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# Short Form Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue Service

2008

Open to Public  
Inspection

## A For the 2008 calendar year, or tax year beginning

09/01, 2008, and ending

08/31/2009

B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change	Please use IRS label or print or type. See Specific Instructions.	CITY GARDENS CLUB OF NEW YORK CITY Number and street (or P O box, if mail is not delivered to street address)		13-1568725 E Telephone number (212) 737-0138	
<input type="checkbox"/> Name change		755 PARK AVENUE City or town, state or county, and ZIP + 4		F Group Exemption Number . . . ►	
<input type="checkbox"/> Initial return		NEW YORK, NY 10021-4255			
<input type="checkbox"/> Termination					
<input type="checkbox"/> Amended return					
<input type="checkbox"/> Application pending					

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

G Accounting method.  Cash  Accrual  
Other (specify) ►

I Website: ► N/A

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ► \$ 151,804.

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

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	2 Program service revenue including government fees and contracts . . . . .	3 Membership dues and assessments . . . . .	4 Investment income . . . . .	1
					STMT 1 . . . . .
	5 a Gross amount from sale of assets other than inventory . . . . .	5 a	3	5 b Less cost or other basis and sales expenses . . . . .	25,300.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	5 c	4		267.
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here . . . ►				
	a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6 a	58,520.		
	b Less direct expenses other than fundraising expenses . . . . .	6 b			
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	STMT 2 . . . . .	6 c		58,520.
	7 a Gross sales of inventory, less returns and allowances . . . . .	7 a			
	b Less cost of goods sold . . . . .	7 b	RECEIVED		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7 c			
	8 Other revenue (describe ► . . . . .	STMT 3 . . . . .	18 a		815.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	STMT 4 . . . . .	18 b		151,804.
Expenses	10 Grants and similar amounts paid (attach schedule) . . . . .	19	19		45,792.
	11 Benefits paid to or for members . . . . .	20	20		
	12 Salaries, other compensation, and employee benefits . . . . .	21	21		
	13 Professional fees and other payments to independent contractors . . . . .	22	22		
	14 Occupancy, rent, utilities, and maintenance . . . . .	23	23		
	15 Printing, publications, postage, and shipping . . . . .	24	24		
	16 Other expenses (describe ► . . . . .	25	25		
	17 Total expenses. Add lines 10 through 16 . . . . .	26	26		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	27	27		
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	28	28		
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	29	29		
	21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	30	30		

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	94,533. 22	108,834.
23 Land and buildings . . . . .	23	
24 Other assets (describe ► . . . . .	24	
25 Total assets . . . . .	94,533. 25	108,834.
26 Total liabilities (describe ► . . . . .	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	94,533. 27	108,834.

**Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**What is the organization's primary exempt purpose? TO PROMOTE GARDENS IN NEW YORK CITY.

Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others )

**28 SEE STATEMENT 6**

(Grants \$ 45,792. ) If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	28a	107,385.
29			
(Grants \$ ) If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	29a	
30			
(Grants \$ ) If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	30a	
31 Other program services (attach schedule) . . . . .			
(Grants \$ ) If this amount includes foreign grants, check here . . . . .	<input type="checkbox"/>	31a	
<b>32 Total program service expenses (add lines 28a through 31a) . . . . .</b>		<b>32</b>	<b>107,385.</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)**

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MS. CAROL F. HUMSTONE AVAILABLE UPON REQUEST	PRESIDENT			
MRS. ROBERT C. FORD AVAILABLE UPON REQUEST	1ST VICE PRESIDENT			
MRS. STUART LEVENTHAL AVAILABLE UPON REQUEST	2ND VICE PRESIDENT			
MRS. GEORGE A. FOWLKES AVAILABLE UPON REQUEST	TREASURER			
MRS. ANDREW P. STEFFAN AVAILABLE UPON REQUEST	RECORDING SECRETARY			
MRS. STEPHEN D. PERKINS AVAILABLE UPON REQUEST	CORRESPONDING SECRETARY			
MRS. PATRICIA ALTHULER AVAILABLE UPON REQUEST	DIRECTOR			
MRS. AUGUST A. ARACE AVAILABLE UPON REQUEST	DIRECTOR			
MS. JOAN E. DANZIGER AVAILABLE UPON REQUEST	DIRECTOR			
MRS. JOHN J. ENTWISTLE AVAILABLE UPON REQUEST	DIRECTOR			
MRS. OSCAR S. POLLOCK AVAILABLE UPON REQUEST	DIRECTOR			
MS. PATRICIA JONES AVAILABLE UPON REQUEST	DIRECTOR			
MRS. MICHAEL MANEY AVAILABLE UPON REQUEST	DIRECTOR			
MRS. GEORGE L. SELDEN AVAILABLE UPON REQUEST	DIRECTOR			
MRS. JAMES TERNES ADDRESS AVAILABLE UPON REQUEST	DIRECTOR			
MS. JULIA J. WINPENNY ADDRESS AVAILABLE UPON REQUEST	DIRECTOR			
MRS. CHARLES F. MORGAN ADDRESS AVAILABLE UPON REQUEST	DIRECTOR			
MRS. HOWARD KELBERG ADDRESS AVAILABLE UPON REQUEST	DIRECTOR			

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .

35 If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .

b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a

b Did the organization file Form 1120-POL for this year? . . . . .

38 a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .

b If "Yes," complete Schedule L, Part II and enter the total amount involved. . . . .

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 . . . . .

b Gross receipts, included on line 9, for public use of club facilities . . . . .

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► NONE, section 4912 ► NONE, section 4955 ► NONE

b Section 501(c)(3) and (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," complete Schedule L, Part I . . . . .

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ► NONE

d Enter amount of tax on line 40c reimbursed by the organization . . . . . ► NONE

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .

41 List the states with which a copy of this return is filed ► NY

42 a The books are in care of ► CITY GARDENS CLUB OF NYC Telephone no ► 212-737-0138  
Located at ► 755 PARK AVENUE NEW YORK, NY ZIP + 4 ► 10021-4255

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 ► \_\_\_\_\_

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .  
If "Yes," enter the name of the foreign country: ► \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. . . . . ►   
and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44. Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

	Yes	No
33		X
34		X
35a		X
35b		
36		X
37a		
37b		X
38a		X
38b		
39a		
39b		
40a		
40b		X
40c		
40d		
40e		X

	Yes	No
42b		X
42c		X

	Yes	No
44		X
45		X

Form 990-EZ (2008)

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. . . . . Yes  No  46 X

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . . Yes  No  47 X

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . Yes  No  48 X

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . Yes  No  49a X

b If "Yes," was the related organization(s) a section 527 organization? . . . . . Yes  No  49b X

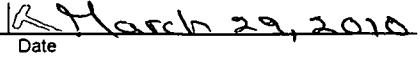
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ►	NONE			

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 . . . . ►	NONE	

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

►  Signature of officer ►  Date  
► Carol F. Humstone, President Type or print name and title

**Paid Preparer's Use Only** Preparer's signature ►  Date 3/3/10 Check if self-employed ►  Preparer's Identifying Number (See instructions) EIN ► 13-3367751  
Firm's name for yours if self-employed, address, and ZIP + 4 ► SPIELMAN KOENIGSBERG & PARKER, LLP 888 SEVENTH AVENUE, 35TH FLOOR NEW YORK, NY 10106-0002 Phone no ► 212-489-5200

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

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

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.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

CITY GARDENS CLUB OF NEW YORK CITY

Employer identification number

13-1568725

**Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)**

The organization is not a private foundation because it is: (Please check only one organization.)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H )  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state \_\_\_\_\_  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  
 9  An organization that normally receives (1) more than 3 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 3 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). (Complete Part III )  
 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally Integrated      d  Type III - Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  
 f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box \_\_\_\_\_  
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_  
 (ii) A family member of a person described in (i) above? \_\_\_\_\_  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_  
 h Provide the following information about the organizations the organization supports

	Yes	No
11g(i)	X	
11g(ii)	X	
11g(iii)	X	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2008

**Part II Support Schedule for Organizations Described in Sections 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.)

**Section A. Public Support**

Calendar 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.") . . . . .						
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 lines 1-3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4. . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
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) . . . . .						
11 Total support. Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (See instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar 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") . . . . .	23,935.	26,755.	25,220.	27,170.	25,300.	128,380.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	57,454.	108,387.	100,045.	79,335.	125,422.	470,643.
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 . . . . .	81,389.	135,142.	125,265.	106,505.	150,722.	599,023.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .	NONE					NONE
c Add lines 7a and 7b. . . . .	NONE					NONE
8 Public support (Subtract line 7c from line 6) . . . . .						599,023.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6. . . . .	81,389.	135,142.	125,265.	106,505.	150,722.	599,023.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	993.	1,725.	3,291.	1,798.	1,082.	8,889.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .	993.	1,725.	3,291.	1,798.	1,082.	8,889.
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) . . . . .						607,912.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

16 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	98.54%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	98.25%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	1.46%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	1.75%
19a 33 1/3% support 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 . . . . . ► <input checked="" type="checkbox"/>		
b 33 1/3% support 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 . . . . . ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

CITY GARDENS CLUB OF NEW YORK CITY

**Employer identification number**

13-1568725

**Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.**

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply	
a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table	

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

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

	(a) Event #1 <u>90TH ANNIVERS.</u> (event type)	(b) Event #2 (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	58,520.		58,520.
	2 Less Charitable contributions . . . . .			
	3 Gross revenue (line 1 minus line 2) . . . . .	58,520.		58,520.
Direct Expenses	4 Cash prizes . . . . .			
	5 Non-cash prizes . . . . .			
	6 Rent/facility costs . . . . .			
	7 Other direct expenses . . . . .	32,210.		32,210.
	8 Direct expense summary Add lines 4 through 7 in column (d) . . . . .			► ( 32,210.)
	9 Net income summary Combine lines 3 and 8 in column (d) . . . . .			► 26,310.

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .			
Direct Expenses	2 Cash prizes . . . . .			
	3 Non-cash prizes . . . . .			
	4 Rent/facility costs . . . . .			
	5 Other direct expenses . . . . .			
	6 Volunteer labor . . . . .	Yes _____ % No	Yes _____ % No	Yes _____ % No
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .			► ( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .			►

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

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

b If "No," Explain

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

b If "Yes," Explain

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11 Does the organization operate gaming activities with nonmembers? . . . . .

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


		Yes	No
13	Indicate the percentage of gaming activity operated in.	13a	%
	a The organization's facility .....	13b	%
	b An outside facility .....		
14	Provide the name and address of the person who prepares the organization's gaming/special event books and records		
	Name ► _____		
	Address ► _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....	15a	
	b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
	c If "Yes," enter name and address		
	Name ► _____		
	Address ► _____		
16	Gaming manager information		
	Name ► _____		
	Gaming manager compensation ► \$ _____		
	Description of services provided ► _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....	17a	
	b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

## FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION	AMOUNT
DIVIDEND INCOME	267.
<b>TOTAL</b>	<b>267.</b>

## FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	NET INCOME
NINETIETH ANNIVERSARY	58,520.	58,520.
TOTALS	58,520.	58,520.

## FORM 990EZ, PART I - OTHER REVENUE

OTHER INCOME	815.
TOTALS	815.

## FORM 990EZ, PART I - OTHER EXPENSES

TRAVEL	4,729.
CONFERENCES, CONVENTIONS	1,080.
ADMINISTRATIVE FEES	9,589.
OFFICE EXPENSES	5,163.
INSURANCE	2,373.
OTHER	2,177.
TEA/LECTURE	12,983.
GARDEN & HOUSE TOURS	6,115.
CONSERVATION COMMITTEE	2,433.
NATURE KITS	1,523.
AWARDS	520.
TAX FILING FEES	50.
 TOTAL	 48,735.

## FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	94,533.	108,834.
TOTALS	94,533.	108,834.

## FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

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PROGRAM SERVICE ACCOMPLISHMENT 1

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THE ORGANIZATION'S PRIMARY GOAL IS TO BRING NATURE ALIVE FOR THE CITY PUBLIC SCHOOL CHILDREN. THE ORGANIZATION SENDS NEW YORK CITY PUBLIC SCHOOL TEACHERS EVERY SUMMER FOR A WEEK LONG SEMINAR ON NATURE AND CONSERVATION. IN ADDITION, THE CITY GARDENS CLUB CREATES NATURE KITS AS CLASSROOM AIDS. THE ORGANIZATION ALSO OFFERS GRANTS FOR NATURE PROJECTS.

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box . . . . . ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

***Do not complete Part II unless*** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only . . . . . ► *All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

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

Type or print	Name of Exempt Organization <b>CITY GARDENS CLUB OF NEW YORK CITY</b>	Employer identification number <b>13-1568725</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>755 PARK AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>NEW YORK, NY 10021-4255</b>	

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

<input 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 checked="" 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 ► CITY GARDENS CLUB OF NYC

Telephone No ► 212 737-0138 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 04/15/2010 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 09/01/2008, and ending 08/31/2009

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	<b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

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

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

Form 8868 (Rev 4-2009)