

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 private foundations)

▶ Do not enter social security numbers on this form, as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.**2019****Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization Destination Grandview Number and street (or P O box if mail is not delivered to street address) Room/suite 820 Goodale Boulevard City or town, state or province, country, and ZIP or foreign postal code Columbus, OH 43212
D Employer identification number 80-0969442	
E Telephone number 614-453-4295	
F Group Exemption Number ▶	
G Accounting Method ☐ Cash ☐ Accrual Other (specify) ▶	
H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ▶ www.destinationgrandview.org	
J Tax-exempt status (check only one) – ☐ 501(c)(3) ☐ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other	
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 160,205	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0
	2	Program service revenue including government fees and contracts	2	9,916
	3	Membership dues and assessments	3	0
	4	Investment income	4	289
	5a	Gross amount from sale of assets other than inventory	5a	0
	b	Less cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
c	Less direct expenses from gaming and fundraising events	6c	0	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a	Gross sales of inventory, less returns and allowances	7a	0	
b	Less cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	150,000	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	160,205	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	9,150
	11	Benefits paid to or for members	11	0
	12	Salaries, other compensation, and employee benefits	12	83,416
	13	Professional fees and other payments to independent contractors	13	18,777
	14	Occupancy, rent, utilities, and maintenance	14	1,877
	15	Printing, publications, postage, and shipping	15	22,098
	16	Other expenses (describe in Schedule O)	16	6,598
	17	Total expenses. Add lines 10 through 16	17	141,916
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	18,289
	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)	19	106,562
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	574
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	125,425

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2019)

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Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	106,838	22 126,225
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	500	24 0
25 Total assets	107,338	25 126,225
26 Total liabilities (describe in Schedule O)	776	26 800
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	106,562	27 125,425

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? Convention and Visitors Bureau

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28 Providing marketing grants for events taking place within the Destination Grandview CVB marketing area		
(Grants \$ 9,150) If this amount includes foreign grants, check here ☐	28a	9,150
29 Providing advertising support and promotion for events, restaurants, hotels, conferences and shopping destinations within the Destination Grandview CVB marketing area		
(Grants \$ 0) If this amount includes foreign grants, check here ☐	29a	42,954
30		
(Grants \$) If this amount includes foreign grants, check here ☐	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a)	32	52,104

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Brian Cheek, Executive Director	40	71,212	2,967	0
Michael Holtzleiter, Board President (Volunteer)	3	0	0	0
Megan Miller, Vice President & Secretary (Volunteer)	2	0	0	0
Gregory Kidwell, Treasurer (Volunteer)	2	0	0	0
Steve Weaver, Director (Volunteer)	1	0	0	0
Janet Boissy, Director (Volunteer)	1	0	0	0
Kent Studebaker, Director (Volunteer)	1	0	0	0
Patrik Bowman, Director (Volunteer)	1	0	0	0
Carli Lanfersiek, Director (Volunteer)	1	0	0	0
Kim Nagorski, Director (Volunteer)	1	0	0	0
Robert Dvoraczky, Ex-Officio Member (Volunteer)	1	0	0	0
Melanie Houston, Ex-Officio Member (Volunteer)	1	0	0	0

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
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	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0	37a	
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a	39a	
b Gross receipts, included on line 9, for public use of club facilities 39b	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	40a	
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b	40b	
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c	40c	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40d	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	40e	✓
41 List the states with which a copy of this return is filed 41		
42a The organization's books are in care of 42a Greg Kidwell, Treasurer Telephone no 42a 614-453-4295 Located at 42a 820 Goodale Boulevard, Columbus, OH ZIP + 4 42a 43212		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country 42b	42b	✓
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country 42c	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43	43	☐
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b	44b	✓
c Did the organization receive any payments for indoor tanning services during the year? 44c	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a	45a	✓
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions 45b	45b	✓

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		☒

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

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

48		
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b** If "Yes," was the related organization a section 527 organization?

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

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

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

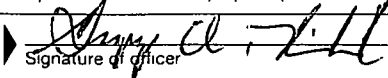
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A **▶** ☐ Yes ☐ No

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

Sign Here		June 12, 2020
	Gregory Kidwell, Treasurer, Board of Directors	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions **▶** ☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue 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
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

**Open to Public
Inspection**

Name of the organization
Destination Grandview

Employer identification number
80-0969442

Part I, Line 8 the \$150,000 listed as other revenue is comprised of hotel bed tax proceeds, allocated to the organization by the City of Grandview Heights, Ohio during calendar year 2019

Part I, Line 10 (Grants and similar amounts paid) Destination Grandview awarded the following event marketing grants during 2019

The Grandview Hop \$4,000 00

Tour de Grandview Street Party \$3,790 00

Grandview Heights Public Library Chocolate Walk \$110 00

Grandview Heights Parks & Recreation Annual Pumpkin Run \$250 00

Grandview Heights/Marble Cliff Historical Society Tour Of Homes \$1,000 00

Part I, Line 16 (Other Expenses) The \$6,598 00 in other expenses is broken down as follows

Bank Service Charges \$30 00

Conferences & Education \$2,495 00

Insurance Expenses \$1,625 00

Meals & Entertainment \$675 00

Travel Expenses \$1,773 00

Part I, Line 20 (Other changes in net assets or fund balances) The \$574 00 adjustment is the result of stop payments placed on stale dated checks written in prior years that were never negotiated

Part II, Line 23A (Other Assets) Beginning of year \$500 00 figure is accounts receivable

Part II, Line 26A & B (Other Liabilities) Both beginning of year \$776 00 figure and end of year \$800 00 figure are accounts payable