

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

2008

Open to Public Inspection

A Fort	the 2008	ca <u>lendar ye</u> a		-01-2008 and ending 05-31-200	9		
C hecl	k ıf applıcabl	i icasc	C Name of organization National Garden Clubs Inc			D Employer	identification number
Addre	ess change	use IRS label or	Doing Business As			43-0739 E Telephone	
Name	e change	print or type. See	Doing Business As				
Initial	return	Specific Instruc-		ox if mail is not delivered to street addre	ess) Room/su	(314) 77	eipts \$ 1,422,667
Term	ination	tions.	4401 Magnolia Ave			0.000,000	apts \$ 1,122,007
- Amer	nded return		City or town, state or country St Louis, MO 631103492	, and ZIP + 4			
- Applic	cation pendir	g	3t Louis, 140 031103492				
		F Nar	me and address of Principal	Officer	H(a) Is	this a group reti	urn for
			le Smith Magnolia Avenue		1	ılıates?	⊤Yes 🔽 No
			is, MO 63110		H(b) Are	e all affiliates incl	uded?
Tax-	exempt statı	ıs 🔽 501(c	:) (3) ◀ (insert no)	(a)(1) or 527			ist See instructions)
Wel	site: 🟲 w	ww gardencl	ub org		H(c) G	oup Exemption	Number ►
Туре	of organization	on 🔽 Corporat	tion trust association ot	her 🕨	L Year of	Formation 1959	M State of legal domicile MO
							110
D	G						
Part		nmary v describe tl	he organization's mission o	r most significant activities			
S		nal Data Tal	-	i most significant activities			
				inued its operations or disposed	of more tha	n 25% of its as	sets
		,		body (Part VI, line 1a)			3 371
				ne governing body (Part VI, line 1			4 313
5	5 Tota	number of e	mployees (Part V , line 2a)				58
<u> </u>	6 Tota	number of v	olunteers (estimate if nece	ssary)			6198,595
Acumues a	7a Tota	gross unrela	ated business revenue from	n Part VIII, line 12, column (C)		;	7a 20,406
t	b Netu	inrelated bus	siness taxable income from	Form 990-T, line 34		:	7b -10,841
					F	rior Year	Current Year
a.	8 Con	ributions an	d grants (Part VIII, line 1h)		326,820	345,630
evenue	9 Prog	ram service	revenue (Part VIII, line 2g		154,658	· · · · · · · · · · · · · · · · · · ·	
ابت				lines 3, 4, and 7d)		727,008	
1.		-		5, 6d, 8c, 9c, 10c, and 11e)		138,605	194,641
	L2 Tota 12)	l revenue—a	dd lines 8 through 11 (mus	t equal Part VIII, column (A), lin	ie	1,347,091	1,135,436
:	L3 Gran	its and simila	ar amounts paid (Part IX, c	olumn (A), lines 1-3)		136,300	126,000
:	L4 Bene	fits paid to d	or for members (Part IX, co	lumn (A), line 4)			0
, l		ries, other c	ompensation, employee ber	nefits (Part IX, column (A), lines	5 –	222 724	
Expenses	10)			(4)		300,796	,
<u>a</u> ₁			draising fees (Part IX, colur				0
_	•	_	penses, Part IX, column (D), line	·		772.00	774.204
		•	(Part IX, column (A), lines	·		772,908	· · · · · · · · · · · · · · · · · · ·
			penses Subtract line 18 fro	ual Part IX, line 25, column (A))		1,210,004	
	1/6/6	ac 1633 EX	ponded dabilact line 10 lit	Jii iiii 12	Ragi	nning of Year	End of Year
Fund Balances	20 Tota	laccoto /D-	rt X, line 16)		begi	17,429,482	
7 TE 1						11,429,402	1
		,	Part X, line 26)	11 from line 20		17 420 403	3,953
Part		nature Bl	nd balances Subtract line 2	.1 IIOM IINE ZU		17,429,482	14,586,263
Рагт				nined this return, including accompanying	ı schedules ar	nd statements and	to the hest of my knowledge
				on of preparer (other than officer) is base			
leas	1 Bi	****				10-04-14	
Sign Iere	SI	gnature of office	er		Da	ate	
		chelle Smith Ex	recutive Director				
	 	be or brille light	ic and thic	1		1	
	Prepa signat		tte Bax-Kurtz	2010-04-14	Check if self-	Preparer's PT	IN (See Gen Inst)
Paid	L	y			empolyed 🕨	Γ	
repar Jse Or		name (or your employed),	Mueller Prost PC			EIN Þ	
oe Ul		ss, and ZIP + 4	1034 S Brentwood Blvd Suit	re 1700		- N	(244) 062 2070
			St Louis, MO 63117			Phone no 🕨	(314) 862-2070
1ay th	e IRS disc	uss this retu	ırn with the preparer shown	above? (See instructions)			▼ Yes

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1 See A	Briefly describe the organization's mission				
2	Did the organization undertake any sig	gnıfıcant program se	ervices during the year	which were not listed on	
	the prior Form 990 or 990-EZ? If "Yes," describe these new services	on Schadula O			Yes ✓ No
3	Did the organization cease conducting		it changes in how it con	ducts any program	
_	services?				┌ Yes ┌ No
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and revenu	ns and 4947(a)(1)	trusts are required to re	eport the amount of grants	
4a	(Code) (Expenses \$ SCHOLARSHIPS AND AWARDS PROMOTED ST		including grants of \$ E AND ENVIRONMENT THERI	126,000) (Revenue \$ E WERE 39 SCHOLARSHIPS AND A) WARDS GRANTED
4b	(Code) (Expenses \$ THE NATIONAL GARDENER PROVIDED HORTIG		including grants of \$) (Revenue \$	106,127) azınes ıssued was 69,128
4c	(Code) (Expenses \$ GARDEN STUDY COURSES, CONVENTIONS, A		including grants of \$ which PROMOTED HORTICU) (Revenue \$ LTURE The number of members	27,851) served was 440
4d	Other program services (Describe in (Expenses \$	n Schedule O) ıncludıng grants o	f\$) (Revenue \$)
4e	Total program service expenses \$	782 25	55 Must equal Part IX.	Line 25. column (B).	

art IV	Checklist of	Required	Schedules
--------	--------------	----------	-----------

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		N o
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		N o
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		N o
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		N o
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		N o
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	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		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If</i> "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	art V Statements Regarding Othe	r IRS Filings and Tax Complianc	ce			
					Yes	No
1a	Enter the number reported in Box 3 of Form	1096, Annual Summary and Transmittal				
	of U.S. Information Returns. Enter -0- if not a	applicable				
			1a 0			
b	Enter the number of Forms W-2G included	ın lıne 1a <i>Enter -0-</i> ıf not applıcable	1 b 0			
_	Did the organization comply with backup wi	thholding rules for reportable payments t				
	gaming (gambling) winnings to prize winner			1 c	Yes	
2a	. ,	·				
	Statements filed for the calendar year endin	g with or within the year covered by this	2a 8			
ь	If at least one is reported in 2a, did the org	anization file all required federal employn				
_	Note:If the sum of lines 1a and 2a is greater			2b	Yes	
3a	3	ss gross income of \$1,000 or more durin	ig the year covered by this	2-	V	
L	return?			3a	Yes	
	If "Yes," has it filed a Form 990-T for this y At any time during the calendar year, did the			3b	Yes	
4a	over, a financial account in a foreign counti			4a		Νο
ь	,	n+m,				
	See the instructions for exceptions and filing Financial Accounts.		eport of Foreign Bank and			
5a	Was the organization a party to a prohibited	d tax shelter transaction at any time duri	ng the tax year?	5a		Νο
b	Did any taxable party notify the organization	on that it was or is a party to a prohibited	tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file	le Form 8886-T. <i>Disclo</i> s <i>ure by Tax-Exemp</i>	ot Entity Reaardina Prohibited			
	Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contribution	ns that were not tax deductible?		6a		No
b	If "Yes," did the organization include with e were not tax deductible?	very solicitation an express statement th	nat such contributions or gifts	6b		
7	Organizations that may receive deductible cor	ntributions under section 170(c).				
а	Did the organization provide goods or servi more?	ces in exchange for any quid pro quo con	tribution of \$75 or	7a	i	No
b	If "Yes," did the organization notify the don	or of the value of the goods or services p	rovided?	7b		
С	Did the organization sell, exchange, or other			7c		No
d	file Form 8282? If "Yes," indicate the number of Forms 828			70		110
•	a in res, indicate the number of rorms 626	2 med daming the year 1 1 1 1	74			
е	Did the organization, during the year, recei			_		
	benefit contract?			7e		No No
f	, , , , , , , , , , , , , , , , , , , ,			7f		No
g	•		·	7g		N o
п	1 For contributions of cars, boats, airplanes, required?	and other venicles, aid the organization i		7h		Νο
8	Section 501(c)(3) and other sponsoring organ	izations maintaining donor advised funds a	and section 509(a)(3)			
	supporting organizations. Did the supporting excess business holdings at any time during		sponsoring organization, have			
	year?			8		
9	Section 501(c)(3) and other sponsoring organ					
а	Did the organization make any taxable dist	ributions under section 4966?		9a		
b	Did the organization make a distribution to	a donor, donor advisor, or related person	۶	9b		
10	Section $501(c)(7)$ organizations. Enter					
	Initiation fees and capital contributions inc		10a			
b	 Gross receipts, included on Form 990, Pari facilities 	t VIII, line 12, for public use of club	10b			
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholde	rs				
			11a			
b	 Gross income from other sources (Do not nagainst amounts due or received from them 	·	11b			
	•	,				
	a Section 4947(a)(1) non-exempt charitable tru:		n lieu of Form 1041?	12a		
b	 If "Yes," enter the amount of tax-exempt in year 	terest received or accrued during the	12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Section A. Governing</u>	Body	and Management	

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below			The state of the s			
processes, or changes in Schedule O. See instructions.	, desc	cribe the circur	mstances,			
Enter the number of voting members of the governing body	1a		371			
Enter the number of voting members that are independent	1b		313			
		•	,	2		No
	•			3		No
Did the organization make any significant changes to its organizational documents stilled? $\ \ . \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	ince 1	the prior Form	1990 was	4		No
Did the organization become aware during the year of a material diversion of the organization	anızat	ion's assets?		5		Νo
Does the organization have members or stockholders?		6	Yes			
			ers of the	7a	Yes	
Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other perso	ns?	7b		No
Did the organization contemporaneously document the meetings held or written activities by the following	ons ui	ndertaken dur	ing the			
the governing body?				8a	Yes	
each committee with authority to act on behalf of the governing body?				8b	Yes	
Does the organization have local chapters, branches, or affiliates?				9a		No
, , , , , , , , , , , , , , , , , , , ,			. ,	9b		
1, 1		-		10	Yes	
				11		No
	Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co Did the organization make any significant changes to its organizational documents of filed? Did the organization become aware during the year of a material diversion of the organization become aware during the year of a material diversion of the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect governing body? Are any decisions of the governing body subject to approval by members, stockhold Did the organization contemporaneously document the meetings held or written active year by the following the governing body? Does the organization have local chapters, branches, or affiliates? Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the owns a copy of the Form 990 provided to the organization's governing body before its must describe in Schedule O the process, if any, the organization uses to review the Is there any officer, director or trustee, or key employee listed in Part VII, Section A	Enter the number of voting members of the governing body	Enter the number of voting members of the governing body	Enter the number of voting members of the governing body	Enter the number of voting members of the governing body	Enter the number of voting members of the governing body

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MO
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 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. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

MS MICHELLE SMITH 4401 MAGNOLIA AVENUE ST LOUIS, MO 631103492 (314) 776-7574

Part VII 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. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or 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

The check this box in the organization and i		(C) Position (check all that apply)							(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII	Continue	a
rait vii	Continue	u

	(A) Name and Title		Individual Trustee or Director		appl	у)	Highest compensated = employee	Former	(D) Reportab compensat from the organizatior 2/1099MI	:ion : i (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	0	(F) Estima mount o compens from t rganizat relat organiza	ated fother sation :he on and ed
							+					\perp		
_														
1b	Total					<u> </u>		>		65,033	3	0		51,875
2	Total number of individuals (including compensation from the organization		a) who i	ecei	ved	mo	re tha	า \$1	00,000 in rep	oortabl	e			
													Yes	No
3	Did the organization list any former of										ated employee			
_	on line 1a? If "Yes," complete Schedul											3		No
4	For any individual listed online 1a, is organization and related organization													
	ındıvıdual			•	•	•		•				4		No
5	Did any person listed on line 1a rece													
	rendered to the organization? <i>If</i> "Yes	, complete s	ocneaule	. J FOI	Suc	лір	erson	•		•	• • • •	5		No
Se	ection B. Independent Contrac	ctors												
1	Complete this table for your five high \$100,000 of compensation from the	-		ndep	end	ent	contra	ctor	rs that receive	ed mor	e than			
	Name an	(A) d business add	dress							Desc	(B) cription of services		(C Compe	
	ane an									2 2 3 4	,			
												-		

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

0

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a	1				,
维설	ь	Membership dues	115,760				
Contributions, gifts, grants and other similar amounts	c	1b Fundraising events					
ts, am		1c					
gř Nar	d	Related organizations1d					
ıns, sim	e	Government grants (contributions) 1e					
utio er:	f	All other contributions, gifts, grants, and similar amounts not included above	229,870				
e e		1f					
) Lug	g	Noncash contributions included in lines 1a-1f \$					
Ow	h	Total (Add lines 1a-1f)	[345,630			
-			Business Code				
anı	2a	National Gardener	511,120	85,721	85,721		
e,Kel	ь	Flower Show Income	900,099	24,805	24,805		
or GE	с	National Gardener Adve	541,800	20,406		20,406	
745	d	Convention Income	900,099	3,046	3,046		
33	e						
ran.	f	All other program service revenue					
Program Service Revenue	g	Total. Add lines 2a-2f					
	<u> </u>	► \$ 133,978					
	3	Investment income (including divi		457,976			457,976
		other similar amounts)	▶	.57,570			.5.,5,0
	4	Income from investment of tax-exempt b	ona proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental					
		expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	· · · · ·				
		(ı) Securities	(II) O ther				
	7a	Gross amount 3,211 from sales of					
		assets other than inventory					
	b	Less cost or other basis and					
		sales expenses Gain or (loss) 3,211					
	c d	Net gain or (loss)		3,211			3,211
			. ▶	·			·
	8a	Gross income from fundraising events (not including					
ds		\$					
ňu		of contributions reported on line 1c) See Part IV, line 18					
eve		Attach Schedule G ıf total exceeds					
Ę.	١.	\$15,000 a					
Other Revenue	b c	Less direct expensesb Net income or (loss) from fundrais					
٥			g cvents i				
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G If total exceeds \$15,000					
		a					
	ь	Less direct expensesb					
	С	Net income or (loss) from gaming	activities ►				
	10a	Gross sales of inventory, less	-				
		returns and allowances .					
	L	a land and of sold by	755,110				
	b c	Less cost of goods sold b Net income or (loss) from sales of		145,887	145,887		
		Miscellaneous Revenue	Business Code	,	2.3,007		
	11a	Miscellaneous Income	900,099	24,854	24,854		
	ь	Life Membership	900,099	19,600	19,600		
	С	Tours Income	900,099	4,300	4,300		
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Takal Bassassa A (1) a sa sa sa	\$ 48,754	1,135,436	308,213	20,406	461,187
	12	Total Revenue. Add lines 1h, 2g, 38c,		1,135,436	300,213	20,406	401,187
]	9c, 10c, and 11e	. ▶				Form 990 (2008)

Part IX Statement of Functional Expenses

Α	Section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(4) organizations must complete column (A) but are not re-).
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		577	general enfances	
2	Grants and other assistance to individuals in the U S See Part IV, line 22	126,000	126,000		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	116,908	84,911	31,997	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	124,664	90,544		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	32,276	13,965	18,311	
10	Payroll taxes	14,021	10,183	3,838	
11	Fees for services (non-employees)				
а	Management				
b	Legal	8,481		8,481	
c	Accounting	10,100		10,100	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
L4	Information technology				
15	Royalties				
16	Occupancy	41,892	20,946	20,946	
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	12,703	12,703		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	76,425		76,425	
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Other Expenses	139,388	86,732	52,656	
ь	The National Gardner	110,558	, , , , , , , , , , , , , , , , , , ,	, -	
С	Building & ground maint	102,207	59,670	42,537	
d	Office Equipment and Se	50,799	25,076	25,723	
e	Regional & Special Proj	40,259	40,259	, -	
f	All other expenses	181,582	100,708	80,874	
25	Total functional expenses. Add lines 1 through 24f	1,188,263	782,255	406,008	
26	Joint Costs. Check I if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		. 32,233		

Part X	Balance	Sheet

					(A) Beginning of year		(B End o	
	1	Cash—non-interest-bearing			300	1	Liiu 0	300
	2	Savings and temporary cash investments			192,892	2		716,507
	3	Pledges and grants receivable, net			,	3		<u> </u>
	4	Accounts receivable, net			17,724	4		17,181
	5	Receivables from current and former officers, directors, trustees, ke other related parties Complete Part II of Schedule L		nployees or		5		
	6	Receivables from other disqualified persons (as defined under section errors described in section 4958(c)(3)(B) Complete Part II of Sch	ıon 4			6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use			210,684	8		262,237
22	9	Prepaid expenses and deferred charges				9		
Assets	10a	Land, buildings, and equipment cost basis	0a	4,144,187				
⋖	b	Less accumulated depreciation Complete Part VI of		· · · · · · · · · · · · · · · · · · ·				2 420 202
			0Ь	1,713,825				2,430,362
	11	Investments—publicly traded securities			14,720,822	11	I	1,163,629
	12	Investments—other securities See Part IV, line 11 Complete Part V Schedule D	r		12			
	13	Investments—program-related See Part IV, line 11 $\it Complete Part of Schedule D$.			13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			17,429,482	16	1	4,590,216
	17	Accounts payable and accrued expenses .			17		3,953	
	18	Grants payable			18			
	19	Deferred revenue			19			
10	20	Tax-exempt bond liabilities				20		
<u>, 30</u>	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ï		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			0	26		3,953
У		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complete through 29, and lines 33 and 34.	e line	es 27				
a D	27	Unrestricted net assets			6,795,519	27		6,029,967
Balance	28	Temporarily restricted net assets			136,225	28		67,385
돧	29	Permanently restricted net assets			10,497,738	29		8,488,911
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 and co	ompl	ete				
ō		lines 30 through 34.				}		
ets S	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other funds		17 420 482	32	a	4 E86 262	
¥ĕ	33	Total habitus and not specify (find belonce			17,429,482	33		4,586,263
	34	Total liabilities and net assets/fund balances			17,429,482	34	1	4,590,216
Pa	rt XI	Financial Statements and Reporting						
					·		Yes	No

Dart VI	Financial Statements and Reporting
P. 1 4 D. 1	Financial Statements and Reporting

L	Accounting method used to prepare the Form 990 🔽 cash 🗆 accrual 🗀 other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493105008020

OMB No 1545-0047

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Nation	al Gard	len Clubs Inc						4.3	072051	2		
Dai	rt I	Peacon	for Bublic C	harity Status (to be co	mplotod	by all or	aanizatio		-0739519 			
				ation because it is (Please	•				msuucu	.10115)		
1				iurches, or association of ch					Α)(i).			
2	į.	•		i on 170(b)(1)(A)(ii). (Attac				-, -(-,(-,	/ (- / -			
3	Ė			e hospital service organizati			tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedu	le H)	
4	Ė	•	•	zation operated in conjuncti			•	, , , , , , ,	• •		•	
	·		name, city, and	,					()()	. , ,		
5	Г	· ·		or the benefit of a college or	universit	v owned o	r operated	l by a gove	rnmental	unit desc	rıbed ın	
	·			(Complete Part II)		,		, ,				
6	Г			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Ī	•	An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
	·	=)(1)(A)(vi) (Complete Par		• •				-	•	
8	Г		-	ed in Section 170(b)(1)(A)	•	nplete Par	tII)					
9		An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontributior	ıs, membe	rship fees	s, and gro	SS
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	nexceptio	ns, and (2) no more	than 331/	/3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sinesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	\sqcap	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (S	ee instruc	tions)	
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpo:	ses of
				orted organizations describe						Section 5	09(a)(3)	.Check
			it describes the ype I b	type of supporting organiza		omplete li - Functioi			h d	□ Type	iIII - Otl	har
e	$\overline{}$	•	• •	rtify that the organization is			-					
•	'	•		agers and other than one or			•			•	•	
		section 50			•	, ,,	•					,
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organiz	zation,
а		check this		as the organization accepted	d any dift	or contrib	ution from	any of the				ļ
g		following pe		as the organization accepted	a any gne	or contrib		uny or the	•			
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a famıly	/ member of a p	erson described in (i) above	?					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in (i) or (ii) al	bove?				11g(iii)	
h		Provide the	following inform	nation about the organizatio	ns the org	janızatıon	supports					
				<u> </u>	Γ		1		Γ		1	
		ame of	(ii) EIN	(iii) Type of organization		s the		ou notify		sthe	1	nount of
(oorted nization		(described on lines 1-9 above or IRC section	_	atıon ın Iısted ın		inization i) of your		ation in organized	supp	ort
*	o i gui			(See Instructions))		verning		ort?		US?		
					docur	ment?						
					Yes	No	Yes	No	Yes	No		

Total

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box of	1 lifte 5, 7, or	o oi Part I.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	258,614	433,572	264,067	326,820		345,630	1,628,703
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3	258,614	433,572	264,067	326,820		345,630	1,628,703
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							283,860
6	Public Support subtract line 5 from line 4							1,344,843
T	otal Support	1	<u> </u>	<u> </u>				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	258,614	427,643	264,067	326,820	(-/	345,630	1,628,703
8	Gross income from interest, dividends,		·	·	·			
	payments received on securities loans, rents, royalties and income from similar sources	449,704	427,643	503,649	537,097		457,976	2,376,069
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		36,747	44,081	19,159		48,754	148,741
11	Total Support (Add lines 7 through 10)							4,153,513
12	Gross receipts from related activities, etc	(See instruction:	s)		•	12	•	1,943,627
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perce		st, second, third	l, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	lumn (f))		14		32.380 %
15	Public Support Percentage for 2007 Sched		-	.,,		15		40.250 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizati	on	•			▶
	box and stop here. The organization qualifie 10% Facts and Circumstances Test - 2008. I more, and if the organization meets the "fac	es as a publicly s If the organizatio	supported organ on did not check	ization a box on line 13	3, 16a, or 16b a	ınd lıne	e 14 is 10°	▶ ✓ % or
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "fac	ances" test The Ifthe organizatio	organization qu on did not check	ualıfıes as a publ a box on lıne 13	licly supported 3, 16a, 16b, or	organı 17a ar	zation id line 15 i	▶
18	the organization meets the "facts and circu Private Foundation. If the organization did	mstances" test	The organizatio	n qualifies as a	publicly suppor	ted or	ganızatıon	►□ ►□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Name of the organization

Employer identification number

wati	onal Garden Clubs Inc		
_	0	Addington on the control of the cont	43-0739519
Рā	rt I Organizations Maintaining Donor organization answered "Yes" to Form		Funds or Accounts. Complete if the
_	organization answered Tes to Form	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate Contributions to (during year)		
	Aggregate Grants from (during year)		
	Aggregate value at end of year		
;	Did the organization inform all donors and donor a funds are the organization's property, subject to t		lonor advised Yes No
,	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the b impermissible private benefit?		
a	t II Conservation Easements. Comple	ete if the organization answered "Yes	to Form 990. Part IV. line 7.
	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recre Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qu	eation or pleasure) Preservation of Preservation of	certified historic structure
	on the last day of the tax year		Held at the End of the Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easem	ents	2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
	Number of conservation easements modified, tran	nsferred, released, extinguished, or termina	ated by the organization during
	Number of states where property subject to conse	ervation easement is located 🟲	
	Does the organization have a written policy regard enforcement of the conservation easements it hol	= : : : : : : : : : : : : : : : : : : :	olations, and Yes No
	Staff or volunteer hours devoted to monitoring, ins	specting and enforcing easements during t	he year 🕨
	A mount of expenses incurred in monitoring, inspe	ecting, and enforcing easements during the	year ►\$
	Does each conservation easement reported on lin $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements of s	ection Yes No
1	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organization's financ	·
ar	Complete of the organization answere		s, or Other Similar Assets.
а	If the organization elected, as permitted under SF art, historical treasures, or other similar assets h provide, in Part XIV, the text of the footnote to its	eld for public exhibition, education or rese	arch in furtherance of public service,
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held f provide the following amounts relating to these ite	for public exhibition, education, or researc	· · · · · · · · · · · · · · · · · · ·
	(i) Revenues included in Form 990, Part VIII, lin	e 1	► \$
	(ii) Assets included in Form 990, Part X		▶ \$

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	Organizations Maintaining Col	lections of Art, His	tori	<u>ical Treasu</u>	res, or Othe	er Similar Ass	ets (c	ontınued)
3	Using the organization's accession and other items (check all that apply)	records, check any of th	ne fol	lowing that are	e a sıgnıfıcant ı	use of its collectio	n	
а	Public exhibition	d	Γ	Loan or exch	nange programs	5		
b	Scholarly research	e	Γ	Other				
С	Preservation for future generations							
4	Provide a description of the organization's col Part XIV	llections and explain ho	w the	y further the o	rganızatıon's e	xempt purpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to		,			milar	Yes	✓ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an am	rrangements. Com	plet	e if the orga		vered "Yes" to F	orm 9	990,
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other intermediary	for c	ontributions o	r other assets		Yes	☐ No
b	If "Yes," explain why in Part XIV and complet	e the following table						
						A mo	unt	
C	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if							
_	-	(a)Current Year (b) Prior	Year (c)Two	Years Back (d	Three Years Back (e) Four Y	'ears Back
1a	Beginning of year balance							
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	end balance held as						
а	Board designated or quasi-endowment							
ь	Permanent endowment							
c	Term endowment ▶							
3a	Are there endowment funds not in the posses	sion of the organization	that	are held and a	dmınıstered for	the		
	organization by	·					Yes	No
	(i) unrelated organizations		•			3a(i)		<u> </u>
_	(ii) related organizations					3a(ii)	<u> </u>	
	If "Yes" to 3a(II), are the related organization	•				3b		<u></u>
4	Describe in Part XIV the intended uses of the				why line 10			
201	t VI Investments—Land, Buildings	, and Equipment. S		<u> </u>	1			
	Description of investment			a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
1a	Land			55,000				55,000
	Buildings			3,486,574		1,206,778		2,279,796
	Leasehold improvements			5,100,574		1,200,770		_,_,,,,,
	Equipment			451,946		374,248		77,698
	Other			150,667		132,799		17,868
	I. Add lines 1a-1e (Column (d) should equal For	m 990, Part X. column (B), line	<u> </u>		►		2,430,362
	, (2) 34441 / 0	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,	,	. , ,		Schedule D (Form 9	
						ocneaule D (LOUID 2	77U) ZUU

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ıts	_
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,135,436
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,188,263
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-52,827
4	Net unrealized gains (losses) on investments	4	-2,790,392
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-2,790,392
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-2,843,219
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	-1,367,725
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	-2,790,392
3	Subtract line 2e from line 1	3	1,422,667
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b -287,231		
c	Add lines 4a and 4b	4c	-287,231
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,135,436
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	1,475,494
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d 287,231		
e	Add lines 2a through 2d	2e	287,231
3	Subtract line 2e from line 1	3	1,188,263
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,188,263
Pa	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part III, Line 1a		Collections that have been donated, including sculptures, artwork, and silverware, are not capitalized. The values of these donated inexhaustible collections have not been determined. The collections add to the beautification of the grounds of the Organization to promote the appreciation of horticulture.
Part XII, Line 4b - Other Adjustments		cost of goods sold -287231
Part XIII, Line 2d - Other Adjustments		cost of goods sold 287231

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493105008020

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

Schedule I (Form 990) 2008

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public **Inspection** Employer identification number

National Garden Clubs Inc						' '	
National Garden Clubs Inc						43-0739519	
Part I General Infor	mation on Grai	nts and Assistance)			•	
 Does the organization methe selection criteria use Describe in Part IV the organization Part II Grants and Ot 	ed to award the gram organization's proce	nts or assistance? edures for monitoring th	e use of grant funds ın t	he United States			
Form 990, Part Part IV and Sch	IV, line 21 for ar nedule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	if no one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of seconganizations		-			<u> </u>		0
3 Enter total number of oth					<u> </u>		• <u> </u>

Cat No 50055P

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organiza	ation answered "Y	Yes" on Form 990.	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.				· ··· · · · · · · · · · · · · · · · ·

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 The Organization utilizes a selection committee, who is approved by the Executive Committee This committee reviews applications and awards scholarships based on established criteria. The scholarship payments are made directly to the college of the individual being awarded for tuition. The Organization issued 40 scholarships in the current year.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493105008020

OMB No 1545-0047

OMB No 1545-004

2008

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

* Attach to Form 990. To be completed by organizations to provide additional information for

Name of the organization National Garden Clubs Inc Employer identification number

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		There are six classes of non-voting membership including honorary life members who are not members of the Club, Life members who are not delegates, affiliates, national affiliates, international affiliates, and youth gardeners. Voting membership includes all members of State Garden Clubs that are affiliated with the Organization.

responses to specific questions for the Form 990 or to provide any additional information.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Voting membership includes all members of State Garden Clubs that are affiliated with the Organization Voting members have rights to elect officers of the Organization by majority vote

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The Organization's 990 is prepared by a third-party accountant. Once the accountant finishes preparing the 990, it is sent to the Organization for approval. The Organization's Accountant, Executive Director, and the Board Treasurer review the 990 for completeness and accuracy. A copy is provided to the executive committee prior to filing.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The Organization reviews the conflict of interest policy for key employees annually and requires key employees to notify the Organization of any potential conflicts

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Governing documents and financial statements are made available upon request

Identifier	Return Reference	Explanation
		The process the Organization uses for the selection of an independent accountant did not change from the prior year

Software ID: Software Version:

EIN: 43-0739519

Name: National Garden Clubs Inc

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Ada											
	(B) Average hours per week	(C) Position (check all that apply)							(-)	(F)	
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
barbara May , President	20 00	Х		Х				0	0	20,000	
kıtty larkın , PH&E Trustees Dırector	1 00	Х						0	0	900	
Renee Blaschke , FIRST Vice-President	1 00	Х		Х				0	0	2,700	
Shirley Nicolai , SECOND Vice- President	1 00	Х		х				0	0	900	
Linda NELSON , THIRD Vice-President	1 00	Χ		Х				0	0	900	
Barbara MıkKelson , Treasurer	2 00	Х		Х				0	0	900	
JOAN CORBISIERO , Parlamentarian	1 00	Х		Х				0	0	1,150	
Colleen Weiler , Historian	1 00	Х		Х				0	0	1,150	
Marie Potts , CENTRAL REgional Directo	1 00	Х						0	0	900	
VIRGINIA GRANDPRE , Corresponding Secretary	1 00	Х						0	0	900	
JEANETTE PRUIN , PAcıfic Regional Directo	1 00	Х						0	0	900	
MARILYN WHITMORE , CENtral Atlantic Regiona	1 00	Х						0	0	900	
LINDA WHETSELL , SOUTH CENtral Regional D	1 00	Х						0	0	900	
LOUISE GREENBERG , ROCKy Mountain Regional	1 00	Х						0	0	900	
SONIA CIANCHETTE , NEW England Regional Dir	1 00	Х						0	0	900	
MARY SUMMERVILLE , DEEp South Regional Dire	1 00	Х						0	0	900	
ANNE BROWN , SOUth Atlantic Regional	1 00	Х						0	0	900	
SANDRA ROBINSON , FOURTH VICE PRESIDENT	1 00	Х		х				0	0	900	
BARBARA BAKER , RECORDING SECRETARY	1 00	Χ		х				0	0	900	
Fracnes Mantler , Executive Director	35 00			Х				65,033	0	13,375	

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

To co-ordinate the interests and activities of the State Garden Clubs with similar organizations in the United States and abroad To aid in the protection and conservation of natural resources, to promote civic beautification and encourage the improvement of roadsides and parks To encourage the establishment and maintenance of botanical gardens, arboreta and horticultural centers for the advancement of science, enjoyment and education of the public To advance the study of gardening, landscape design, environmental issues, floral design and horticulture and assist deserving students through college scholarships in these fields of endeavor To co-operate with other organizations furthering the interests of horticulture, conservation, environmental protection and beautification.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

To co-ordinate the interests and activities of the State Garden Clubs with similar organizations in the United States and abroad To aid in the protection and conservation of natural resources, to promote civic beautification and encourage the improvement of roadsides and parks To encourage the establishment and maintenance of botanical gardens, arboreta and horticultural centers for the advancement of science, enjoyment and education of the public To advance the study of gardening, landscape design, environmental issues, floral design and horticulture and assist deserving students through college scholarships in these fields of endeavor To co-operate with other organizations furthering the interests of horticulture, conservation, environmental protection and beautification.