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	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-E0 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. THE OHIO ANNUAL FILING REPORT MUST BE FILED ONLINE AT THE OHIO ATTORNEY GENERAL'S WEBSITE (WWW. OHIOATTORNEYGENERAL. GOV) BY AUGUST 17, 2015.
400941 05-01-14	CLIENT'S COPY

IRS a-file Signature Authorization for an Exempt Organization 7 contra restriction 7 contra r	FROM	: GERMAN VILLAGE SOCIETY	PHONE NO. : 6142224747	Aug. 17 2015 12:01PM P1
IRS a-file Signature Authorization for an Exempt Organization 7 contra restriction 7 contra r				
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			IRS e-file Signature Authorization for an Exempt Organization	ON CM5 No. 1546-1875
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	1				OMB No. 1545-0047
	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	Code (excep	ot private foundation	s)	
Department of the Treasury Internal Revenue Service	Do not enter social security numbers on this form as it n				Open to Public Inspection
Internal Revenue Service	Information about Form 990 and its instructions is at				Inspection
Check if applicable:					
Address change Name change			-		
change Initial return					
Final return/					
Final return/ termin- ated			Gross receipts \$		
Amended return Applica-			4		
Applica- tion pending			Ann all automation		
			Are all subordina	ites inclu	ided ?
			1		
				_	
				_	
		В	eginning of Current	Year	
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			Chec	k	
Paid			self-e	mployed	
Preparer Use Only					

Form	990 (2014)						F	age
				any line in this Part III ••••				
1	Briefly describe the	organization's missic	on:					
2								
							Yes	No
3							Yes	No
4								
4								
4a	Code: E	xpenses \$		including grants of \$		Revenue \$		
4b	Code: E	xpenses \$		including grants of \$		Revenue \$		
4c	Code: E	xpenses \$		including grants of \$		Revenue \$		
4d	Europort A		including and the					
4e	Expenses \$		including grants of \$		Revenue \$			
48								

Form 990 (N VILLA
Part IV	Checklist of	of Required	Schedules

GERMAN VILLAGE SOCIETY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			x
0	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		A
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	6		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	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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	9		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	10	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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	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 ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	11c		X
	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	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ~~~~~~	11e	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 ~~~~~	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	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	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		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	14b		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	15		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,	16		
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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432004 11-07-14

A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ~~ b 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation 30 contributions? If "Yes," complete Schedule M _____ Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II _____ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 _____ 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 _____ Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 _____ Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ~~~~~~~ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38

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 _____ Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26

former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II _____

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 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

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):

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

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

Х Form 990 (2014)

Form 990 (2014)

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Schedule J _____

Schedule K. If "No", go to line 25a

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

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 ______

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ~~~~~~~~~~~

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? -----

transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit

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21

22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

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35a

35b

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X

Yes

No

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Form 990	(2014)
	. ,

	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 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	<u>1c</u>		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
6	filed for the calendar year ending with or within the year covered by this return ~~~~~ 2a	01-		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
3a b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	50		
ia	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	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		5a		
b		5b		
с		5c		
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, F	t16à/11	I,Dike	<u>9r12j 9</u> 3.6 -G(t
b				
		6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b		7b		
С				
		7c		
d	_7d	_		
e		7e		
t		7f		
g b		7g 7b		
h 8	Spansoring organizations maintaining donor advised funds	7h		
0	Sponsoring organizations maintaining donor advised funds.	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
a		9a		
b		9b		
10	Section 501(c)(7) organizations.			
а	10a			
b	10b			
11	Section 501(c)(12) organizations.			
а	<u>11a</u>			
b				
	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts.	12a		
b	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		<u>13a</u>		
	Note.			
b				
	13b			
C	_13c	14-		
14a	If "No," provide an explanation in Schedule O	14a		
D		14b		

Page

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 ------

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	-		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? ~~~~~~~~~~~~~~~~	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ~~~~~	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8a		
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
	(This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	13		
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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)	availab	le	
-	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			

19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: |

Image: sector of the secto		(do	not c	gTBc	k mor	e thar	n on	
		individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	

Form 990 (2014)											<u> </u>	age
Section A. Officers, Directors, Trustee	s, Key Employ	rees	, and	d Hio	ghes	st Co	mp	ensated Employees	(continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(-1-		Posi	tion	than o s both r/trus		Reportable	Reportable	÷	Estimate	ed
	hours per	(ao box,	unles	neck i ss pei	more rson i	s both	n an	compensation	compensatio		amount	
	week		er an	d a di	irecto	r/trus	tee)	from	from related		other	
	(list any	ector						the	organization	is co	mpensa	tion
	hours for	or dir	۵			ted		organization	(W-2/1099-MI	SC)	from the	е
	related	stee (ruste		0	oense		(W-2/1099-MISC)			rganizat	
	organizations	lal tru	onal t		loyee	com s					and relat	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0	rganizati	ons
	line)	Ĩ	ű	Off	Ke	er, Hi	ይ					
1b Sub-total												
c Total from continuation sheets to Part VII, S	ection A											
d Total (add lines 1b and 1c)												
2												
												-
											Yes	No
3 former												
If "Yes," complete Schedule J for se	uch individual									3		
4												
	If "Yes,	" cor	nple	ete S	Sche	dule	J fo	or such individual		4		
5												
	plete Schedule	J fc	or su	ich p	berso	on				5		
Section B. Independent Contractors												
1												
(A)								(B)			(C)	
(y											(0)	
							1					
							+					
							+					
2												
2												

Form 990 (2014)

	· ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 514
1 a	a Federated campaigns ~~~~~ 1a					
ł	b Membership dues ~~~~~ 1b					
(c Fundraising events ~~~~~ 1c					
(d Related organizations ~~~~~ 1d					
(e Government grants (contributions) <u>1e</u>					
f	f All other contributions, gifts, grants, and					
	similar amounts not included above ~~ 1f					
Q	g Noncash contributions included in lines 1a-1f: \$					
ł	h Total. Add lines 1a-1f •••••••••••					
		Business Code				
2 8	a	_				
ł	b	_				
(c	_				
(d	_				
(e	-				
f	f All other program service revenue ~~~~~					
	g Total. Add lines 2a-2f •••••••••••					
3	Investment income (including dividends, inte	erest, and				
	other similar amounts)~~~~~~~~~~~	~				
4	Income from investment of tax-exempt bonc	proceeds				
5						
6 a	a					
ł	b					
(c					
(d					
7 8	a					
ł	b					
(c					
(d					
8 8	а					
		a				
ł	b	b				
(c					
9 a	a					
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		Business Code				
11 a	а	-		ļ		
ł	b	-				
(c	_				
(d					
	e Total.					

Form 990 (2014)

	Check if Schedule O contains a response	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
	and domestic governments. See Part IV, line 21 ~				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22 ~~~~~				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ~~~				
	Benefits paid to or for membline9ses ~				
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
)	_				
)	_				
_					
a b					
c					
d					
е	Professional fundraising services. See Part IV, line 17				
f	(If line 11s amount succeds 100/ of line 25				
g	(If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
2					
	_				
	_				
	-				
	-				
	_				
	-				
	-				
	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.)				
а					
b					
С					
d				<u> </u>	
е	Total functional exponent dd lines 1 through 24				
	Total functional expensesAdd lines 1 through 24e 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)		1		

			(A)		(B)
Т	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	
	17			17	
	18 19			18 19	
	20			20	
	21			20	
	22				
				22	
	23			23	
	24			24	
	25				
				25	
\downarrow	26 Total liabilities.			26	
	27			+ $+$	
	28			+ $+$	
	29				
	30			+ $+$	
	31			+ $+$	
- I	32 33			+ $+$	

Form	GERMAN VILLAGE SOCIETY	31-	09696	45	Pad	e 12
	rt 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		
2	Total expenses (must equal Part IX, column (A), line 25) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2		575	, 53	39.
3	Revenue less expenses. Subtract line 2 from line 1	3		64		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ~~~~~~~~	4	1,	176	, 12	24.
5	Net unrealized gains (losses) on investments	5		8	, 81	4.
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	, 03	37.
Ра	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_	Y	es	No
1	Accounting method used to prepare the Form 990: Cash 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? ~~~~~~~	~~~		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	n a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate I	oasis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?	~		2c -	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	lule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Auc	lit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	d audi	:			
	or audits. explain why in Schedule O and describe any steps taken to undergo such audits			3b		
			-	orm Q		2014)

Form 990 (2014)

432012 11-07-14

CLIENT'S COPY 2014. 04000 GERMAN VILLAGE SOCIETY 10370817 784360 2X6328

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

					ation is a section 501(c			section		2014		
Donar	tmont o	of the Treasury			47(a)(1) nonexempt cha tach to Form 990 or For					Open to Public		
Interna	al Rever	nue Service	Informatio		orm 990 or 990-EZ) and its		ic ot W	ww.irs.gov/fc	rm000	Inspection		
Nam	e of tl	he organizatio		in about Schedule A (1)			isat w	ww.ii3.gov/ic		identification number		
				AN VILLAGE	SOCI ETY					1-0969645		
Ра	rt I	Reason	for Public (Charity Status (All organizations must c	omplete thi	s part.) Se	e instruction	S.			
The	organ	ization is not a	a private found	ation because it is: (For lines 1 through 11, c	heck only o	one box.)					
1		A church, cor	nvention of chu	irches, or association	n of churches described	in section	n 170(b)(1)	(A)(i).				
2		A school des	cribed in section	on 170(b)(1)(A)(ii).(Attach Schedule E.)							
3		A hospital or	a cooperative	hospital service orga	anization described in s	ection 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		,		•	nental unit described in	section 17	0(b)(1)(A)(v).				
7		An organizati	on that normal	-	ntial part of its support fr				ie general p	ublic described in		
8				• •	1)(A)(vi). (Complete Pa	rt II.)						
9	Х				e than 33 1/3% of its sup		ontribution	s. members	nip fees, and	d aross receipts from		
		activities rela	ted to its exem	pt functions - subjec	t to certain exceptions,	and (2) no	more than	33 1/3% of it	s support fro	om gross investment		
					(less section 511 tax) fro	om busines	ses acquir	red by the org	ganization a	tter June 30, 1975.		
40				mplete Part III.)	and the test for which the sec			D(-)(A)				
10		0	0	•	vely to test for public sa			()()				
11		0	0	•	vely for the benefit of, to	•		-	• •	•		
					d in section 509(a)(1) o							
-			•		supporting organization				•	t. da a		
а				•	upervised, or controlled	• • • •	-	.,		•		
			•	., .	gularly appoint or elect a	majority o	t the direct	ors or trustee	es of the sup	porting		
		-		omplete Part IV, Sec				·				
b				•	or controlled in connect			•		•		
			•		inization vested in the sa	ame persor	ns that con	trol or manaç	ge the suppo	orted		
		-	. ,	complete Part IV, S								
С					g organization operated				y integrated	with,		
			-	. , .). You must complete P							
d			•	•	orting organization oper				-			
			•	•	ation generally must sat	•	•	uirement and	an attentive	eness		
					plete Part IV, Sections A							
е					written determination from			Туре I, Туре	II, Type III			
					nally integrated supporti							
f			••	0	~~~~~~	~~~~~~	~~~~~					
<u> </u>			-	about the supported	• • • • • • • • • • • • • • • • • • • •	(iv) Is the o	rappization	() A	f			
	(i) Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	n your	(v) Amount o suppor	-	(vi) Amount of other support (see		
		organization			above or IRC section	governing o		Instruc		Instructions)		
					(see instructions))	Yes	No					

Total

LHA For Paperwork Reduction Activities, see the Instructions for the A (Form 990 or 990-EZ) 2014 Form 990 or 990-EZ. 432021 09-7-14

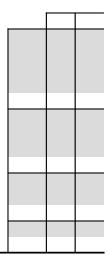
2014. 04000 GERMAN VI LLAGE SOCI ETY

		· ·	

(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.)

Cale	endar 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 per- formed, 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 bus-						
	iness under section 513 ~~~~~						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf ~~~~						
F							
Э	The value of services or facilities furnished by a governmental unit to the organization without charge ~						
6	Total. Add lines 1 through 5 ~~~						
	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 ~~~~~~						
С	Add lines 7a and 7b ~~~~~						
	Public support (Subtract line 7c from line 6.)						
			•		•		
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	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 ~~~~						
с 11	Add lines 10a and 10b ~~~~~ 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						
13	assets (Explain in Part VI.) ~~~~ Total support(Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	first second thir	d fourth or fifth ta	v vear as a section	-1 n 501(c)(3) organiz:	ation
17	check this box and stop here	0				11 50 1(c)(5) 01ga1126	1
	Check this box and stop here						ļ
15	Public support perceptore for 2014 (li	no 9. column (f) di	ivided by line 12	olumn (f))		15	%
	Public support percentage for 2014 (li		-		~~~~~	16	%
10	Public support percentage from 2013						
17	Investment income percentage for 20		nn (f) divided by lin	ne 13, column (f))C)thn,	17	
18		2013	., ,			18	
-	33 1/3% support tests - 2014.						
		stop here.					
b	33 1/3% support tests - 2013.						
		S	top here.				
20	Private foundation		•				





1		See instructions.				
Section A - Adjusted Net Income						
1	1					
2	2					
3	3					
4	4					
5	5					
6						
	6					
7	7					
8 Adjusted Net Income	8					
		[
			1			

Schedule A (Form 990 or 990-EZ) 2014 GERMAN VI LLAGE SOCI ETY

	rt V Type III Non-Euroctionally Integrated 509		anizationa ((;))	Fager
		(a)(3) Supporting Org	anizations (continued)	
<u>Sect</u>	ion D - Distributions	Current Year		
_1	Amounts paid to supported organizations to accomplish exen			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpose	s 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	e 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			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	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				
<u> </u>				
 c				
d				
	From 2012			
<u> </u>	From 2013			
<u> </u>	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u> i</u>	Carryover from 2009 not applied (see instructions)			
į_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
<u>a</u>	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:			
<u>a</u>				
<u> b</u>				
<u> </u>				
	Excess from 2013			
e	Excess from 2014			

2014. 04000 GERMAN VILLAGE SOCIETY

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14

		•

Name of organization

GERMAN VILLAGE SOCIETY

Employer identification number

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	DOROTHY T. & MYRON T. SEIFERT CHARITABLE TRUST		Person X Payroll
	P. 0. BOX 94651 COLUMBUS, OH 43206	\$ <u>15, 005.</u>	Noncash (Complete Part II for
			noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GERMAN VILLAGE GUESTHOUSE		Person
	756 JAEGER STREET	\$7, 020.	Payroll Noncash X
	COLUMBUS, OH 43206		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GERMAN VILLAGE GUESTHOUSE		Person X
	756 JAEGER STREET	\$2, 650.	Payroll Noncash
	COLUMBUS, OH 43206		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BARCELONA		Person
			Payroll
	263 EAST WHITTIIER STREET	\$7, 100.	Noncash X
	COLUMBUS, OH 43206		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BARCELONA		Person X
	263 EAST WHITTILER STREET	\$2,000.	Payroll Noncash
	COLUMBUS, OH 43206		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	G MI CHAEL'S BI STRO & BAR		Person
	595 SOUTH 3RD STREET	§6, 000.	Person Payroll Noncash X
	COLUMBUS, 0H-43215		(Complete Part II for

Name of organization

GERMAN VILLAGE SOCIETY

Employer identification number

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	G MI CHAEL'S BI STRO & BAR 595 SOUTH 3RD STREET COLUMBUS, OH 43215	\$ 2, 400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	TI TTI CA MI TCHELL 588 SOUTH 3RD STREET COLUMBUS, OH 43215	\$30, 000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	10TV 770 TWIN RIVERS DRIVE COLUMBUS, OH 43215	\$ <u>25, 350.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	FRONTGATE 5566 WEST CHESTER ROAD WEST CHESTER, OH 45069	\$1, 040.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>11</u>	FRONTGATE 5566 WEST CHESTER ROAD WEST CHESTER, OH 45069	\$ <u>11, 400.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12	SCHMIDT'S RESTAURANT UND SAUSAGE HAUS 240 EAST KOSSUTH STREET COLUMBUS, 0H-43206	\$ <u>8, 850.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

GERMAN VILLAGE SOCIETY

Employer identification number

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

Name of organization

GERMAN VILLAGE SOCIETY

Employer identification number

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	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.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20	HARVEST PIZZERIA 495 SOUTH 4TH STREET COLUMBUS, OH 43206	\$150	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
21	KATHY & ALEC WIGHTMAN 184 EAST BECK STREET COLUMBUS, OH 43206	\$4, 165	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22	KATHY & ALEC WIGHTMAN 184 EAST BECK STREET COLUMBUS, OH 43206	\$930	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
23	GIANT EAGLE 280 EAST WHITTIER STREET COLUMBUS, OH 43206	\$5,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
24	HEI DELBERG 248 JACKSON STREET COLUMBUS, 04-43206	\$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		
	·		
400450 11 0		L Ochoch J. D. (Ears	1 2000 000 EZ or 000 BE) (2)

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			l

			OMB No. 1545	5-0047
(Form 990) Complete if the organi	zation answered "Yes" to Form 990			
Part IV, line 6, 7, 8, 9, 10,	zation answered "Yes" to Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990. 90) and its instructions is at		Open to P	ublic
Department of the Treasury A Internal Revenue Service Information about Schedule D (Form 9)	ttach to Form 990. 190) and its instructions is at		Inspection	ublic
Name of the organization		Employ	ver identification nu	Imber
-				
			Complete if the	
organization answered "Yes" to Form 990, Part IV, line				
	(a) Donor advised funds	(b) Funds	and other account	s
 Total number at end of year 2 				
3				
4				
5				
			Yes	No
6				
			Yes	No
1				
2				
		2a	eld at the End of th	<u>ie rax re</u> ai
a b		2a 2b		
c		20 20		
d				
		2d		
3				
4				
5			Yes	No
6			100	
7		_		
8				
			Yes	No
9				
1a				
b				
(i)				
(i) (ii)		_		
2		_		
а		_		
b		_		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. ⁴³²⁰⁵¹ ¹⁰⁻⁰¹⁻¹⁴

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				· · · · ·
 	1		•	

Schedule D	(Form 990) 2014
	. ,

Complete if the organization answered "Yes" t	o Form 990, Part IV, li	ne 11b. See Form 990, I	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value	
(1) Financial derivatives ~~~~~~~~~~~					
(2) Closely-held equity interests ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
(3) Other					
(A)					
<u>(B)</u>					
(C)					
<u>(D)</u>					
(E)					
(F)					
(G)					
(H)					
Total.(Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Complete if the organization answered "Yes" t					
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value	
(1)					
(G(incl580er(D)incl580er(D)61l2ed (Complet if the Boogk	ovvanhulieabil) Tjj 900 (1tol/k	throd 9990 (a Raarti by 9300 st	or end iofvøetmentirk e	et value(.ned (omple[e•••••)-	450e D]
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)					
				(b)	
(a)				(b)	
(Column (b) must equal Form 000. Port X, col. (D) lin	(a 15)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ie i3.)			<u> </u>	
(2)		(b)			
<u>1. (a)</u>		(b)	-		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ie 25.)				
2.					

Sche	dule D (Form 990) 2014 GERMAN VI LLAGE SOCI ETY	31-0	969645	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per			
	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:			
а	Net unrealized gains (losses) on investments 2a 8, 814.			
b	Donated services and use of facilities 2b			
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
е	Add lines 2a through 2d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2e	,	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~ 4a			
b	Other (Describe in Part XIII.)			
с	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		638.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Retur	n.	
	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:			
а	Donated services and use of facilities 2a	- 1		
b	Prior year adjustments	- 1		
С	Other losses ~~~~~~ 2c	- 1		
d	Other (Describe in Part XIII.)		400	
е	Add lines 2a through 2d ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2e		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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b ~~~~~ 4a	- 1		
b	Other (Describe in Part XIII.) ~~~~~~~~ 4b			-
С	Add lines 4a and 4b ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4c		0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	575,	539.
Pa	rt 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

SCHEDULE G	C					A . I.		OMB No. 1545-0047
(Form 990 or 990-EZ)		ental Information Regarding organization answered "Yes" to Form	-					2014
Department of the Treasury		organization entered more than \$15, Attach to Form 990 or	000 on	Form	990-EZ, line 6a.			Open to Public
Internal Revenue Service		out Schedule G (Form 990 or 990-EZ) an				gov/fo	rm 990.	Inspection
Name of the organization		VILLAGE SOCIETY					Employer idea 31 - 0969	ntification number 9645
	ng Activities	. Complete if the organization answe	ered "Y	es" to	Form 990, Part IV, li	ne 17	7. Form 990-EZ	filers are not
		ed funds through any of the followin	g activi	ties. C	Check all that apply.			
a Mail solicitation	ons email solicitations			-	overnment grants			
b Internet and e c Phone soliciti		g Specia		-	nment grants events			
d In-person sol	icitations	. .		Ū				
		or oral agreement with any individual		-			or Yes	s No
		art VII) or entity in connection with p viduals or entities (fundraisers) pursu			-			
compensated at lea	ast \$5,000 by the	organization.		•				
(i) Name and address	ofindividual		(iii) fundr have c	Did	(iv) Cross respire	(v)	Amount paid	(vi) Amount paid
or entity (fund		(ii) Activity	or cor	ntrol of	(iv) Gross receipts from activity	ì	or retained by) fundraiser	to (or retained by) organization
			contrib			lis	ted in col. (i)	
			Yes	No				
				1				
Total •••••						<u> </u>		<u> </u>
or licensing.	in the organizatio	n is registered or licensed to solicit o	contribu	ltions	or has been notified	it is e	xempt from reg	distration
LHA For Paperwork Rec		e, see the Instructions for Form 990 o						90 or 990-EZ) 2014
432081 08-28-14	C	LIENT'S	35		SOP	Y		

10370817 784360 2X6328

2014. 04000 GERMAN VILLAGE SOCIETY 2X6328_1

Sch	edule	e G (Form 990 or 990-EZ) 2014 Complete if the	e organization answered	"Yes" to Form 990, Part	IV. line 18. or reported n	Page 2 more than \$15.000	
		of fundraising event contributions and gros					
		ÿÿ	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through	
nue			(event type)	(event type)	(total number)	col. (c))	
Revenue	1	Gross receipts ~~~~~~~~~~					
	2	Less: Contributions ~~~~~~~~					
	3	Gross income (line 1 minus line 2) ••••					
	4	Cash prizes ~~~~~~~~~~~					
es	5	Noncash prizes ~~~~~~~~~					
Expens	6	Rent/facility costs ~~~~~~~~~					
Direct Expenses	7	Food and beverages ~~~~~~~					
_		Entertainment ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
		Direct expenses summary. Add lines 4 through	9 in column (d) ~~~~		~do92rForm 990-F7 line	990 (Gross inco Lline 3	5Td (For
		Net income summary. Subtract line 10 from lin					, (
							-
						1	
			(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						
0							
9 a b			-			Yes No	
J							
10a b						Yes No	

Schedule G (Form 990 or 990-EZ) 2014

10 Desk the organization conduct gaming activities with nonmembers? Yes N 11 Desk the organization a grants: benchmark or to that or a member of a partnership or other entity formed to administer charitable gaming? Yes N 12 Desk the organization a grants: benchmark or to the rentity formed to administer charitable gaming? Yes N 13 Desk the organization's facility	Sche	dule G (Form 990 or 990-EZ) 2014 GERMAN VI LLAGE SOCI ETY	31-0969645	Page
12 Is the organization a grantor, beneficiary or trustee of a trust or an amerber of a partmenship or other entity formed to administer charable grantory			Yes	N
to administer chartable gaming? Yes N 3 Indicate the presentage of gaming activity conducted in: 113a 13a 4 The organization's facility 113a 13a 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address				
13 Indicate the presentage of gaming activity conclusted in: 13a 14 The organization facility 13a 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name			Yes	Ν
b An outside facility	13	Indicate the percentage of gaming activity conducted in:		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name			13a	
Name	b	An outside facility ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	13b	
Address Yes Yes Yes N 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes N b if 'Yes,' enter name and address of the third party:	14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	3:	
Address Yes Yes Yes N 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes N b if 'Yes,' enter name and address of the third party:				
15a Does the organization have a confract with a third party from whom the organization receives gaming revenue? Yes		Name		
15a Does the organization have a confract with a third party from whom the organization receives gaming revenue? Yes				
b If Yes, 'enter the amount of gaming revenue received by the organization \$		Address		
b If Yes, 'enter the amount of gaming revenue received by the organization \$	152	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	N
of gaming revenue retained by the third party [\$	154		100	
of gaming revenue retained by the third party [\$	b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amo	unt	
c If 'Yes,' enter name and address of the third party: Name				
Address				
Address				
16 Gaming manager information: Name		Name		
16 Gaming manager information: Name				
Name		Address		
Name	40			
Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor 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 N 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).	16	Gaming manager information:		
Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor 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 N 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).		Name		
Description of services provided Director/officer Employee Independent contractor Independ				
Description of services provided Director/officer Employee Independent contractor Independ		Gaming manager compensation 1 \$		
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 N 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 \$ Yes N 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). 15c, 16. and 17b. as applicable. Also provide any additional information (see instructions).				
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?		Description of services provided		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director/officer Employee Independent contractor		
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17	Mandatory distributions:		
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). 132083 08-28-14 CELERTS, COPSchule G (Form 990 or 990-EZ) 201				
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). 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). 132083 08-28-14 CELENTS, COPSchudule G (Form 990 or 990-EZ) 201		retain the state gaming license? ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Yes	N
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). 15c, 16. and 17b, as applicable. Also provide any additional information (see instructions).	b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
15c. 16. and 17b. as applicable. Also provide any additional information (see instructions).				
132083 08-28-14 CLIENTS, COPSchdule G (Form 990 or 990-EZ) 201	Par		art III, lines 9, 9b, 1	0b, 15b,
		15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		
	13208	3 08-28-14 Sch_dule	G (Form 990 or 990-	EZ) 201
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Department of the Treasury					OMB No. 1545-0047
	1	I		L	

hedule M	(Form 990) (2014) GERMAN VILLAGE SOCIETY	31- 0969645 _P
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information.	and 33, and whether the organization a combination of both. Also complete
2142 08-12-	CLIENT'S COF	Schedule M (Form 990) (
		-

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury 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.

nformation about Schedule O (Form 990 or 990-EZ) and its instructions is

ZU14 Open to Public Inspection

OMB No. 1545-0047

2X6328 1

Internal Revenue Service Name of the organization

GERMAN VILLAGE SOCIETY

Employer identification number 31-0969645

www.irs.gov/form990

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

COMMUNI TY.

10370817 784360 2X6328

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 TI CKET- HOLDI NG GUESTS TO SHOW OFF OUR PRESERVATI ON 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 AFFI NI TY- GROUP GATHERI NGS AND SOCI ALI ZI NG. GATHERI NGS. EVENTS. WE LHA For Paperwork Reduction Activatice see the sudct ns f r 590-EZ credul, O (Form 990 or 990-EZ) (2014) 08-27-14

2014. 04000 GERMAN VILLAGE SOCIETY

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization GERMAN VI LLAGE SOCIETY	Employer identification number 31 - 0969645
ESTIMATE THAT MORE THAN 3,000 PEOPLE USE THE BUILDING FOR	THESE
PURPOSES EACH YEAR. THE BUILDING ALSO HOUSES STAFF AND TH	E VISITORS
CENTER, WHICH ITSELF WELCOMES MORE THAN 10,000 VISITORS E	ACH YEAR FROM
ALL OVER THE WORLD. THERE ARE 12 ELECTED BOARD MEMBERS AN	D AN APPOINTED
TRUSTEE. THERE ARE 17 COMMITTEES ORGANIZED INTO SIX PILLA	RS IN SERVICE
OF OUR 2015 STRATEGIC PLAN THAT TACKLE EVERYTHING FROM VI	SIONING FOR
FUTURE NEEDS OF THE NONPROFIT, TO GARDENING, TO EVENT-PLA	NNI NG TO
BUSINESS SUPPORT FOR THE NEIGHBORHOOD. ALL TOLD, MORE THA	N 400 PEOPLE
REGULARLY VOLUNTEER THEIR TIME TO ALL OF THE FUNCTIONS OF	GERMAN
VI LLAGE SOCI ETY.	
FORM 990, PART VI, SECTION A, LINE 7A:	
MEMBERS OF THE ORGANIZATION CAN NOMINATE AND VOTE TO ELEC	T 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.



Schedule O (Form 990 or 990-EZ) (2014)	Page
Name of the organization GERMAN VI LLAGE SOCIETY	Employer identification number 31 - 0969645
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 COMMITTE	ES UTILIZE MEMBER
EXPERIENCE AND SALARY SURVEYS TO ASSIST IN DETERMINING PA	Y SCALES FOR THE
ORGANI ZATI ON.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICTS OF INTE	RST POLICY, AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPO	N REQUEST. THE
ORGANIZATION ALSO HOLDS AN ANNUAL MEETING TO UPDATE MEMBE	RS.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES :	
PROGRAM SERVI CE EXPENSES	53, 251.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAI SI NG 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	PREPARI NG THE
FORM 990.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILI	ITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS ADN SE	
INDEPENDENT ACCOUNTANT.	
	-
432212 38-27-14 CLENTS COPSche 2014. 04000 GERMAN VILLAGE SOCI	ule O (Form 990 or 990-EZ) (2014)

Form	886	8
·		

(Rev. January 2014)

Application for Extension of Time To File an **Exempt Organization Return**

| File a separate application for each return.

OMB No. 1545-1709

Department of the Treasury					
Internal Revenue Service					

| Information about Form 8868 and its instructions is at www.irs.gov/form8868

Х

¥ If you are filing for an Automatic 3-Month Extension, complete only Part I ¥ 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. Enter filer's identifying number

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or		
File by the due date for filing your return. See instructions.	GERMAN VILLAGE SOCIETY	31-0969645		
	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

0 1

Application		rn Application le Is For			Return		
ls For		Is For			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)		Form 6069			11		
Form 990-T (trust other than above)	06	Form 8870			12		
GERMAN VILLAGE SO	-						
¥ The books are in the care of 588 SOUTH THIRD STREET - COLUMBUS, OH 43215							
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				• •			
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							
, to file the exempt	organizai	ion return for the organization harned ab	ove. I	ne extension			
is for the organization's return for: X 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.					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.							
LHA 423841 05-01-14		SCOPY		Form 8868 (Re	. 1-2014)		

2014.03040 GERMAN VILLAGE SOCIETY 2X6328 1