		25		
26	Total liabilities.		26	
27				
28				
29				
30				
31				
32				
33				
34				

Part XI 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	639,638.
2	Total expenses (must equal Part IX, column (A), line 25) ~~~~~	2	575,539.
3	Revenue less expenses. Subtract line 2 from line 1 ~~~~~	3	64,099.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ~~~~~	4	1,176,124.
5	Net unrealized gains (losses) on investments ~~~~~	5	8,814.
6	Donated services and use of facilities ~~~~~	6	
7	Investment expenses ~~~~~	7	
8	Prior period adjustments ~~~~~	8	
9	Other changes in net assets or fund balances (explain in Schedule O) ~~~~~	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,249,037.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		X	
		Yes	No
1	Accounting method used to prepare the Form 990: Cash <input type="checkbox"/> X 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? ~~~~~ 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: Separate basis Consolidated basis Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? ~~~~~ 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: X Separate basis Consolidated basis Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ~~~~~ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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? ~~~~~		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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

GERMAN VILLAGE SOCIETY

Employer identification number

31-0969645

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 **X** An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations ~~~~~

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

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(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") --						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 ~~~~~						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ~~~~						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ~						
6 Total. Add lines 1 through 5 ~~~						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year ~~~~~						
c Add lines 7a and 7b ~~~~~						
8 Public support (Subtract line 7c from line 6.)						

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6 ~~~~~						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ~						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 ~~~~						
c Add lines 10a and 10b ~~~~~						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ~~~~~						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ~~~~						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

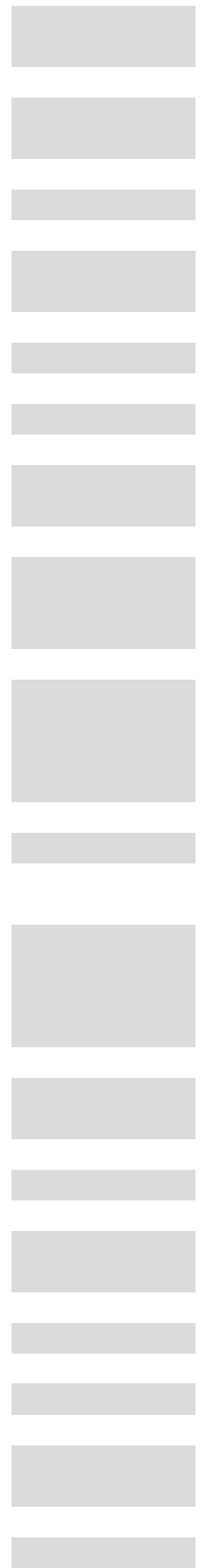
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) ~~~~~	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) Othn,	17	
18 2013	18	

19a 33 1/3% support tests - 2014. stop here.

b 33 1/3% support tests - 2013. stop here.

20 Private foundation.



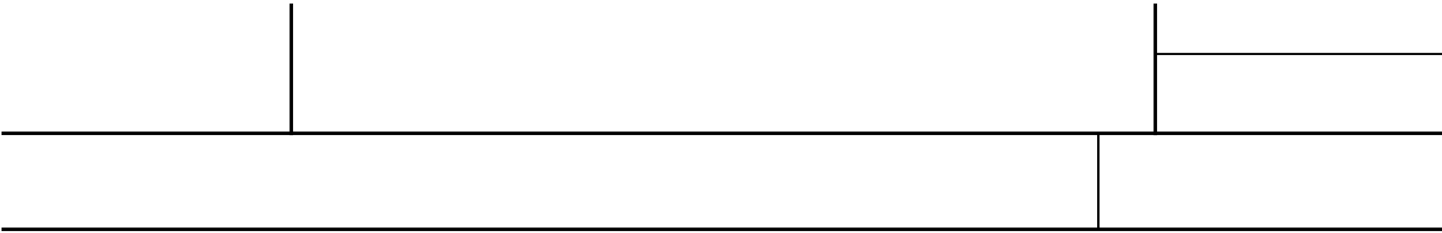
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			





Name of organization GERMAN VILLAGE SOCIETY	Employer identification number 31-0969645
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DOROTHY T. & MYRON T. SEIFERT CHARITABLE TRUST P. O. BOX 94651 COLUMBUS, OH 43206	\$ 15,005.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	GERMAN VILLAGE GUESTHOUSE 756 JAEGER STREET COLUMBUS, OH 43206	\$ 7,020.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	GERMAN VILLAGE GUESTHOUSE 756 JAEGER STREET COLUMBUS, OH 43206	\$ 2,650.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	BARCELONA 263 EAST WHITTIER STREET COLUMBUS, OH 43206	\$ 7,100.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	BARCELONA 263 EAST WHITTIER STREET COLUMBUS, OH 43206	\$ 2,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6	G MICHAEL'S BISTRO & BAR 595 SOUTH 3RD STREET COLUMBUS, OH 43215	\$ 6,000.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GERMAN VILLAGE SOCIETY	Employer identification number 31-0969645
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	G MICHAEL' S BISTRO & BAR 595 SOUTH 3RD STREET COLUMBUS, OH 43215	\$ 2,400.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	TITICA MITCHELL 588 SOUTH 3RD STREET COLUMBUS, OH 43215	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
9	10TV 770 TWIN RIVERS DRIVE COLUMBUS, OH 43215	\$ 25,350.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	FRONTGATE 5566 WEST CHESTER ROAD WEST CHESTER, OH 45069	\$ 1,040.	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	FRONTGATE 5566 WEST CHESTER ROAD WEST CHESTER, OH 45069	\$ 11,400.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
12	SCHMIDT' S RESTAURANT UND SAUSAGE HAUS 240 EAST KOSSUTH STREET COLUMBUS, OH 43206	\$ 8,850.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization GERMAN VILLAGE SOCIETY	Employer identification number 31-0969645
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	VIA VECCHIA WINERY 485 SOUTH FRONT STREET COLUMBUS, OH 43215	\$ 6,050.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
14	VIA VECCHIA WINERY 485 SOUTH FRONT STREET COLUMBUS, OH 43215	\$ 850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
15	TOM DAILEY 749 MOHAWK STREET COLUMBUS, OH 43206	\$ 6,725.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
16	JOHN & ANGELA PETRO 231 EAST SYCAMORE STREET COLUMBUS, OH 43206	\$ 5,986.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
17	THE BOOK LOFT 631 SOUTH 3RD STREET COLUMBUS, OH 43206	\$ 5,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
18	VUTECH & RUFF 177 EAST BECK STREET, 2ND FLOOR COLUMBUS, OH 43206	\$ 5,425.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization GERMAN VILLAGE SOCIETY	Employer identification number 31-0969645
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	HARVEST PIZZERIA 495 SOUTH 4TH STREET COLUMBUS, OH 43206	\$ 5,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
20	HARVEST PIZZERIA 495 SOUTH 4TH STREET COLUMBUS, OH 43206	\$ 150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
21	KATHY & ALEC WIGHTMAN 184 EAST BECK STREET COLUMBUS, OH 43206	\$ 4,165.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
22	KATHY & ALEC WIGHTMAN 184 EAST BECK STREET COLUMBUS, OH 43206	\$ 930.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
23	GIANT EAGLE 280 EAST WHITTIER STREET COLUMBUS, OH 43206	\$ 5,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
24	HEI DELBERG 248 JACKSON STREET COLUMBUS, OH 43206	\$ 5,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization

Employer identification number



(a) No.	(b) Name, address, and ZIP + 4		
_____	_____ _____ _____	_____	

_____	_____ _____ _____	_____	

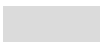
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	_____	_____	_____

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_____	_____
_____	_____

(Form 990)

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

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at

Name of the organization

Employer identification number

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2		
3		
4		
5		

Yes No

6 Yes No

1

2

a
b
c
d

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

3
4
5

Yes No

6
7
8

Yes No

9

1a

b
(i)
(ii)
2

a
b

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	756,605.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	8,814.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	108,153.	
e	Add lines 2a through 2d	2e		116,967.
3	Subtract line 2e from line 1	3		639,638.
4	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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		639,638.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	683,692.
2	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		
d	Other (Describe in Part XIII.)	2d	108,153.	
e	Add lines 2a through 2d	2e		108,153.
3	Subtract line 2e from line 1	3		575,539.
4	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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		575,539.

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, LINE 2:

THE SOCIETY IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED BY THE INTERNAL REVENUE



Complete if the organization answered "Yes" to 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 (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
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) ~~~~~do92rForm 990-EZ, line 990 (Gross income line 3, 5Td (Focus on			
11	Net income summary. Subtract line 10 from line 3, column (d)				

	(a)	(b) Pull tabs/instant bingo/progressive bingo	(c)	(d) (a) (c)
1				
2				
3				
4				
5				
6	Yes _____ No _____	Yes _____ No _____	Yes _____ No _____	
7				
8				

9 _____
a Yes No
b _____
10a Yes No
b _____

Name of the organization

GERMAN VILLAGE SOCIETY

Employer identification number

31-0969645

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

**PROTECT THE HISTORIC NEIGHBORHOOD OF GERMAN VILLAGE IN COLUMBUS, OHIO,
AND TO EDUCATE THE PUBLIC ABOUT OHIO HISTORY AND HISTORIC PRESERVATION.**

THE ENTIRE GERMAN VILLAGE IS ON THE NATIONAL REGISTER OF HISTORIC

PLACES. THE SOCIETY IS DEDICATED TO RETAINING THE CHARACTER AND

DISTINCTION OF THE PAST, WHILE CREATING A THRIVING AND CONTEMPORARY

COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE NATIONAL REGISTER OF HISTORIC PLACES. THE SOCIETY IS DEDICATED TO

RETAINING THE CHARACTER AND DISTINCTION OF THE PAST, WHILE CREATING A

THRIVING AND CONTEMPORARY COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WELL AS NEW RESIDENTS). IT IS STAFFED ENTIRELY BY VOLUNTEERS, AS ARE

THE SOCIETY'S GUIDED FIELD TRIP AND GROUP-TOUR EXPERIENCES. TOGETHER,

THE VISITORS CENTER AND THE GUIDED TOURS SERVE MORE THAN 15,000 PEOPLE

EACH YEAR. THE SOCIETY ALSO LIVES ITS MISSION DURING EACH YEAR'S HAUS

UND GARTEN TOUR, WHEN HOMEOWNERS OPEN THEIR PROPERTIES TO 4,000

TICKET-HOLDING GUESTS TO SHOW OFF OUR PRESERVATION EFFORTS. ALL TOLD,

WE HOLD SIX ANNUAL EVENTS THAT ATTRACT MORE THAN 30,000 VISITORS TO

EXPERIENCE OUR PRESERVATION WORK IN THE NEIGHBORHOOD. THROUGH MEMORANDA

OF UNDERSTANDING WITH THE CITY OF COLUMBUS, SOCIETY VOLUNTEERS TAKE

CARE OF PARK SPACES AND CERTAIN STREETSCAPES AND PUBLIC SPACES. THE

MEETING HAUS, OWNED BY THE SOCIETY, IS USED FOR SOCIETY AFFAIRS, CIVIC

GATHERINGS, EVENTS, AFFINITY-GROUP GATHERINGS AND SOCIALIZING. WE

Name of the organization GERMAN VILLAGE SOCIETY	Employer identification number 31-0969645
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ESTIMATE THAT MORE THAN 3,000 PEOPLE USE THE BUILDING FOR THESE PURPOSES EACH YEAR. THE BUILDING ALSO HOUSES STAFF AND THE VISITORS CENTER, WHICH ITSELF WELCOMES MORE THAN 10,000 VISITORS EACH YEAR FROM ALL OVER THE WORLD. THERE ARE 12 ELECTED BOARD MEMBERS AND AN APPOINTED TRUSTEE. THERE ARE 17 COMMITTEES ORGANIZED INTO SIX PILLARS IN SERVICE OF OUR 2015 STRATEGIC PLAN THAT TACKLE EVERYTHING FROM VISIONING FOR FUTURE NEEDS OF THE NONPROFIT, TO GARDENING, TO EVENT-PLANNING TO BUSINESS SUPPORT FOR THE NEIGHBORHOOD. ALL TOLD, MORE THAN 400 PEOPLE REGULARLY VOLUNTEER THEIR TIME TO ALL OF THE FUNCTIONS OF GERMAN VILLAGE SOCIETY.

**FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS OF THE ORGANIZATION CAN NOMINATE AND VOTE TO ELECT MEMBERS TO SERVE ON THE BOARD OF TRUSTEES.**

**FORM 990, PART VI, SECTION B, LINE 11:
A PRELIMINARY COPY OF THE FORM 990 IS MAILED TO 2 MEMBERS OF THE BOARD WHO ALSO SERVE ON THE FINANCE COMMITTEE. THEY REVIEW AND APPROVE THE FORM 990 FOR FINAL FILING.**

**FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS DISCUSS CONFLICTS OF INTEREST POLICY AT BOARD MEETING AT THE END OF THE YEAR AS PLANNING FOR THE UPCOMING YEAR IS DONE. BOARD MEMBERS ARE REQUIRED TO COMPLETE CONFLICT STATEMENTS AND ARE REQUIRED TO UPDATE THROUGHOUT THE YEAR. BOARD MEETINGS ARE PERIODICALLY USED TO UPDATE/DISCUSS POTENTIAL CONFLICTS.**

FORM 990, PART VI, SECTION B, LINE 15:



Name of the organization GERMAN VILLAGE SOCIETY	Employer identification number 31-0969645
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THE FINANCE COMMITTEE, AS WELL AS THE EXECUTIVE COMMITTEE, REVIEWS AND SETS PAYROLL SCALES FOR THE EXECUTIVE DIRECTOR. THE COMMITTEE WILL ALSO MAKE RECOMMENDATIONS FOR OTHER STAFF PAY SCALES. THE COMMITTEES UTILIZE MEMBER EXPERIENCE AND SALARY SURVEYS TO ASSIST IN DETERMINING PAY SCALES FOR THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION ALSO HOLDS AN ANNUAL MEETING TO UPDATE MEMBERS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING FEES :

PROGRAM SERVICE EXPENSES	53,251.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	30,575.
TOTAL EXPENSES	83,826.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	83,826.

FORM 990, PART XII, LINE 1:

THE ORGANIZATION DID NOT CHANGE ITS ACCOUNTING METHOD FOR PREPARING THE FORM 990.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

| File a separate application for each return.
| Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

☒ If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X

☒ If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only _____ |

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. GERMAN VILLAGE SOCIETY	Enter filer's identifying number Employer identification number (EIN) or 31-0969645
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 588 SOUTH THIRD STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLUMBUS, OH 43215	

Enter the Return code for the return that this application is for (file a separate application for each return) _____ 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

GERMAN VILLAGE SOCIETY
588 SOUTH THIRD STREET - COLUMBUS, OH 43215

☒ The books are in the care of | Telephone No. | **(614)221-8888** | Fax No. | _____

☒ If the organization does not have an office or place of business in the United States, check this box _____ |

☒ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box _____. If it is for part of the group, check this box _____ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
| calendar year **2014** or
| tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

