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Form **990-EZ**

mpt From Income Tax **Return of Organization**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black tung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public Inspection

Department of the Treasury Internal Reverue Service assets less than \$1,250,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.					Inspection			
_			ar vear.	or tax year beginning , 2009, and endin				, 20
						olover i	denti	fication number
\Box	Address change Use IRS INCIAL CALDON CARDEN CLUB							271804
Ĩ	label or					ephone		
	Initial return type. DO POV 4773							-
	Specific Ch. sateur state or country and 710 . 4							
\exists	Amended return Instruc- Instru							ion
=	• Sec	tion 501(c)(3)	omani	ations and 4947(a)(1) nonexempt charitable trusts must att	counting !	Method	- 17	Cash Accrual
			_	pleted Schedule A (Form 990 or 990-EZ).	her (speci	<u>fy</u>) ▶		- <u> </u>
				, , Ct	eck 🕨 🗔] if the	orga	nization is not
-	Vebsi				•			tule B (Form 990,
<u>J</u>	ax-ex			<u> </u>	0-EZ, or 9			
	Check I			ation is not a section 509(a)(3) supporting organization and its gross receipts a				
	Form 9	90-EZ or Form	n 990 re	um is not required, but if the organization chooses to file a return, be sure to	file a com	plete re	eturn.	
L	Add line	s 5b, 6b, and 7	7b, to line	9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form	990-EZ	<u> </u>	5	
P	art I	Revenu	е, Ехр	enses, and Changes in Net Assets or Fund Balances (See	the instr	uction	s fo	r Part I.)
	1	Contributio	ons. aifi	s, grants, and similar amounts received		1 1		1,000
	2		_	evenue including government fees and contracts		2		
	3	•		and assessments		3		6,565
	4	Investmen	•			4		22
	5a			n sale of assets other than inventory	• • •	 	├─	 -
	b			basis and sales expenses		┪	l	
Revenue	į .			•		┤╒╸	1	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here							
	6	•			ee L		ł	
%	a			t including \$ of contributions		_	ł	
æ	1 .	reported o			24,43		l	
	Ь		-	ses other than fundraising expenses 6b	11,490	긱		
	C		•	s) from special events and activities (Subtract line 6b from line 6a) .		6c		12,947
	7a	Gross sale	s of inv	entory, less returns and allowances		_		
	Ь	Less: cost	of good	s sold		_	1	
	c			s) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8	Other reve	nue (de	Schilde ())	8	<u> </u>	5,291
	9	Total reve	nue. Ad	d fines 1, 2, 3, 405c, 6c, 7c, and 8	▶	9		25,825
	10	Grants and	i similai	amounts paid (attach schedule) STATUTE UNIT .		10		7,593
	11	Benefits	aid to bis	for members O RECEIVED		11		
Ø	12	1	_			12		
ž	13	Profession	artees	hersation, and employee benefits Jef bine payments to independent contractors SEP 19 2014 tilities and paintenance		13		
Expenses	14	Occupance	v rent	tilities, and maintenance TPR BRANCH .		14		
Ä	15			ns, postage, and shipping		15		1,803
	16	Other expe				16	 	7,483
	17	•		add lines 10 through 16		17	┝─	16,879
	18			for the year (Subtract line 17 from line 9)		18		8,946
Net Assets	19			I balances at beginning of year (from line 27, column (A)) (must ag		10		0,940
83	.			reported on prior year's return)		1	l	
₹		-	_	· · · · · · · · · · · · · · · · · · ·		19	ļ	18,033
Ž	20		_	et assets or fund balances (attach explanation)		20	<u> </u>	
	21			balances at end of year. Combine lines 18 through 20	<u> Þ</u>	21	<u> </u>	26,979
Ľ	art II	Ralance	Shee	s. If Total assets on line 25, column (B) are \$1,250,000 or more, file			ad of	Form 990-EZ.
				(See the instructions for Part II.)	Beginning o	f year		(B) End of year
22	Ca	ash, savings,	and in	estments		18,033	22	26,979
23	23 Land and buildings					23		
24 Other assets (describe ►								
					26,979			
26	To	tal liabilitie	s (desc	ibe▶	· · · · · ·		26	
27	, Ne	et assets or	fund h	dances (line 27 of column (B) must agree with line 21)		18 033	_	26 979

Form 990-EZ (2009)

Form 990-EZ (2009)

		_ : ::				uyu
Par	Statement of Program Service Accom	plishments (See the inst	ructions for Part I	11.)		Expenses
What is the organization's primary exempt purpose?						uired for section
	ribe what was achieved in carrying out the org					c)(3) and 501(c)(4) nizations and section
	ner, describe the services provided, the number of program title.	of persons benefited, and	other relevant info	imation for	4947	(a)(1) trusts; optiona
					toro	thers.)
28	SEE ATTACHMENT]	
						\$
	(Grants \$) If this amount	includes foreign grants, ch	eck hore	▶П	28a	5,163
29	SEE ATTACHMENT	meladas lereigii gitaitas, on		_:	1	
					}	
		includes foreign grants, ch	eck here	. ▶ □	29a	1,048
30	SEE ATTACHMENT		·····		1	
					1	
	(County &	includes femine and ab		. ▶ 🗆	30a	2 25
31		includes foreign grants, ch	eck nere	<u>. </u>	30a	2,362
٠,		includes foreign grants, ch	eck here	□	31a	
32	Total program service expenses (add lines 28a				32	8,573
Par	المناقب والمناقب				instruc	tions 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) Contribution employee benefit deferred compa	plans &	(e) Expense account and other allowances
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	*				1	

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	1	
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 why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	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?	37ь		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
þ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	-	-	
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		√
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶			_ <u></u> -
42a	The organization's books are in care of ► ISA REX Telephone no. ► 6	03-52	6-2351	
	Located at ► PO BOX 1772, NEW LONDON, NH ZIP + 4 ►	03752	-1772	
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		Yes	No
	account)?	42b		✓
	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.			
С	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:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	- 🗆
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	1	_ [
	Form 990-EZ	44		✓
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	45		√
		990	-EZ	(2009)

Part	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 a	section 4947(a)(1) not 47(a)(1) nonexempt ch nd 51.	nexempt char aritable trusts	itable trusts only. A must answer question	dl sec ons 46	tion 5-491	5
46	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete					Yes	No
47	•	· ·			46 47		
47 48	Did the organization engage in lobbying activities Is the organization a school as described in section	•	-		48		
40 49a	Did the organization make any transfers to an ex		•		49a		i
	If "Yes," was the related organization a section				49b		
50	Complete this table for the organization's five h					es an	d kev
	employees) who each received more than \$100	,000 of compensation fro	m the organizati	on. If there is none, en	ter "N	one."	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensa	tion (d) Contributions to employee benefit plans & deferred compensation	acc	Expensount a allowa	ınd
		-					
							
			 		<u> </u>		
		}					
	Total number of other employees paid over \$10	<u> </u>			<u> </u>		
51	Complete this table for the organization's five \$100,000 of compensation from the organization	nighest compensated in on. If there is none, enter '	*None.**	ractors who each rec	eived	more	than
	(a) Name and address of each independent contractor	paid more than \$100,000	(t	a) Type of service	(c) Con	npensa	tion
				i			
							
				ļ.			
		· 					
		······································					
d	Total number of other independent contractors of	each receiving over \$100,	. ▶				
	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration	ed this return, including accomp	anying schedules and	d statements, and to the bes	t of my	knowie wiedae	dge
Sign	Jan M. Hu			May 15, 20			
Here	Signature of officer	· · · · · · · · · · · · · · · · · · ·		Date	10		
	Isa M. REX T	Treasurer		Date (/			
n-:-:	Type or print name and title Preparer's	Date	Check if	Preparer's identifying num	ber (See	_ instructi	ions)
Paid	signature	1 - 210	self- employed ▶				
Prepare	_ Ferris name (or			EIN >			
Use On	yours if self-employed), address, and ZIP + 4	· · · · · · · · · · · · · · · · · · ·		Phone no. ▶			
May the	e IRS discuss this return with the preparer show	n above? See instructions		▶ 🗆	Yes	□N	0
				For	m 990	-EZ	2009)

2009 FORM 990-EZ NEW LONDON GARDEN CLUB- ID# 23-7271804

Line 6a) Special Events Income:

Antique Show	\$ 19,693.96
Member Luncheon	1,660.00
Hospital Day Booth	962.00
Plant Sale	1,725.00
Workshops	 396.00

Total: \$ 24,436.96

Line 6b) Special Events Expenses:

Programs Workshops	1,001.37 467.31
Plant Sale	19.90
Hospital Day Booth	980.00
Member Luncheon	1,520.19
Antique Show	\$ 7,501.04

Line 8) Other Revenue

Tshirts/Cookbooks \$	315.00
Field Trip Income	2,013.00
Misc	258.00
NHFGC	240.00
Seed Money	2,465.00
Total: \$	5.291.00

Line 10) Grants

Christmas Greens	\$ 519.97
Civic Beautification	3,495.42
Donations	68.00
Educational Materials	361.70
Hospital Flower Care	1,147.58
Scholarships	 2,000.00
Total:	\$ 7,592.67

Line 15) Print, Pubs

Club Newsletter	\$	1,049.92
Publicity		82.00
Scrapbook		36.73
Yearbook	_	633.92
Total:	Ś	1.802 57

2009 FORM 990-EZ NEW LONDON GARDEN CLUB- ID# 23-7271804

Line 16) Other Expenses:

Christmas Party	\$ 402.91
Field Trip Expense	2,013.00
Hospitality	26.04
Insurance	289.00
NHFGC Dues & Mtgs	637.50
Misc	123.36
Operations	1,526.16
Seed Money	 2,465.00
Total:	\$ 7,482.97

2009 FORM EZ NEW LONDON GARDEN CLUB - ID# 23-7271804

Part III Statement of Program Service Accomplishments

The organization's primary exempt purpose is the beautification of New London, NH by planting flowers and shrubs in the public areas of town. Also, it cooperates with other interested agencies to protect and perpetuate desirable plants, to promote and encourage a knowledge and love of gardening, horticulture and flower arranging, and to stimulate an interest in people to work with and for nature.

Line 28) Civic Beautification - Each year, the members of the Club plant and maintain flowers and shrubs in 15 public areas in town. They provide fresh flowers for arrangements in the local hospital and take care of the patient and hospital plants. Members make Christmas wreaths for the public buildings in New London and Christmas favors for the residents of the local nursing home. Most of the members volunteer many hours for these activities and everyone in town benefits.

Line 29) Donations - Some funds are given each year to help support other organizations with comparable goals.

Line 30) Education - Scholarships are awarded to students studying in fields related to horticulture, forestry and conservation. Gardening and horticulture related books are purchased for the local library and schools.

Part IV List of Officers: No compensation is given to any officer. No employees.

President	Mrs. Wm. F. Keeshan, 247 Wilder Lane, New London, NH 03257	4 hours
Vice-Pres.	Mrs. Linda Jaggard, PO Box 1437, New London, NH 03257	2 hours
Rec. Secs.	Mrs. Emerson D. Colby, 20 Mountain Overlook, Wilmot, NH 03287	1-1/2 hrs.
	Mrs. Sterling P. Toman, PO Box 1636, New London, NH 03257	1-1/2 hrs.
Corres. Sec.	Mrs. Derek G. Hunt, 395 Forest Acres Road, New London, NH 03257	2 hours
Treasurer	Mrs. Robert M. Rex, 11 Ridge Road, New London, NH 03257	4 hours
Assist. Treas.	Mrs. T. P. Segerson, PO Box 2009, New London, NH 03257	1 hour
Historian	Mrs. Dietrich Schauff, PO Box 2504, New London, NH 03257	2 hours

AMENDMENT TO THE NEW LONDON GARDEN CLUB BYLAWS

September 8, 2009 Approved by the Membership

Article IV Officers

Section 2. Delete. Replace with:

"The Nominating Committee shall present a slate of candidates to the voting membership at least one month prior to the September general meeting. The officers shall be elected at the September general meeting by a majority vote of eligible voters present at the meeting."

Section 4. Add: *...commencing on January 1.* at the end of the first sentence.