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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning , and ending		C Name of organization GERMANIA OF POUGHKEEPSIE		D Employer identification number 14-0569810
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 37 OLD DEGARMO ROAD		E Telephone number 845-471-1431
		City or town, state or country, and ZIP + 4 POUGHKEEPSIE NY 12603		F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ **WWW.GERMANIAPOK.COM**

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

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

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **202,756**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	11,266
2 Program service revenue including government fees and contracts	95,432
3 Membership dues and assessments	20,991
4 Investment income	10,998
5a Gross amount from sale of assets other than inventory	
b Less cost or other basis and sales expenses	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☒	
a Gross revenue (not including \$ of contributions reported on line 1)	
b Less cost of goods sold	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	
7a Gross sales of inventory, less returns and allowances	
b Less cost of goods sold	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8 Other revenue (describe) ▶	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	162,453
10 Grants and similar amounts paid (attach schedule)	
11 Benefits paid to or for members	
12 Salaries, other compensation, and employee benefits	
13 Professional fees and other payments to independent contractors	2,250
14 Occupancy, rent, utilities, and maintenance	77,107
15 Printing, publications, postage, and shipping	1,459
16 Other expenses (describe) ▶ SEE STATEMENT 2	100,889
17 Total expenses. Add lines 10 through 16	181,705
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	-19,252
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	244,033
20 Other changes in net assets or fund balances (attach explanation)	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	224,781

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	40,596	30,375
23 Land and buildings	709,155	686,985
24 Other assets (describe) ▶ SEE STATEMENT 3	30,242	25,228
25 Total assets	779,993	742,588
26 Total liabilities (describe) ▶ SEE STATEMENT 4	535,960	517,807
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	244,033	224,781

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses
What is the organization's primary exempt purpose? TO PROMOTE GERMAN CUSTOMS AND TRADITIONS		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	SEE STATEMENT 5	
29	(Grants \$) If this amount includes foreign grants, check here ☐	28a 178,387
30	(Grants \$) If this amount includes foreign grants, check here ☐	29a
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here ☐	30a
32	Total program service expenses (add lines 28a through 31a) ☐	32 178,387

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)					
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances	
JON J. WAGNER ON FILE POUGHKEEPSIE NY 12603	PRESIDENT 5.00	0	0	0	
CAROL ANN FISCHER ON FILE POUGHKEEPSIE NY 12603	VICE-PRES. 5.00	0	0	0	
ED BLATZ ON FILE POUGHKEEPSIE NY 12603	SECRETARY 5.00	0	0	0	
SHERWOOD KREIG ON FILE POUGHKEEPSIE NY 12603	TREASURER 5.00	0	0	0	
MICHAEL REICHERT ON FILE POUGHKEEPSIE NY 12603	FIN'L SECTY 5.00	0	0	0	
CAL BAKER ON FILE POUGHKEEPSIE NY 12603	TRUSTEE 3.00	0	0	0	
KEVIN BLATZ ON FILE POUGHKEEPSIE NY 12603	TRUSTEE 3.00	0	0	0	
SIEGFRIED LAHL ON FILE POUGHKEEPSIE NY 12603	TRUSTEE 3.00	0	0	0	
GISELA HETHERINGTON ON FILE POUGHKEEPSIE NY 12603	TRUSTEE 3.00	0	0	0	
GLORIA HUPE ON FILE POUGHKEEPSIE NY 12603	TRUSTEE 3.00	0	0	0	
MONICA JORGENSEN ON FILE POUGHKEEPSIE NY 12603	TRUSTEE 3.00	0	0	0	
GERHARD STOETZEL ON FILE POUGHKEEPSIE NY 12603	TRUSTEE 3.00	0	0	0	
JOE ULRICH ON FILE POUGHKEEPSIE NY 12603	TRUSTEE 3.00	0	0	0	
ANNELIESE RUH KREIG ON FILE POUGHKEEPSIE NY 12603	TRUSTEE 3.00	0	0	0	
HORST SCHAFFNER ON FILE POUGHKEEPSIE NY 12603	TRUSTEE 3.00	0	0	0	
JANETT FRANK ON FILE POUGHKEEPSIE NY 12603	TRUSTEE 3.00	0	0	0	

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	X	
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 12,000		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 40b		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed 41 NY		
42a The organization's books are in care of 42a SHERWOOD KREIG Telephone no 42a 845-229-8208 37 OLD DEGARMO ROAD Located at 42a POUGHKEEPSIE, NY ZIP + 4 42a 12603		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b		X
If "Yes," enter the name of the foreign country 42b		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U S ? 42c		X
If "Yes," enter the name of the foreign country 42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 43		
and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

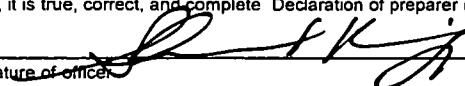
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

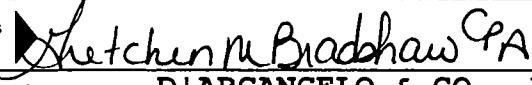
Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer 
SHERWOOD KREIG
 Type or print name and title

Date **7/9/10**
TREASURER

Paid Preparer's Use Only

Preparer's signature 
 Firm's name (or yours if self-employed), address, and ZIP + 4
D'ARCANGELO & CO., LLP
510 HAIGHT AVE.
POUGHKEEPSIE, NY 12603

Date
07/06/10

Check if self-employed ☐

Preparer's Identifying Number (See instr.)
P00160886

EIN ▶ **13-2550103**

Phone no ▶ **845-473-7774**

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2009

**Open To Public
Inspection.**

Name of the organization

GERMANIA OF POUGHKEEPSIE

Employer identification number

14-0569810

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	NONE (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross revenue (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Combine line 3, column (d), and line 10				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue		26,681	26,681
	2	Cash prizes		11,547	11,547
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	☐ Yes ☒ No	☐ Yes ☒ No	☒ Yes 100.00 % ☐ No	
7	Direct expense summary Add lines 2 through 5 in column (d)				11,547
8	Net gaming income summary Combine line 1, column d, and line 7				15,134

9 Enter the state(s) in which the organization operates gaming activities **NY**

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a	☒	
10a		☒
11	☒	
12		☒

13 Indicate the percentage of gaming activity operated in

- a** The organization's facility
- b** An outside facility

		Yes	No
13a	100.00 %		
13b	%		

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

Name ► **SHERWOOD KREIG**
37 OLD DEGARMO ROAD
 Address ► **POUGHKEEPSIE**

NY 12603

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c** If "Yes," enter name and address of the third party

Name ►

Address ►

15a**X****16** Gaming manager informationName ► **CAROL ANN FISHER**

Gaming manager compensation ► \$

Description of services provided ► **SALE OF TICKETS, DEPOSITS AND PAYOUTS**

☒ 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?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

17a**X**

SCHEDULE L
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Transactions With Interested Persons**

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b
▶ Attach to Form 990 or Form 990-EZ ▶ See separate instructions.

OMB No 1545-0047

2009Open To Public
Inspection

Name of the organization

GERMANIA OF POUGHKEEPSIE

Employer identification number

14-0569810**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year
under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
CARL BAKER FINANCE CONSTRUCTION	X		5,000	5,000		X	X		X	
JANETT FRANK FINANCE CONSTRUCTION	X		5,000	5,000		X	X		X	
CAROL ANN FISHER FINANCE CONSTRUCTION	X		1,000	1,000		X	X		X	
JIM AND BOBBY GORDON FINANCE CONSTRUCTION	X		1,000	1,000		X	X		X	
Total				▶ \$ 12,000						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?	
				Yes	No

Form **4562**Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

GERMANIA OF POUGHKEEPSIE

Identifying number

14-0569810

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,634

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	24,967
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year		12 yrs		S/L	
c 40-year		40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	26,601
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?					Yes	No	24b If "Yes," is the evidence written?			Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25			
26 Property used more than 50% in a qualified business use											
		%									
		%									
27 Property used 50% or less in a qualified business use											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1									29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44
					581
					581

Forms
990 / 990-PF**Loans from Officers, Directors, Trustees, and
Key Employees or Other Disqualified Persons****2009**

For calendar year 2009, or tax year beginning

, and ending

Name

Employer Identification Number

GERMANIA OF POUGHKEEPSIE**14-0569810****FORM 990-EZ, PART V, LINE 38B - ADDITIONAL INFORMATION**

Name of lender	Title
(1) CARL BAKER	
(2) JANETT FRANK	
(3) CAROL ANN FISHER	
(4) JIM AND BOBBY GORDON	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 5,000	04/19/06	07/31/10	3 YR BOND SEMI ANNUAL INT	6.000
(2) 5,000	07/20/06	07/31/10	3 YR BOND SEMI ANNUAL INT	6.000
(3) 1,000	04/14/03	04/14/13	10 YR BOND SEMI ANNUAL INT	4.250
(4) 1,000	10/06/03	10/06/13	10 YR BOND SEMI ANNUAL INT	4.250
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) NONE	FINANCE CONSTRUCTION
(2) NONE	FINANCE CONSTRUCTION
(3) NONE	FINANCE CONSTRUCTION
(4) NONE	FINANCE CONSTRUCTION
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) CASH	5,000	5,000
(2) CASH	5,000	5,000
(3) CASH	1,000	1,000
(4) CASH	1,000	1,000
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	12,000	12,000

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBERSHIP DUES	\$ 20,991
TOTAL	\$ 20,991

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	\$
ADVERTISING	1,946
OFFICE EXPENSE	2,926
INTEREST EXPENSE	29,632
BOND INTEREST	5,695
INSURANCE	14,413
FOOD&DRINK FOR EVENTS	29,666
LICENSES, DUES, FEES	1,072
MUSIC & ENTERTAINMENT	10,507
TELEPHONE	2,428
KITCHEN SUPPLIES	2,210
BANK CHARGES	135
MISCELLANEOUS	259
TOTAL	\$ 100,889

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
EQUIPMENT	\$ 9,087	\$ 9,087
LESS ACCUMULATED DEPRECIATION	7,097	8,078
FURNITURE & FIXTURES	27,371	27,371
LESS ACCUMULATED DEPRECIATION	15,290	18,742
MORTGAGE COSTS	17,430	17,430
LESS ACCUMULATED AMORTIZATION	1,259	1,840
	30,242	25,228

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 8,847	\$ 2,848
SALES TAX PAYABLE	1,019	606
OTHER LIABILITIES	1,800	1,800
LOANS FROM OFFICERS	12,000	12,000
MORTGAGE AND OTHER NOTES PAYABLE	512,294	500,553
	535,960	517,807

**Statement 5 - Form 990-EZ, Part III, Line 28 - Statement of Program Service
Accomplishments**

Description

TO PROMOTE AND PRESERVE THE APPRECIATION FOR GERMAN MUSIC, LANGUAGE AND DANCE. TO BRING TOGETHER MEMBERS OF THE GERMAN COMMUNITY IN ORDER TO CONTINUE THE GERMAN HERITAGE. THIS IS ACHIEVED BY HOSTING NUMEROUS ACTIVITIES SUCH AS AN ANNUAL OKTOBERFEST, HERITAGE DAY FESTIVAL, GERMAN CHILDREN'S CHRISTMAS PARTY, AS WELL AS FRIDAY NIGHT ETHNIC DINNERS, WEDNESDAY ETHNIC LUNCHES, DANCES, A SINGING SOCIETY AND SCHUHPLATTLERS.

Form **8868**

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization GERMANIA OF POUGHKEEPSIE	Employer identification number 14-0569810
	Number, street, and room or suite no. If a P.O. box, see instructions 37 OLD DEGARMO ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions POUGHKEEPSIE NY 12603	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| ☐ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☒ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of ► **SHERWOOD KREIG**

Telephone No ► **845-229-8208**

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) _____

for the whole group, check this box ☐► ☐

If it is for part of the group, check this box

► ☐If this is
and attach

a list with the names and EINs of all members the extension will cover

- I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ► ☒ calendar year **2009** or
 ► ☐ tax year beginning _____, and ending _____

- If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)