



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**Department of the Treasury  
Internal Revenue Service**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)

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

OMB No. 1545-0047

**2007**Open to Public  
Inspection**A** For the 2007 calendar year, or tax year beginning **JUN 1, 2007** and ending **MAY 31, 2008****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.

**C** Name of organization**NATIONAL GARDEN CLUBS, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

**4401 MAGNOLIA AVE**

Room/suite

City or town, state or country, and ZIP + 4

**ST. LOUIS, MO 63110-3492****D** Employer identification number**43-0739519****E** Telephone number**314-776-7574****F** Accounting method ☒ Cash ☐ Accrual  
Other (specify) ▶

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

**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **WWW.GARDENCLUB.ORG****J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no ) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,632,568.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:					
	a	Contributions to donor advised funds		1a			
	b	Direct public support (not included on line 1a)		1b	214,301.		
	c	Indirect public support (not included on line 1a)		1c			
	d	Government contributions (grants) (not included on line 1a)		1d			
	e	Total (add lines 1a through 1d) (cash \$ 214,301. noncash \$ )				1e	214,301.
	2	Program service revenue including government fees and contracts (from Part VII, line 5)				2	154,658.
	3	Membership dues and assessments				3	112,519.
	4	Interest on savings and temporary cash investments				4	4,816.
	5	Dividends and interest from securities				5	532,281.
	6a	Gross rents					
	6b	Less: rental expenses					
c	Net rental income or (loss). Subtract line 6b from line 6a				6c		
7	Other investment income (describe ▶ )				7		
8a	Gross amount from sales of assets other than inventory		(A) Securities		(B) Other		
			189,911.	8a			
b	Less: cost or other basis and sales expenses			8b			
c	Gain or (loss) (attach schedule)		189,911.	8c			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)		STMT 1			8d	189,911.
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
a	Gross revenue (not including \$ of contributions reported on line 1b)		9a				
b	Less: direct expenses other than fundraising expenses		9b				
c	Net income or (loss) from special events. Subtract line 9b from line 9a				9c		
10a	Gross sales of inventory, less returns and allowances		10a	404,923.		10c	119,446.
b	Less: cost of goods sold		10b	285,477.			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		STMT 2				
11	Other revenue (from Part VII, line 103)					11	19,159.
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11					12	1,347,091.
Expenses	13	Program services (from line 44, column (B))				13	817,617.
	14	Management and general (from line 44, column (C))				14	392,387.
	15	Fundraising (from line 44, column (D))				15	
	16	Payments to affiliates (attach schedule)				16	
	17	Total expenses. Add lines 16 and 44, column (A)				17	1,210,004.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12				18	137,087.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	18,090,237.
	20	Other changes in net assets or fund balances (attach explanation)		SEE STATEMENT 4		20	<797,842.>
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20				21	17,429,482.

723001  
12-27-07

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

Form 990 (2007)

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>136300</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>136,300.</b>	<b>136,300.</b>	<b>STATEMENT 6</b>	
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>111,744.</b>	<b>81,466.</b>	<b>30,278.</b>	<b>0.</b>
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>133,632.</b>	<b>97,423.</b>	<b>36,209.</b>	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	<b>37,851.</b>	<b>15,004.</b>	<b>22,847.</b>	
<b>29</b> Payroll taxes	<b>17,569.</b>	<b>12,808.</b>	<b>4,761.</b>	
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	<b>9,650.</b>		<b>9,650.</b>	
<b>32</b> Legal fees	<b>2,559.</b>		<b>2,559.</b>	
<b>33</b> Supplies	<b>19,135.</b>		<b>19,135.</b>	
<b>34</b> Telephone				
<b>35</b> Postage and shipping	<b>7,397.</b>	<b>486.</b>	<b>6,911.</b>	
<b>36</b> Occupancy	<b>43,775.</b>	<b>21,888.</b>	<b>21,887.</b>	
<b>37</b> Equipment rental and maintenance	<b>82,053.</b>	<b>49,027.</b>	<b>33,026.</b>	
<b>38</b> Printing and publications				
<b>39</b> Travel				
<b>40</b> Conferences, conventions, and meetings	<b>45,019.</b>	<b>45,019.</b>		
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>102,599.</b>		<b>102,599.</b>	
<b>43</b> Other expenses not covered above (itemize).				
a				
b				
c				
d				
e				
f				
<b>g</b> SEE STATEMENT 5	<b>460,721.</b>	<b>358,196.</b>	<b>102,525.</b>	
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>1,210,004.</b>	<b>817,617.</b>	<b>392,387.</b>	<b>0.</b>

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ►

**PROMOTE STUDY OF HORTICULTURE**

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**a SCHOLARSHIPS AND AWARDS PROMOTED STUDY OF HORTICULTURE AND ENVIRONMENT. THERE WERE 52 SCHOLARSHIPS AND AWARDS GRANTED.**(Grants and allocations \$ 136,300.) If this amount includes foreign grants, check here ► ☐

186,289.

**b THE NATIONAL GARDENER PROVIDED HORTICULTURAL INFORMATION TO MEMBERS OF THE ORGANIZATION.**(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

163,736.

**c GARDEN STUDY COURSES, CONVENTIONS, AND OFFICER EXPENSES PROMOTED HORTICULTURE.**(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

378,448.

**d WATERWISE PROGRAM AWARDS**(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

16,615.

**e Other program services (attach schedule) SEE STATEMENT 7**(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

72,529.

**f Total of Program Service Expenses (should equal line 44, column (B), Program services)**

817,617.

Form 990 (2007)

**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	300.	45	300.
	46 Savings and temporary cash investments	264,152.	46	192,892.
	47 a Accounts receivable	17,974.		
	b Less: allowance for doubtful accounts	250.	47c	17,724.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	199,627.	52	210,684.
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a Investments - land, buildings, and equipment: basis				
b Less: accumulated depreciation		55c		
56 Investments - other	SEE STATEMENT 8	15,223,176.	56	14,720,822.
57 a Land, buildings, and equipment: basis	3,923,051.			
b Less: accumulated depreciation	1,635,991.	2,380,158.	57c	2,287,060.
58 Other assets, including program-related investments (describe <input type="checkbox"/> )			58	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		18,090,237.	59	17,429,482.
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> )		65	
66 <b>Total liabilities.</b> Add lines 60 through 65		0.	66	0.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	6,541,408.	67	6,795,519.
	68 Temporarily restricted	546,047.	68	136,225.
	69 Permanently restricted	11,002,782.	69	10,497,738.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	18,090,237.	73	17,429,482.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	18,090,237.	74	17,429,482.

Form 990 (2007)





Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed		NONE
b	Number of employees employed in the pay period that includes March 12, 2007	90b	7
91 a	The books are in care of		MRS. FRAN MANTLER
	Located at		4401 MAGNOLIA AVENUE, ST. LOUIS, MO
	Telephone no.		314-776-7574
	ZIP + 4		63110-3492
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	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		N/A



**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a NATIONAL GARDENER					
b ADVERTISING	541800	15,183.			
c NATIONAL GARDENER					75,805.
d SCHOOL FEES					23,124.
e CONVENTION INC					40,546.
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					112,519.
95 Interest on savings and temporary cash investments			14	4,816.	
96 Dividends and interest from securities			14	532,281.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	189,911.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					119,446.
103 Other revenue:					
a MISCELLANEOUS INCOME					959.
b LIFE MEMBERSHIPS					18,200.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		15,183.		727,008.	390,599.
105 Total (add line 104, columns (B), (D), and (E))					1,132,790.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	SEE STATEMENT 11

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Form 990 (2007)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here: *Frances E. Mantler* Signature of officer *1-6-09* Date

*FRANCES E. MANTLER* Type or print name and title

Paid Preparer's Use Only: Preparer's signature *CYNDI LUDWINSKI* Date *1/6/09* Check if self-employed ☐ Preparer's SSN or PTIN (See Gen. Inst. X)   
 Firm's name (or yours if self-employed), address, and ZIP + 4 *MPP&W, P.C.* *1034 S. BRENTWOOD, SUITE 1700* *ST. LOUIS, MO 63117* EIN   
 Phone no. *(314) 862-2070*

Form 990 (2007)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2007**

Name of the organization

**NATIONAL GARDEN CLUBS, INC.**

Employer identification number

**43 0739519**

**Part I**

**Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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
NONE				
Total number of other employees paid over \$50,000	0			

**Part II-A**

**Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

**Part II-B**

**Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

**a** Sale, exchange, or leasing of property?

2a X

**b** Lending of money or other extension of credit?

2b X

**c** Furnishing of goods, services, or facilities?

2c X

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990

2d X

**e** Transfer of any part of its income or assets?

2e X

- 3 a** Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

SEE STATEMENT 12

3a X

**b** Did the organization have a section 403(b) annuity plan for its employees?

3b X

**c** Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

**d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4 a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

**b** Did the organization make any taxable distributions under section 4966?

N/A

4b

**c** Did the organization make a distribution to a donor, donor advisor, or related person?

N/A

4c

**d** Enter the total number of donor advised funds owned at the end of the tax year

► N/A

**e** Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

► N/A

**f** Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

► 0.

**g** Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

► 0.

Schedule A (Form 990 or 990-EZ) 2007

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> <b>▶</b>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	145,609.	319,745.	138,547.	289,642.	893,543.
16 Membership fees received	118,458.	113,827.	120,067.	112,898.	465,250.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	516,257.	346,378.		570,166.	1,432,801.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	503,649.	427,643.	6,857.	169,595.	1,107,744.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	44,081.	36,747.	SEE STATEMENT 13		80,828.
23 Total of lines 15 through 22	1,328,054.	1,244,340.	265,471.	1,142,301.	3,980,166.
24 Line 23 minus line 17	811,797.	897,962.	265,471.	572,135.	2,547,365.
25 Enter 1% of line 23	13,281.	12,443.	2,655.	11,423.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 50,947.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 173,106.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 2,547,365.
d Add: Amounts from column (e) for lines: 18 1,107,744. 19					26d 1,361,678.
22 80,828. 26b 173,106.					26e 1,185,687.
e Public support (line 26c minus line 26d total)					26f 46.5456%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16					27c N/A
17 20 21					27d N/A
d Add: Line 27a total and line 27b total					27e N/A
e Public support (line 27c total minus line 27d total)					27f N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27g N/A %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
<hr/>		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
<hr/>		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990 or 990-EZ) 2007

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated group.Check **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is -</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.





FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
----------	---	-----------	---

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
CAPITAL GAIN DISTRIBUTIONS	189,911.	0.	0.	189,911.
TO FORM 990, PART I, LINE 8	189,911.	0.	0.	189,911.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 2

## INCOME

1. GROSS RECEIPTS . . . . .	404,923	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		404,923
4. COST OF GOODS SOLD (LINE 13) . . . . .	285,477	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		119,446

## COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .		
7. MERCHANDISE PURCHASED . . . . .	188,978	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .	96,499	
11. ADD LINES 6 THROUGH 10 . . . . .		285,477
12. INVENTORY AT END OF YEAR . . . . .		
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		285,477

FORM 990	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	3
----------	----------------------------------	-----------	---

DESCRIPTION	AMOUNT
CATALOG PRINTING	10,247.
REFUNDS	953.
PACKAGING	3,527.
FREIGHT & POSTAGE	51,338.
BANKCARD CHARGES	13,217.
MEMBER SERVICES SALES DISCOUNTS	15,954.
INVOICES AND ENVELOPES	1,263.
TOTAL INCLUDED ON FORM 990, PART I, LINE 10B	96,499.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
----------	--	-----------	---

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<797,842.>
TOTAL TO FORM 990, PART I, LINE 20	<797,842.>

FORM 990	OTHER EXPENSES	STATEMENT	5
----------	----------------	-----------	---

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CHARIMEN AND DIRECTORS' EXPENSE AWARDS	28,611.	28,611.		
	13,614.	13,614.		
NATURAL DISASTER SEPTEMBER 11TH MEMORIAL	5,525.	5,525.		
PRINCIPAL HISTORIC GARDEN	16,263.	16,263.		
FLOWER SHOW SCHOOLS	50,741.	50,741.		
INSURANCE	1,157.	1,157.		
OTHER EXPENSES	19,444.	9,722.	9,722.	
INVESTMENT FEES	104,661.	62,607.	42,054.	
OUTSIDE SERVICES	32,240.		32,240.	
WORLD GARDENING	6,471.		6,471.	
REGIONAL & SPECIAL PROJECTS	11,123.	11,123.		
	12,999.	12,999.		

GARDEN STUDY COURSES			
EXPENSES	912.	912.	
THE NATIONAL GARDNER	111,971.	111,971.	
WINTER EXECUTIVE			
MEETING	1,712.	1,712.	
NATIONAL PRESIDENT			
EXPENSES AND			
DISCRETIONARY FUNDS	19,205.	19,205.	
OFFICE EQUIPMENT AND			
SERVICE CONTRACTS	24,072.	12,034.	12,038.
TOTAL TO FM 990, LN 43	460,721.	358,196.	102,525.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	6
----------	--	-----------	---

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SEE ATTACHED STATEMENT 14	136,300.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	136,300.
---	----------

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	7
----------	------------------------	-----------	---

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
NATURAL DISASTER FUND	0.	5,525.
SEPTEMBER 11TH MEMORIAL GARDEN	0.	16,263.
PRINCIPAL HISTORIC GARDEN PROJECT	0.	50,741.
TOTAL TO FORM 990, PART III, LINE E		72,529.

FORM 990	OTHER INVESTMENTS	STATEMENT	8
----------	-------------------	-----------	---

DESCRIPTION	VALUATION METHOD	AMOUNT
SECURITIES AND OTHER INVESTMENTS	MARKET VALUE	14,720,822.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		14,720,822.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	9
----------	--	-----------	---

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING AND EQUIPMENT	638,798.	573,036.	65,762.
BUILDING ADDITION	2,705,549.	585,221.	2,120,328.
FURNITURE AND FIXTURES	373,037.	346,907.	26,130.
LANDSCAPING	150,667.	130,827.	19,840.
LAND	55,000.	0.	55,000.
TOTAL TO FORM 990, PART IV, LN 57	3,923,051.	1,635,991.	2,287,060.

---



---

FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 10  
TRUSTEES AND KEY EMPLOYEES

---

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BARBARA MAY 4401 MAGNOLIA AVENUE SAINT LOUIS, MO 63110	PRESIDENT 20.00	0.	0.	20,000.
KITTY LARKIN 4401 MAGNOLIA AVENUE SAINT LOUIS, MO 63110	PH&E TRUSTEES DIRECTOR 1.00	0.	0.	900.
RENEE BLASCHKE 4401 MAGNOLIA AVENUE SAINT LOUIS, MO 63110	FIRST VICE-PRESIDENT 1.00	0.	0.	2,700.
SHIRLEY NICOLAI 4401 MAGNOLIA AVENUE SAINT LOUIS, MO 63110	SECOND VICE-PRESIDENT 1.00	0.	0.	900.
LINDA NELSON 4401 MAGNOLIA AVENUE SAINT LOUIS, MO 63110	THIRD VICE-PRESIDENT 1.00	0.	0.	900.
FRACNES MANTLER 4401 MAGNOLIA AVENUE SAINT LOUIS, MO 63110	EXECUTIVE DIRECTOR 35.00	59,554.	11,190.	2,500.
BARBARA MIKKELSON 4401 MAGNOLIA AVENUE SAINT LOUIS, MO 63110	TREASURER 2.00	0.	0.	900.
JOAN CORBISIERO 4401 MAGNOLIA AVENUE SAINT LOUIS, MO 63110	PARLAMENTARIAN 1.00	0.	0.	1,150.
COLLEEN WEILER 4401 MAGNOLIA AVENUE SAINT LOUIS, MO 63110	HISTORIAN 1.00	0.	0.	1,150.
MARIE POTTS 4401 MAGNOLIA AVENUE SAINT LOUIS, MO 63110	CENTRAL REGIONAL DIRECTOR 1.00	0.	0.	900.
VIRGINIA GRANDPRE 4401 MAGNOLIA AVENUE SAINT LOUIS, MO 63110	CORRESPONDING SECRETARY 1.00	0.	0.	900.

JEANETTE PRUIN 4401 MAGNOLIA AVENUE SAINT LOUIS, MO 63110	PACIFIC REGIONAL DIRECTOR 1.00 0.	0.	900.
MARILYN WHITMORE 4401 MAGNOLIA AVENUE SAINT LOUIS, MO 63110	CENTRAL ATLANTIC REGIONAL 1.00 0.	0.	900.
LINDA WHETSELL 4401 MAGNOLIA AVENUE SAINT LOUIS, MO 63110	SOUTH CENTRAL REGIONAL DIR 1.00 0.	0.	900.
LOUISE GREENBERG 4401 MAGNOLIA AVENUE SAINT LOUIS, MO 63110	ROCKY MOUNTAIN REGIONAL DI 1.00 0.	0.	900.
SONIA CIANCHETTE 4401 MAGNOLIA AVENUE SAINT LOUIS, MO 63110	NEW ENGLAND REGIONAL DIREC 1.00 0.	0.	900.
MARY SUMMERVILLE 4401 MAGNOLIA AVENUE SAINT LOUIS, MO 63110	DEEP SOUTH REGIONAL DIRECT 1.00 0.	0.	900.
ANNE BROWN 4401 MAGNOLIA AVENUE SAINT LOUIS, MO 63110	SOUTH ATLANTIC REGIONAL DI 1.00 0.	0.	900.
SANDRA ROBINSON 4401 MAGNOLIA AVENUE SAINT LOUIS, MO 63110	FOURTH VICE PRESIDENT 1.00 0.	0.	900.
BARBARA BAKER 4401 MAGNOLIA AVENUE SAINT LOUIS, MO 63110	RECORDING SECRETARY 1.00 0.	0.	900.
TOTALS INCLUDED ON FORM 990, PART V-A		59,554.	11,190. 41,000.

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT 11
----------	--	--------------

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	NATIONAL GARDENER PROVIDES HORTICULTURE INFORMATION
93C	NATIONAL GARDENER PROVIDES HORTICULTURE INFORMATION
93D	FLOWER AND GARDENING SCHOOLS PROMOTE HORTICULTURE
93E	CONVENTIONS PROMOTE HORTICULTURE
94	MEMBERSHIP DUES TO PROMOTE HORTICULTURE
102	SALES OF BOOKS ETC TO PROMOTE HORTICULTURE
103A	MISCELLANEOUS SOURCES OF INCOME TO PROMOTE HORTICULTURE
103B	LIFE MEMBERSHIPS TO PROMOTE HORTICULTURE



---

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT 12
	PART III, LINE 3A	

---

NATIONAL GARDEN CLUBS OFFERS FINANCIAL AID TO STUDENTS TO PROMOTE THE STUDY OF HORTICULTURE, FLORICULTURE, LANDSCAPE DESIGN, BOTONY, PLANT PATHOLOGY, FORESTRY, AGRONOMY AND ALLIED SUBJECTS BASED ON ACADEMIC RECORD, CHARACTER, FINANCIAL NEEDS AND RECOMMENDATIONS.

---

SCHEDULE A	OTHER INCOME	STATEMENT 13
------------	--------------	--------------

---

DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
LIFE MEMBERSHIPS	32,800.	23,400.	0.	0.
MISCELLANEOUS	11,281.	13,347.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	44,081.	36,747.	0.	0.

---

National Garden Clubs, Inc  
43-0739519  
Scholarships/Grants  
Statement 14

SCHOLARSHIPS & AWARDS

Date	RECIPIENT	ADDRESS	CITY/STATE	UNIVERSITY	Paid Amount
07/31/2007	JESSICA MORGAN	10613 WILKINSON DR	SEAFORD DE 18673	University of Delaware	3 500 00
07/31/2007	DAVID ARONIAN	107 CONCORD ST	HOLLISTON MA 1748	UNIVERSITY OF MASSACHUSETTS	3 500 00
07/31/2007	MARY ROBERT	11133 W HOLLANDALE DR	BOISE ID 83706	UNIVERSITY OF IDAHO	3 500 00
07/31/2007	LAUREN LEHRMANN	1170 FM 1981	SAGERTON TX 76648	Texas A&M University	3 500 00
07/31/2007	JOSHUA SCHWARTZ	1436 ARVILLA DR	SACRAMENTO CA 95857	University of California Davis	3 500 00
07/31/2007	ABBE TURANSKY	1796 COLUMBIA DR #209	WASHINGTON DC 20009	DUKE UNIVERSITY	3 500 00
07/31/2007	Cara Murry	1906 CEDAR ST	FOREST CITY AR 72335	The University of Arkansas	3 500 00
07/31/2007	ANTHONY WALL	2131 SUGAR MAPLE COURT	GREEN BAY WI 54304	UNIVERSITY OF MINNESOTA	3 500 00
07/31/2007	ALLISON KENNEDY	2316 N CHRYSLER DR	TUCSON AZ 85716	UNIVERSITY OF ARIZONA	3 500 00
07/31/2007	MATTHEW HOFFMAN	26187 260TH ST	CARROLL IA 51401	IOWA STATE UNIVERSITY	3 500 00
07/31/2007	PHILIP POTYONDY	2628 E 34TH STREET	MINNEAPOLIS MN 55406	UNIVERSITY OF MINNESOTA	3 500 00
07/31/2007	Corinne Griffin	24 NORTH MAIN ST APT #12	NEWMARKET NH 3857	University of New Hampshire-Durham	3 500 00
07/31/2007	Michael C Platon	32688 COUNTY RD 371	ORAN MO 63771	SOUTHEAST MISSOURI STATE UNIVERSITY	3 500 00
07/31/2007	KAREN MITCHELL	3365 HOPKINS DRIVE	W LAFAYETTE IN 47906	Purdue University	3 500 00
07/31/2007	ELIZABETH WEIGL	3425 CLARBORNE WAY	ABINGDON MD 21009	MORGAN STATE UNIVERSITY	3 500 00
07/31/2007	CARRIE ELANE	38944 280TH STREET	ARMOUR SD 57313	SOUTH DAKOTA STATE UNIVERSITY	3 500 00
07/31/2007	BRITTANY THOUVENIN	3906 WAYNESBURG DR	CANTON OH 44707	The Ohio State University	3 500 00
07/31/2007	BRANDY GILLIAM	405 JACKSON RD	LAKE CITY TN 37769	TUSCULUM COLLEGE	3 500 00
07/31/2007	BRIANNE LUNN	4885 RITT RD	BELLAIRE MI 48815	LAKE SUPERIOR STATE UNIVERSITY	3 500 00
07/31/2007	SHIRLEY KNIGHT	48653 COUNTY LINE BAY RD	REDWOOD NY 13679	COLLEGE OF ENVIR SCIENCE & FORESTRY	3 500 00
07/31/2007	MARY JORDAN	5435 HWY 242	SANDERSVILLE GA 31082	UNIVERSITY OF GEORGIA	3 500 00
07/31/2007	KIMBERLEY VICTOR	57031 963RD RD	LAUREL NE 68745	SOUTH DAKOTA STATE UNIVERSITY	3 500 00
07/31/2007	JESSIE OYER	6101 POST RD APT 61	N KINGSTOWN RI 02852	THE UNIVERSITY OF RHODE ISLAND	3 500 00
07/31/2007	PATRICK SCHWARTZKOPF	6213 37TH AVE NE	SEATTLE WA 98115	UNIVERSITY OF WASHINGTON SEATTLE CAMPUS	3 500 00
07/31/2007	TIN CHEUNG	702 EDISON GLEN TERR	EDISON NJ 0857	Rutgers University	3 500 00
07/31/2007	MONIKA BILKA	7341 SOUTH SIXTH ST	KLAMATH FALLS OR 97603	University of Montana	3 500 00
07/31/2007	ANDREA DAY	4401 MAGNOLIA AVE	ST LOUIS MO 63110	Colorado State University	3 500 00
08/03/2007	JOHN DESSELLE	4401 MAGNOLIA AVE	ST LOUIS MO 63110	UNIVERSITY OF GEORGIA	1 000 00
08/03/2007	CAROLINE OATES	4401 MAGNOLIA AVE	ST LOUIS MO 63110	UNIVERSITY OF NC AT CHAPEL HILL	1 000 00
09/17/2007	SARAH ELIZABETH	4401 MAGNOLIA AVE	ST LOUIS MO 63110	PORTLAND BIBLE COLLEGE	1 000 00
09/07/2007	Kerle Cook	4401 MAGNOLIA AVE	ST LOUIS MO 63110	Pennsylvania State University	3 500 00
1/25/12/2007	PILAR ELYSE ALTARES	4401 MAGNOLIA AVE	ST LOUIS MO 63110	LOUISIANA STATE UNIVERSITY	1 750 00
07/31/2007	KYLE KRIEGER	904 TEVERTON LANE	CRYSTAL LAKE IL 80014	MOCHERY COUNTY COLLEGE	3 500 00
07/31/2007	SARAH PECK	940 LOMA VERDE AVE	PALO ALTO CA 94303	UNIVERSITY OF PENNSYLVANIA	3 500 00
07/31/2007	MARGARET HAYNE	BOX 1027 261 LINCOLN ST	YAMPA CO 80463	UNIVERSITY OF NORTHERN COLORADO	3 500 00
07/31/2007	DERRICK LEPARD	P O BOX 82	BUCHANAN GA 30113	UNIVERSITY OF GEORGIA	3 500 00
07/31/2007	KRISTOPHER SAGERS	PO BOX 1622	LOGAN UT 84322	UTAH STATE UNIVERSITY	3 500 00
07/31/2007	PATRICK CASEY	RR 1 BOX 87	MCCRACKEN KS 67556	FORT HAYS STATE UNIVERSITY	3 500 00
TOTAL SCHOLARSHIPS & AWARDS					123 750 00

GRANTS

RESEARCH GRANT TO MISSOURI BOTANICAL GARDEN	3 000 00
BOGOMATE GARDEN CLUB	1 000 00
MAY FARMS GARDEN CLUB OF KINGSTON	500 00
THE GARDEN CLUB OF MIDDLEBURGH	300 00
VILLAGE PINES GARDEN CLUB	1 000 00
THE GARDEN CLUB OF GEORGIA	1 000 00
EATON RAPIDS HOME & GARDEN CLUB	1 000 00
THE GUILFORD GARDEN CLUB INC	1 000 00
FOUNTAIN INN GARDEN CLUB	750 00
GENTIAN GARDEN CLUB	500 00
ROCKAWAY VALLEY GARDEN CLUB	1,000 00
ISSAQUAH GARDEN CLUB	500 00
Falmouth Garden Club MA	500 00
MICHIGAN GARDEN CLUBS, INC	500 00
<hr/>	
TOTAL GRANTS	12 550 00
<hr/>	
TOTAL	136,300 00

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

OMB No. 1545-1709

► 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 ☒ **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

### **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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	<b>NATIONAL GARDEN CLUBS, INC.</b>	<b>43-0739519</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	
	<b>4401 MAGNOLIA AVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<b>ST. LOUIS, MO 63110-3492</b>	

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **MRS. FRAN MANTLER**

Telephone No. ► **314-776-7574**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **JANUARY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **JUN 1, 2007**, and ending **MAY 31, 2008**.

- 2 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	\$ <b>N/A</b>

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.

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

Form 8868 (Rev. 4-2008)