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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)

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

AF	or the	2011 calendar year, or tax year beginning 10-11, 2011, and en	ding	06	-30, 20 12
Вс	heck if a	pplicable C Name of organization Village at Germantown Foundation		D	Employer identification no.
□ A	ddress	change Doing Business As		و 🔚	0-0754778
=	lame cha		Room/suite		Telephone number
X	nitial retu	· · · · · · · · · · · · · · · · · · ·		1	901) 309-5368
	eminate			`	324,746
	mended	and the same of th			•
				G	Gross receipts \$
□ ^	ppiicatio	n pending F Name and address of principal officer James T Moore	H(a) Is this a greatfiliates?	oup return	for — —
		1586 Appaloosa Dr, Germantown, TN 38138	⊣		= ==
		pt status	H(b) Are all affili	ates includ	ded? Yes No see instructions)
	Vebsite.		H(c) Group exer	mption nun	nber
		rganization X Corporation Trust Association Other L Year of formation 2	D11 M State	of legal do	micile TN
Par	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities The primary purp	ose of the	Found	ation is to
		provide financial assistance for residents of The Village whose	resources a	re no	t
g e		sufficient to meet current expenses, and to support educational,	health, re	creat	ional, and
1 4		other programs for the residents.			
y e	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of its net assets		
t n	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
ia	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
e n s c	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	
8. 8.	1 -			-	14
_	6	Total number of volunteers (estimate if necessary)		6	·
		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34		7b	0
∑ R	1		Pnor Year		Current Year
201Z	8	Contributions and grants (Part VIII, line 1h)			324,746
	9	Program service revenue (Part VIII, line 2g)			0
69 n ⊯ u	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0
ة ت	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).			0
님	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			324,746
	13	Grants and similar amounts paid (Part IX, column-(A),-lines-1-3)			487
O E	14	Benefits paid to or for members (Part IX, column (A), line 4)			0
×نلا	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)			0
Z P	16a	Professional fundraising fees (Part IX, column (A) line 11e)			0
á n		Total fundraising expenses (Part IX, column (D), line 25)	·	2	• ;
SCANNED	17	Other expenses (Part IX, column (A), lines 11a-41d, 11f-24e)	······ ··· ··· ··· ··· ··· ··· ··· ···	 ~	2,679
ၯၭ					3,166
					321,580
	19	Revenue less expenses Subtract line 18 from line 12			
Net Assets		<u> </u>	legunning of Current Y	ear	End of Year
or 5:	20	Total assets (Part X, line 16)			389,550
Fund Bal-	21	Total liabilities (Part X, line 26)			
ances	22	Net assets or fund balances Subtract line 21 from line 20			389,550
Par		Signature Block			
		s of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knid complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	owledge and belief, it	IS	
		a complete becautation of property (care trial and property and any intermedial)		1 .	
		James T. Moore (Minney). Moore		1 /	2-12-12
Sigr	า	Signature of officer		Date	
Here		James T. Moore, President			
	_	Type or print name and title			•
		Print/Type preparer's name Preparer's Bignature 1 Date	Check X	ıf PTII	N
Paid	1	John D Norton Sr (2012-12-2012	self-employe		P01224918
	_			~	
	oarer		Firm's EIN		
use	Only		Phone no	00-	200 5262
		Germantown TN 38138			-309-5368
May t	ne IR	6 discuss this return with the preparer shown above? (see instructions)		· · · ·	X Yes No

`		1	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	v	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)?	2	<u> </u>	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	i	_ X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Ì	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		}	
	Part III	5	į	
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; 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,		死點	
	VII, VIII, IX, or X as applicable		STATE OF	基位 。
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	}		1
	complete Schedule D, Part VI,	11a	ļ	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		<u>X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	1		_
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	L	X
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ļ	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		•	١
	Schedule D, Parts XI, XII, and XIII	12a		X_
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	406	}	
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII 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	Did the organization maintain an office, employees, or agents outside of the United States?	14a	├	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	}	1	Ì
·	fundraising, business, investmetht, and program service activities outisde the United States, or aggregate	446		v
4 5	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 assistance to any	15	l	
40	organization or entity located outside the United States? 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 assistance	16	1	
47	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	} -	X
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	1	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		 -	1-
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	 -	 	 ^
	if "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return?	20b	+	+~
_	The same and the side and all deciments and the contract of the same property of the same same same and the same at the same a		1	

Form 990 (2011) Village at Germantown Foundation 90-0754778 Page 4 Partiv Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X 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 24a X 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a X 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 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 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 family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b 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 28c 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 X IV, and V, line 1 34 X 35a

X

X

X

35b

36

37

38

Did the organization receive any payment from or engage in any transaction with a controlled entity within the

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

36

37

Form	990 (2011) Village at Germantown Foundation 90-07547	78	F	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance		7	
	Check if Schedule O contains a response to any question in this Part V			. 🗌 ,
		T T	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		, ,	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	'		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		. ,	"
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 00		
+a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ŀ
		4.		1,7
_	account)?	4a		X
b	If "Yes," enter the name of the foreign country	,	1	
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	-5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		İ	l
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		1, 13	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	در باز در ا مشاهدا مطامد		12/1
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		, , , , , , , , , , , , , , , , , , ,	ال أن أن ال
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7	,,	1::-
_	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	, , ,	,	
	organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter		,	2.11
10	Initiation fees and capital contributions included on Part VIII, line 12		٠,	1.
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	* ,		ŀ
b	· · · · · · · · · · · · · · · · · · ·	{	· ·,	ļ.;
11	Section 501(c)(12) organizations. Enter:	15	:5 17,	
а	Gross income from members or shareholders	# 1.	٠ '	[*.]
b	Gross income from other sources (Do not net amounts due or paid to other sources	, ···		[]
	against amounts due or received from them)	ļ		1:
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	۱, ا	·	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>		لنسل
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	

Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Did the organization receive any payments for indoor tanning services during the tax year?

Enter the amount of reserves on hand

14a 14b Part VI Governance, Management, and Disclosure 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. Section A. Governing Body and Management Yes No 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 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 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? X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. X 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 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? 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a X b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15b X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 1 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed TN 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ John D. Norton, Sr (901)309-5368 7820 Walking Horse Cir 314 Germantown, TN 38138

Form 990 (2011	n
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Village at Germantown Foundation

90-0754778

Page 7

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

K Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	` (B)	1		((-)			(D)	- 1	(E)	(F)
Name and Title	Average			Posi	tion			Reportable		Reportable	Estimated
	hours per week	(do no	t che	ck mo	re th	an one		compensation from	-	compensation from related	amount of other
	(describe	box, u	nless	pers	on is	both an		the		organizations	compensation
	hours for	officer and a director/trustee)						organization (W-2/1099-MISC)		(W-2/1099-MISC)	from the organization
	related organizations	l t d	l t n r	O f	K	eliom		(VV-2) 1099-WII3C)			and related
	ın Schedule O)	dur	s u t s	f I	y e	g m p	L E			:	organizations
	-	vtc	ι t t e	c e	mp	e e o s n y	e	ļ			
		d e o	u e t	٢	0 - 1	t s e					
	Ì	a o	0		y e	ė			١		
			n a		е	d			1		
(1) Charles McCraw						<u> </u>			1		
Board Member		X							þ	0	0
(2) Rita T Sparks									Т		
Board Member	_	X							þ	0	0
(3) Robert Sharpe Jr											
Board Member		X			L				þ	0	0
(4) Ron Rukstad											
Board Member		X							q	0	0
(5) C Roger Buckmaster										-	
Vice President				X					q	0	0
(6) Eleanor Appling				}							
Secretary				X				<u> </u>	q	0	0
(7) Gertrude Simpson											
Chair of Development				X		<u> </u>			q	0	0
(8) James T Moore											
President	8.00	ļ		X					q	0	0
(9) John D Norton Sr									1	j	
Treasurer	15.00	ļ	<u> </u>	X	<u> </u>				q	0	0
(10)											
(11)									+		
(12)				-			<u> </u>		+		
(13)					-				+		
(14)			-	-		-	-		+		

EKau.	Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	l Hig	ghes	st Con	npen	sated Employee:	s (continued)		
•	(A)	(B)			_	C)		1	(D)	(E)		(F)
	Name and Title	Average	/do.n	ot chi		nouti	han one		Reportable	Reportable		timated
		hours per week	1 '				both an	l	compensation from	compensation from related		ount of other
		(describe	office	r and	direc	tor/tr	ustee)	1	the	organizations		pensation
		hours for	I t d				Нсе	F	organization	(W-2/1099-MISC)	5	om the
		related organizations	d u t	s u	f	e y	ı o m g m p	r	(W-2/1099-MISC)			anızatıon d related
		in Schedule	ı se	t s	1 1	e	hpl	m e				nizations
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(40)		 		<u> </u>	└	<u> </u>	ļ	\vdash				
(16)		1										
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(22)		 	 	-	ļ			$\vdash \vdash$			+	
(23)					1							
			<u> </u>		<u> </u>	<u> </u>	ļ	Ш				
(24)											ļ	
(25)												
1b Sul	o-total							ightharpoons				
	al from continuation sheets to Part VII, Section							▶				
d Tot	al (add lines 1b and 1c)								O	(o	(
	al number of individuals (including but not limited							ore t	than \$100,000 in			
	ortable compensation from the organization			•					•	()	
<u> </u>							•					Yes N
3 Did	the organization list any former officer, director of	r trustee ke	v emni	OVA.	a 01	· hia	hoet c	nmne	nested			100 10
	ployee on line 1a? If "Yes," complete Schedule J			-		-						
										• • • • • • •	3	<u> </u>
	any individual listed on line 1a, is the sum of repo											t
_	anization and related organizations greater than \$				-							
	vidual										4	
	any person listed on line 1a receive or accrue co			-			_	ızatıc	on or individual			
	services rendered to the organization? If "Yes," co	mplete Sche	dule J	for	suc	h pe	rson				5	2
Section	n B. Independent Contractors											
1 Cor	nplete this table for your five highest compensate	d independe	nt conf	ract	ors	that	receiv	ed m	ore than \$100,00	0 of		
con	pensation from the organization. Report compen	sation for the	calen	dar	yeaı	rend	ding wi	th or	within the organiz	zation's tax		
yea	r											
	(A)								(B)	·		C)
	Name and business address								Description of se	ervices	Compe	
									 			
									-			
									1		··	
2 Tota	al number of independent contractors (including b	ut not limited	to tho	se l	stec	l ab	ove) w	ho				
rece	eived more than \$100,000 of compensation from the	he organizat	ion 🕨	•								

Part	וווע	Statement of Revenue						
				.,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contin- butions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	1a-1f \$					
	h	Total. Add lines 1a-1f		<u> ▶</u>	324,746		,	,
Program Service Revenue		All other program service revenue		Business Code				
	g	Total. Add lines 2a-2f	• • •	<u> </u>	<u> </u>			
	4	Investment income (including dividends, and other similar amounts)	ond pro	ceeds >				
		(ı) Re		(ii) Personal	 		,,,	· · ·
	ء ا			(ii) i eraditar	-			
		Gross rents			10802		1 · · · · · · · · · · · · · · · · · · ·	
		Less rental expenses			-		3	
		Rental income or (loss)		<u></u>			mand and and a signal and a sig	
	d	Net rental income or (loss)		🕨		1		
		Gross amount from sales of assets other than inventory		(II) Other			1	
Other Revenue	c d 8a b c c 9a b c c 10a b	Less cost or other basis and sales expenses	. a . b . a . b a . b a . b					
		Miscellaneous Revenue	,,,,	Business Code	 			
	11a				 	<u> </u>		
	b				 			
1			 -		 			
ĺ	С				<u> </u>	<u> </u>		
	d	All other revenue	• •					
	е	Total. Add lines 11a-11d		 		5		
	12	Total revenue. See instructions		<u></u> ▶	324,746	0	d	0

Rart IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check it Schedule O contains a response to any ques				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				:
	organizations in the United States See Part IV, line 21.	487	487		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				}
3	Grants and other assistance to governments,				**
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				2
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				1
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			· · · · · · · · · · · · · · · · · · ·	
10	Payroll taxes	·			
11	Fees for services (non-employees).	· · · · · · · · · · · · · · · · · · ·			
а	Management				
b	Legal	1,964	1,964	· · · · · · · · · · · · · · · · · · ·	
C	Accounting	2,551	2,301		
d	Lobbying				<u> </u>
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees.				
g	Other	715	715		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses			.	<u> </u>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			•	
20	Interest				
21	Payments to affiliates.		· · · · · ·		
22	Depreciation, depletion, and amortization				<u> </u>
23	Insurance				
24	Other expenses. Itemize expenses not covered				.; . 1
	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	C y amount, not mile a to expenses on conedule o j				
b					
c					
d				···	-
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,166	3,166	0	0
26	Joint costs. Complete this line only if the	3,200	3,100		-
	organization reported in column (B) joint costs		ĺ		•
	from a combined educational campaign and				
	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Balance Sheet

Part X

(A) (B) Beginning of year End of year 1 389,550 2 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L..... 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 7 7. 8 8 9 9 10a Land, buildings, and equipment cost or 1. other basis Complete Part VI of Schedule D | 10a . b. Less accumulated depreciation 10b 10c 11 11 12 Investments - other securities See Part IV, line 11 12 13 13 14 14 15 15 16 389,550 16 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key STATE employees, highest compensated employees, and disqualified persons 22 23 23 Secured mortgages and notes payable to unrelated third parties е 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 0 26 0 Organizations that follow SFAS 117, check here > X and complete NF lines 27 through 29, and lines 33 and 34. e t u 106,623 27 27 n 28 d 28 29 282,927 29 S В Organizations that do not follow SFAS 117, check here ▶ ☐ and s а е 1 complete lines 30 through 34. а 30 30 n 31 31 Paid-in or capital surplus, or land, building, or equipment fund C 0 е 32 32 Retained earnings, endowment, accumulated income, or other funds 0 389,550 33 33 Total liabilities and net assets/fund balances 34 0 34 389,550

Both consolidated and separate basis

За

3b

Form 990 (2011)

issued on a separate basis, consolidated basis, or both

Consolidated basis

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Separate basis

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

 2011

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Vil	lag	e at Germantow	n Foundation				_		90-0	754778			
Pa	r€∏	Reason for	Public Charity	/ Status (All organiz	ations mu	st complete	this part	See insti	uctions				
The	orga			use it is (For lines 1 th									
1		A church, convention	n of churches, or a	ssociation of churches	described	n section	170(b)(1)(A)(i).					
2		A school described i	n section 170(b)(1)(A)(ii). (Attach Sched	ule E)								
3		A hospital or a coop	erative hospital se	rvice organization desci	ribed in se	ction 170(b)(1)(A)(iii).					
4		A medical research	organization opera	ited in conjunction with	a hospital	described i	n section	170(b)(1)	(A)(iii). En	ter the hos	pital's n	ame,	
		city, and state											
5		An organization ope	rated for the benef	it of a college or univers	sity owned	or operate	d, by a gov	ernmenta	l unit desc	ribed in			
	-	section 170(b)(1)(A)(iv). (Complete Pa	art II)									
6		A federal, state, or to	ocal government o	r governmental unit des	cribed in s	ection 170)(b)(1)(A)(v).					
7		An organization that	normally receives	a substantial part of its	support fr	om a gove	rnmental u	nit or from	the gene	ral public			
		described in section	170(b)(1)(A)(vi).	(Complete Part II)		_			_				
8		A community trust d	escribed in section	n 170(b)(1)(A)(vi). (Cor	nplete Parl	: II) <u>,</u> ,	, .	,			e.		
9	X	An organization that	normally receives	· (1) more than 33 1/3%	of its sup	port from c	ontribution	s, membe	ership fees	, and gros	s		
		receipts from activiti	es related to its ex	empt functions - subjec	t to certain	exception	s, and (2)	no more t	han 33 1/3	% of its			
		support from gross i	nvestment income	and unrelated business	s taxable ır	ncome (les	s section 5	511 tax) fro	m busines	sses			
		acquired by the orga	anızatıon after June	e 30, 1975 See section	n 509(a)(2)	, (Complet	e Part III)						
10		An organization orga	anized and operate	ed exclusively to test for	public saf	ety See se	ection 509	(a)(4).					
11		An organization orga	anized and operate	ed exclusively for the be	enefit of, to	perform th	e functions	s of, or to	carry out t	he			
		purposes of one or r	more publicly supp	orted organizations des	cribed in s	ection 509	(a)(1) or se	ection 509	(a)(2) See	esection			
		509(a)(3). Check the	e box that describe	s the type of supporting			•		ough 11h				
	a Type I b Type II c Type III-Functionally integrated d Type III-Other												
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified												
		persons other than f	foundation manage	ers and other than one o	or more pu	blicly supp	orted orga	nizations	described	n section			
		509(a)(1) or section	509(a)(2)										
f		If the organization re	eceived a written de	etermination from the IF	RS that it is	a Type I,	Type II, or	Type III s	upporting				
		organization, check											⊔
g		Since August 17, 20	06, has the organi	zation accepted any gift	t or contrib	ution from	any of the						
		following persons?											
				controls, either alone of	_							Yes	No
			=	y of the supported orga					• • • • •	• • • • •	11g(i)	<u> </u>	
		•	•	cribed in (i) above?					• • • • •	• • • • •	11g(iı)		├
		· ·	-	on described in (i) or (ii)		• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(m)	L	<u> </u>
<u>· h</u>				t the supported organiz									<u> </u>
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	1 ' '	organization sted in your	(v) Did you the organi		(vi) organizati	is the on in col		Amount support	of
		-		above or IRC section	governing	-	col (i)	of your	(i) organiz	ed in the			
		- c		(see instructions)	<u> </u>		ļ	port?		S? ` .	-		-
					Yes	No	Yes	No	Yes	No			
(A)								ŀ		İ			
(5)					_	 	 	 	 				
(B)										l	i		
					+	├ -		<u> </u>	 				
(C)			Ì		1		1	1		1)		
<u></u>					 	 -	 			 			
(D)					}		ļ	l		1			
		·····			 		 	<u>. </u>	 	 	 		
(E)													
											}		
Tota	al .												
											18		

18

90-0754778 Schedule A (Form 990 or 990-EZ) 2011 Village at Germantown Foundation Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in)▶ (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from In 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage % 14 15 % 15 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a ightharpoonup33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Partille

Support Schedule for Organizations Described in Section 509(a)(2)

(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)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					324,746	324,746
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						321,710
3	Gross receipts from activities that are not an unrelated trade or bus, under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					324,746	324,746
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	:					
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						324,746
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6					324,746	324,746
0a	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	l					
C	Add lines 10a and 10b					 	
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	l 	-			-	
3	Total support. (Add lines 9, 10c, 11, and 12)	o		0		324,746	324,746
4	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first,	second, third, four	th, or fifth tax year	as a section 501(c)(3)	▶⊠
	ction C. Computation of Public Su						
	Public support percentage for 2011 (line 8, c					15	%
	Public support percentage from 2010 Sched					16	%
	ction D. Computation of Investmen						
	Investment income percentage for 2011 (line		-			17	%
8	Investment income percentage from 2010 S	chedule A, Part III	, fine 17			18	%
9a	33 1/3% support tests - 2011. If the organization of the thin so that 33 1/3%, check this box	zation did not chec and stop here. T	k the box on line 1 he organization qu	14, and line 15 is n ialifies as a publich	nore than 33 1/3% y supported organ	, and line ization	▶ 🖂
b	33 1/3% support tests - 2010. If the organization 18 is not more than 33 1/3%, check this	zation did not chec box and stop her	k a box on line 14 e. The organizatio	or line 19a, and lir n qualifies as a pu	ne 16 is more than iblicly supported or	33 1/3%, and rganization	▶□
20	Private foundation. If the organization did i						

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

2011

Open to Rublic

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organization	s Complete Part III			
Nam	e of organization			Employer	identification number
_	llage at Germantown Foundat		_	90-075	
Pa		ization is exempt under sec			nization.
1	Provide a description of the organization	•	•		
2	Political expenditures				
3	Volunteer hours				
			<u>·</u>		<u> </u>
Pà		ization is exempt under sec			
1	Enter the amount of any excise tax incui				· · · <u></u>
2	Enter the amount of any excise tax incur				
3	If the organization incurred a section 49				
4a	Was a correction made?	• • • • • • • • • • • • • • • • • • • •			. Yes No
b	If "Yes," describe in Part IV.				
∦P,ā		ization is exempt under sec		cept section 501(c)(3	<u>). </u>
1	Enter the amount directly expended by t			_	
_	activities				
2	Enter the amount of the filing organization	-			
_	527 exempt function activities			· · · · · · · · • • •	
3	Total exempt function expenditures Add				
	line 17b				
4	Did the filing organization file Form 112	•			
5	Enter the names, addresses and employ				
	organization made payments For each			_	
	the amount of political contributions rece		•		
	as a separate segregated fund or a polit	ical action committee (PAC). If additi	onal space is need	ed, provide information in F	art IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization If
	,				none, enter -0-
(1)					
(2)					
(3)					
(4)				77-11	
(5)					
(6)					

EEA

Sche		ermantown Fou			90-0754	
Pa	Complete if the organization	n is exempt ur	nder section 50°	(c)(3) and filed	Form 5768 (elec	tion under
	section 501(h)).					
A	Check In the filing organization belongs	to an affiliated grou	p (and list in Part IV	each affiliated group	member's	
	name, address, EIN, expenses,	and share of excess	s lobbying expenditu	res)		
<u>B</u>	Check 🕨 🔲 if the filing organization checked	box A and "limited	control" provisions a	oply		
		bying Expenditure			(a) Filing	(b) Affiliated
	(The term "expenditures"				organization's totals	group totals
1a	Total lobbying expenditures to influence public	-				
b	rotal lobbying expenditures to mindence a logic					
C	Total lobbying expenditures (add lines 1a and 1	lb)	• • • • • • • • •			
d	Other exempt purpose expenditures					··
е	Total exempt purpose expenditures (add lines					
f	Lobbying nontaxable amount Enter the amour	t from the following	table in both			
	columns					
	If the amount on line 1e, column (a) or (b) is		nontaxable amou	nt is :		
	Not over \$500,000		mount on line 1e			
	Over \$500,000 but not over \$1,000,000		s 15% of the excess			
	Over \$1,000,000 but not over \$1,500,000		s 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000.		s 5% of the excess of	over \$1,500,000.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Over \$17,000,000 .	\$1,000,000 .		9	,	200
g	•		• • • • • • • • •			
h	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • •			
i	Subtract line 1f from line 1c If zero or less, en		• • • • • • • • •		L	
j	If there is an amount other than zero on either	line 1h or line 1i, die	d the organization file	e Form 4720		
	reporting section 4911 tax for this year?					Yes No
	(Some organizations that columns beli	t made a section 5 ow. See the instru	ctions for lines 2a t	ot have to complet hrough 2f on page		
	Lobi	oying Expenditures	S During 4-Year Ave	raging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))	4 · ·				
	Total lobbying expenditures					
_d	Grassroots nontaxable amount					
9	Grassroots ceiling amount (150% of line 2d, column (e))					

f Grassroots lobbying expenditures

Pa	Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	ed F	orm	5768		
For	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
		Yes	No		Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local	र ्				19.
	legislation, including any attempt to influence public opinion on a legislative matter or				a direction	
	referendum, through the use of:				A STATE	MG (V
a	Volunteers?		X	en 135. e	等待 。	134
þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	7		
С.	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
e	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
ï	Other activities?		X			
;	Total Add lines 1c through 1i	· Chie				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	117.3		A IS		
b				200	X5443271	MARTINE'S J
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	SECTION S	WE HE LET	74	80	
Pa	Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5) , (
	501(c)(6).	• • • •				
		_			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	\mathbf{I}_{-}	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	\mathbb{T}	
3_	Did the organization agree to carry over lobbying and political expenditures from the prior year?		<u> </u>	3		
Pa	Complete if the organization is exempt under section 501(c)(4), section 501(c)					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR	(b)	Part	11-A, I	ine 3	, is
	answered "Yes."					
1	Dues, assessments and similar amounts from members,	•	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			ĺ		
	political expenses for which the section 527(f) tax was paid).			}		
a	Current year	•	2a	<u> </u>		
þ	Carryover from last year	•	2b	 		
C	Total		2c	├		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		100	•		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		4	1		
	and political expenditure next year?		5			
5 107	Taxable amount of lobbying and political expenditures (see instructions)	•	5_	L		
	Supplemental Information Plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and Part I-B, line 4, Part I-C, line 5, Part II-A, and Part I-B, line 4, Part I-C, line 5, Part II-A, and Part I-B, line 4, Part I-C, line 5, Part II-A, and Part I-B, line 4, Part I-C, line 5, Part II-A, and Part I-B, line 4, Part I-C, line 5, Part II-A, and Part I-B, line 4, Part I-C, line 5, Part II-A, and Part I-B, line 4, Part I-C, line 5, Part II-A, and Part I-B, line 4, Part I-C, line 5, Part II-A, and Part I-B, line 4, Part I-C, line 5, Part II-A, and Part I-B, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and Part I-B, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, and Part I-B, line 4, Part I-C, line 5, Part II-A, and Part I-B, line 4, Part I-C, line 5, Part II-A, and Part I-B, line 4, Part I-C, line 5, Part II-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A, line 1, Part I-B, line 4, Part I-C, line 5, Part I-B, line 1, Part I-B, l	rt II-F	line			
	so, complete this part for any additional information		,c			
1.74	so, complete this part for any additional information					
						-

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Service.

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization Employer identification number Village at Germantown Foundation 90-0754778 01. Amended return infomation Form 990 is being amended to exclude pledged amounts since they may or may not generate income now/or in the future, or the amounts are unknown at this time. When pledged amounts materialize, they will be recorded as income. These pledges involve a refund of retirement facility entrance fees if not used by donor residents. Other pledges involve Charitable Gift Annunities for which amounts will not be known until the demise of donor residents - at which time, amounts received will be recorded as income 02. Form 990 governing body review (Part VI, line 11) Each member of the governing body was provided a copy of Form 990. 03. CEO, executive director, top management comp (Part VI, line 15a) The Foundation Board determined that there would be no paid employees 04. Other officer or key employee compensation (Part VI, line 15b The Foundation Board determined that there would be no paid employees 05. Governing documents, etc, available to public (Part VI, line 19) Form 990, governing documents, conflict of interest policy, and financial statements are made available upon request. 06. Explanation of other changes in net assets or fund balances (Part XI, line 5) \$67,970 cash transferred to Foundation books on 10/11/2011, the effective date of State of

Tennessee non-profit charter and 501 (c)(3) determination letter from the Internal Revenue

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Village at Germantown Foundation

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

▶ See separate instructions.

OMB No 1545-0047

2011

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90-0754778

(g) Section 512(b)(13) controlled entity? Yes No × Schedule R (Form 990) 2011 Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had Direct controlling entity õ End-of-year assets <u>e</u> Public charity status (if section 501(c)(3)) Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) Total income н ਉ Exempt Code section . . . 501(c)(3)9 Legal domicile (state or foreign country) Z Legal domicile (state or foreign country) ত্ত Assis Dementia Nurs Primary activity Home for Aged Indep one or more related tax-exempt organizations during the tax year.) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) The Village at Germantown, Inc, 62-1827185 Name, address, and EIN of disregarded entity 80 Monroe Ave Suite 700, 38103-2467 Name, address, and EIN of related organization Parti Perk III. (1) NA, 18 <u>ල</u> 1 9 9 (C) 4 3 9 10 12

Schedule R (Form 990) 2011

Percentage ownership Percentage ownership Ξ 3 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 Yes No managing partner? × General or end-of-year assets Share of 90-0754778 amount in box 20 of Schedule K-1 (Form 1065) Code V-UBI Share of total income S × Disproportionate allocations? Ξ Yes line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Share of end-of-year Type of entity (C corp. S corp. or trust) <u>e</u> <u>6</u> because it had one or more related organizations treated as a partnership during the tax year.) Direct controlling Share of total income ਉ Legal domicile foreign country) છ Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Primary activity Direct controlling ਉ Legal domicile (state or foreign country) <u>၁</u> Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Peril W Park 1111 (1) NA 2 <u>@</u> € 9 9 3 Ξ 2 100 € 2 9 2

Schedule R (Form 990) 2011

EEA

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No
	in Parts II-IV?		
	•	•	· 1a
b Grift, grant, or capital contribution to related organization(s)	•		4
c Gift, grant, or capital contribution from related organization(s)			10
d Loans or loan quarantees to or for related organization(s)			1q
			4
			28,
(a) actions and best for at strategy of a class of a			
T sale of assets to related organization(s)			=
g Purchase of assets from related organization(s)			. 1g
h Exchange of assets with related organization(s)		• • • • • • • • • • • • • • • • • • • •	-1 1
i Lease of facilities, equipment, or other assets to related organization(s)	•	•	1
j Lease of facilities, equipment, or other assets from related organization(s)	•	•	
k Performance of services or membership or fundraising solicitations for related organization(s)			4
l Performance of services or membership or fundraising solicitations by related organization(s)			=
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			-1ª
			-t
o Reimbilicement paid to related organization(s) for expenses			10
			2 4
p Keimbursement paid by related organization(s) for expenses		•	
		-	
q. Other transfer of cash or property to related organization(s)			b r
	• • • • • • • • • •		. 1r
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	relationships and trans	action thresholds	
(a)	(q)	(c)	(p)
Name of other organization	Transaction	Amount involved	Method of determining
	type (a-r)		amount involved
(1)			
(2)	:		
(3)			
(4)			į
(9)			
(9)			
EEA		8	Schedule R (Form 990) 2011

Page 4

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Per W Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instruction's regarding exclusion for certain investment partnerships

(e)	(q)	(c)	(p)	(e)	€	(B)	£	(9)	6	(K)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related,	Are all partners section	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box 20	General or managing	Percentage ownership
		country)	unrelated, excluded from tax under section 512-514)	ं हा		assets				
				Yes	No		Yes No		Yes No	
(1)		-								
(2)		-								
(3)										
(4)										
(5)		-								
(9)										
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(11)		-								
(12)		-								
(13)		-								
(14)		_								
(15)		-								
(16)		-								
					EEA				Schedule R (Form 990) 2011	m 990) 2011