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## Short Form Return of Organization Exempt From Income Tax

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung 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

Open to Public Inspection

Address change Name change Initial return Termination 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).  Website: N/A  Tax-exempt status (check only one) — X 501(c) (3) < (insert no.) 4947(a)(1) or 527  THE GARDEN CLUB OF SOUTH CAROLINA  23-7005531  E Telephone number  F Group Exemption Number  Cash X Accruate Other (specify)  H Check X If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	Α	For the 2009 c	alendar	year, or tax year	r beginning	5/01	, 2009	, and endi	ng	4/30		,	2010
The Land Country of the completed Schedule A (Form 990 or 990-22)   The complete price of the completed Schedule A (Form 990 or 990-22)   The complete price of the completed Schedule A (Form 990 or 990-22)   The complete price of the completed Schedule A (Form 990 or 990-22)   The complete price of the completed Schedule A (Form 990 or 990-22)   The complete price of th	В	Check if applicable		С							D Empl	oyer id	entification number
Name darage   For BOX 339   First HEBBERG, SC 29729   For Instal etum   For Instal	X	Address change		THE GARDEN	N CLUB OF	SOUTH CA	ROLINA				23	-700	05531
Installar starts   Specific   S		Name change	label or			2001 0				h			
Termination   Section State   Section   Sect		Initial return	type.								•		
Appleacetion profiled   Section 501(c/3) organizations and 4947(a/1) nonexempt charitable trusts   Section 501(c/3) organizations and 4947(a/1) nonexempt charitable trusts   Website: N/A   If the organization is not a section 502(a/05)   If the organization and its grows receipts are normally not more than \$25,000 \( \text{ A form 900.EZ or Form 90 return is not required, but if the organization and its grows receipts are normally not more than \$25,000 \( \text{ A form 900.EZ or Form 90 return is not required, but if the organization and its grows receipts are normally not more than \$25,000 \( \text{ A form 900.EZ or Form 90 return is not required, but if the organization and its grows receipts are normally not more than \$25,000 \( \text{ A form 900.EZ or Form 90 return is not required, but if the organization and its grows receipts are normally not more than \$25,000 \( \text{ A form 900.EZ or Form 900 return is not required.} \)    If contributions, grits, grants, and similar amounts received   If the organization and its grows receipts are normally not more than \$25,000 \(  A form 900.EZ or Form 900.EZ		Termination		,						ŀ			<del> </del>
*Section 501(c/Q3) arganizations and 4947(a/1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)  Website: * N/A    Website: * N/A   H. Chock *   I if the organization is not a section 509(a/Q3) supporting organization and its gross receipts are normally not more than \$25,000. A form 990 c. 990 e. 2, or 990 e. 1, or 990 e. 2, or 990 e. 1, or 990 e. 2, or 990		Amended return	Instruc-							1	F Gro	ир Ех	emption
Website: N/A   Hebre   Note   Hebre   Note   Hebre		Application pending											P
Website: N/A   required batter (betk only nea)   X  50 (c) (3.)   (nest ap.)   694/(a)(1) or   527   730   731   248   730   731		• Section	501(c)(. must att	3) organizations ach a completed	and 4947(a)(1) I Schedule A (F	nonexempt cl orm 990 or 99	haritable trusts 90-EZ).		Othe	er (speci	fy) ►		Cash X Accru
Tax-essent) states (dets (est) esp -   X  50(e) (3 ) = (nest ao )   (940(k)) or   (92)   990-EZ, or 990-PF)		_						н	Che	eck ► X	if th	e org	anization is <b>not</b>
The content to the content of the content of the content of the content of the complete return of the content	ı	Website: ► _	N/A				<del></del>		requ	uired to a	attach S	Sched	lule B (Form 990,
\$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return instead of Form 990-EZ instead of Form 990-EZ.  Add lines 5, 65, and 75, 10 ine 9 to determine gross receipts; if \$500,000 or more, file Form 990  \$119, 226  Part I   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  1 Contributions, gifts, grants, and smilar amounts received  2 71, 941  3 Membership dues and assessments.  2 71, 942  3 Membership dues and assessments.  3 Membership dues and assessments.  4 6, 83:  5 Gross amount from sale of assets other than inventory be Less cost or other basis and sales expenses.  5 Gross amount from sale of assets other than inventory be Less cost or other basis and sales expenses.  6 Special events and activities (complete applicable parts of Schedule 6) If any amount is from gaming, check here a Gross revenue (not including \$	<u>J</u>	Tax-exempt statu	s (check o										
Table   Power   Powe		\$25,000 A Fo	rm 990-E	EZ or Form 990 i	return is not re	quired, but if	the organization	chooses t	to file	a return	e norm , be su	ially r re to	not more than file a complete ret
1   3, 53%		instead of Fori	m 990-E	Z									
1   3, 53%	Pa	rt   Rev	enue.	Expenses, ar	nd Changes	in Net Ass	ets or Fund I	Balances	s (Se	ee the i	nstru	ction	s for Part I.)
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 investment income 5 a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gam or (bits) from sale of assets other than inventory (Subtract in 5b from in 5a)  6 Special events and activities (complete applicable parts of Schedule () it any amount is from gaming, check here a Gross revenue (not including \$	L	····										1	3,53
Membership dues and assessments							ntracts					2	
Investment income		-										-	
5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (less) from sale of assets other than inventory (Subtract In 5b from In 5a) 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 I) b Less direct expenses other than fundraising expenses c Net income or (less) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 0 their revenue (describe ► )  9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			•										
b Less cost or other basis and sales expenses c Gan or (bss) from sale of assets other than inventory (Subtract In 5b from In 5a) c Gan or (bss) from sale of assets other than fundraising expenses of contributions reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (bss) from special events and activities (Subtract line 6b from line 6a)  7 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other reverue (describe > 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 119, 220 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Professional fees and other payments to independent contractors 16 Other backet by Cap SEE STATEMENT 2 17 Total expenses. Add-lines 10 through 16 18 Exc SEP r depict or the Cap Set Intensity of Intensity					ts other than in	ventory		5a					·
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Part II   Balance Sheets. If Total assets or fund balances at end of year Combine 17 (form line 2)   Cash, savings, and investments   Cash, savings, and investment	Ě				opiicabie parts or s			illing, check i	iici c		ᅛᆝ		
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c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)  7 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe ▶ ) 8  9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ 9 119, 220  10 Grants and similar amounts paid (attach schedule) SEE STATEMENT 1 10 63, 199  11 Benefits paid to or for members 111  12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 14 Occupancy, rent, utilities, and maintenance 14 A Cocupancy, rent, utilities, and maintenance 15 A Cocupancy, rent, utilities, and maintenance 16 A Cocupancy, rent, utilities, and maintenance 17 A Cocupancy rent, utilities, and maintenance 18 A Cocupancy rent, utilities, and maintenance 19 A Cocupan	Ε			•							[		
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8		ľ	_					7b				- 1	
9   Total revenue   Add lines   1, 2, 3, 4, 5c, 6c, 7c, and 8   9   119, 220		c Gross pr	ofit or (I	oss) from sales	of inventory (S	ubtract line 7	b from line 7a).				L	7c	·
10   Grants and similar amounts paid (attach schedule)   SEE STATEMENT 1   10   63, 199		8 Other reve	nue (desci	ribe ►							) [	8	
10   Grants and similar amounts paid (attach schedule)   SEE STATEMENT 1   10   63,199		9 Total rev	venue A	Add lines 1, 2, 3,	4, 5c, 6c, 7c,	and 8		·		<u> </u>	_ ▶_	9	119,22
11   Benefits paid to or for members   12							S	EE STA	TEME	ENT 1		10	63,19
12   Salaries, other compensation, and employee benefits   13   Professional fees and other payments to independent contractors   13   4,000     14   Occupancy, rent, utilities, and maintenance   14   5,000     15   23,256     16   31,446     17   Total expenses. Add-lines.] 0 through 16   17   126,900     18   -7,675     19   Net assets or fund balances at end of year (from line 27, column (A)) (must agree with end-of-year right assets or fund-beliences at end of year (Combine lines 18 through 20   21   457,915     19   Part II   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II )   (A) Beginning of year (B) End of year Cother assets (describe   SEE STATEMENT 4 )   444,159   24   37,000     20   Other assets (describe   SEE STATEMENT 4 )   444,159   24   37,000     21   Net assets or fund balances (line 27 of column (B) must agree with line 21)   469,184   27   457,915     22   Net assets or fund balances (line 27 of column (B) must agree with line 21)   469,184   27   457,915     23   Other assets (describe   SEE STATEMENT 5 )   5,500   26   4,000     24   Other assets or fund balances (line 27 of column (B) must agree with line 21)   469,184   27   457,915     25   Other assets or fund balances (line 27 of column (B) must agree with line 21)   469,184   27   457,915     25   Other assets or fund balances (line 27 of column (B) must agree with line 21)   469,184   27   457,915     26   Other assets or fund balances (line 27 of column (B) must agree with line 21)   469,184   27   457,915     27   Other assets or fund balances (line 27 of column (B) must agree with line 21)   469,184   27   457,915     28   Other assets or fund balances (line 27 of column (B) must agree with line 21)   469,184   27   457,915     28   Other assets or fund balances (line 27 of column (B) must agree with line 21)   469,184   27   457,915     29   Other assets or fund balances (line 27 of column (B) must agree with line 21)   469,1		1		•	a (attaon sonoa	aro,	_				_		
13   Professional fees and other payments to independent contractors   13   4,000     14   Occupancy, rent, utilities, and maintenance   14   5,000     15   Printing publications, postage, and shipping   15   23,254     16   Other space Field   SEE   STATEMENT 2   16   31,446     17   Total expenses: Add-lines to through 16   17   126,900     18   -7,675     19   Net assets or fund balances at beginning of year (from line 9)   18   -7,675     19   Net assets or fund balances at end of year (subtract line 17 from line 9)   18   -7,675     19   Adequate		l	•		nd amployee b	enefite					-		
14   5,000	Ŷ	1					otoro				<b>⊢</b> −		4 00
15   23, 256   16   0ther bases   25   STATEMENT 2	N	1				endent contra	101015				-	-	
To Other spaces. Add lines. In the reported on prior year's return.  Not assets or fund balances at end of year Combine lines 18 through 20.  Part If Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II)  Cash, savings, and investments  20.  (See the instructions for Part II)  Cash, savings, and investments  21.  Cash, savings, and investments  23.  Cash, savings, and investments  24.  Cash, savings, and investments  25.  Cash, savings, and investments  26.  Cash, savings, and investments  27.  Cash, savings, and investments  28.  Cash, savings, and investments  Ca											_ <b>⊢</b>		
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Second of the Vear (Subtract line 17 from line 9)   18   -7, 675     Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year line of the vear section)   19   469, 184     19   469, 184     19   469, 184     19   469, 184     19   469, 184     10   469, 184     10   469, 184     10   469, 184     11   469, 184     12   457, 916     13   469, 184     14   469, 184     15   469, 184     16   469, 184     17   469, 184     18   -7, 675     19   469, 184     19   469, 184     10   46												_	
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19		17 Total ex	penses.	Add lines 10 th	rough 16								
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19		185 Excess	r (defic	yth for the <b>Ke</b> lar (S	Subtract line 1	7 from line 9)					ļ	18	-1,61
Total assets or fund balances (attach explanation)   SEE STATEMENT 3   20   -3,592	N S		ets or fur	nd balances at b	eainnina of ve	ar (from line 2	27. column (A))	(must agre	e with	h end-of-	year :	1	
Total assets or fund balances (attach explanation)   SEE STATEMENT 3   20   -3,592	ËS	Linguro-re	ported c	n prior year's re	eturn)	,		. 3					
Part II   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ  (See the instructions for Part II)   (A) Beginning of year   (B) End of year	Ţ	20 ୁଜନ						SEE STA	TEM	ENT 3		20	
Part II         Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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         430,525.         22         424,918           23         Land and buildings         23           24         Other assets (describe ► SEE STATEMENT 4 )         44,159.         24         37,000           25         Total assets         474,684.         25         461,918           26         Total liabilities (describe ► SEE STATEMENT 5 )         5,500.         26         4,000           27         Net assets or fund balances (line 27 of column (B) must agree with line 21)         469,184.         27         457,918	_ 5	21 Net asse	ets or ful	<del>rd-balances</del> at e	nd of year Co	mbine lines 18	8 through 20	<u></u>			►	21	457,91
(See the instructions for Part II)         22 Cash, savings, and investments       430,525.       22       424,918         23 Land and buildings       23         24 Other assets (describe ► SEE STATEMENT 4 )       44,159.       24       37,000         25 Total assets       474,684.       25       461,918         26 Total liabilities (describe ► SEE STATEMENT 5 )       5,500.       26       4,000         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       469,184.       27       457,918	Pa							0 or more,	, file F	orm 990	) instea	d of f	Form 990-EZ
22 Cash, savings, and investments       430,525. 22       424,918         23 Land and buildings       23         24 Other assets (describe ► SEE STATEMENT 4 )       44,159. 24       37,000         25 Total assets       474,684. 25       461,918         26 Total liabilities (describe ► SEE STATEMENT 5 )       5,500. 26       4,000         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       469,184. 27       457,918	Pa 22 23						·						
23         24       Other assets (describe ► SEE STATEMENT 4 )       44,159. 24 37,000         25       Total assets       474,684. 25 461,918         26       Total liabilities (describe ► SEE STATEMENT 5 )       5,500. 26 4,000         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       469,184. 27 457,918	22	Cash, savino	ıs, and ı	,		•			•			T -	
24 Other assets (describe ► SEE STATEMENT 4 )       44,159. 24 37,000         25 Total assets       474,684. 25 461,918         26 Total liabilities (describe ► SEE STATEMENT 5 )       5,500. 26 4,000         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       469,184. 27 457,918	23											23	
25 Total assets       474,684. 25       461,918         26 Total liabilities (describe ► SEE STATEMENT 5 )       5,500. 26       4,000         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       469,184. 27       457,918				be ► SEE ST	CATEMENT 4	ļ	)			44.	159.		37,00
26 Total liabilities (describe ► SEE STATEMENT 5 )       5,500. 26 4,000         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       469,184. 27 457,918	_						_*						
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 469, 184. 27 457, 918				cribe ► SEE S	STATEMENT	5	)						
							/ with line 211	<u> </u>					
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Form	990-EZ (2009) THE GARDEN CLUE	OF SOUTH CAROLINA		23	<del>-</del> 700	)5531 Page 2
	t III` Statement of Program Se		s (See the instructi	ons.)		Expenses
What	s the organization's primary exempt purpose? PF	ROMOTE GARDENING			(Reg   501(	uired for section c)(3) and (4)
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of ram title.	ne organization's exempt purp f persons benefited, or other	ooses. In a clear and co relevant information for	ncise manner, each	orgai 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional thers.)
	SEE STATEMENT 2				101 0	
			<b>-</b>			
	(Grants \$ 63,199.) If the	nis amount includes foreign gi	rants, check here		28a	63,199.
29	THE SOUTH CAROLINA GARDNI			AZINE FOR		
	MEMBERS OF THE ORGANIZAT				ĺ	
			<b></b>		ĺ	
	(Grants \$ ) If the	nis amount includes foreign gi	rants, check here		29a	23,254.
30						
				- <b></b>		
	(Grants \$ ) If the	nis amount includes foreign gi	rants, check here	•	30 a	
31	Other program services (attach schedul	e)	·			
		nis amount includes foreign gi	rants, check here	<b>&gt;</b>	31 a	
	Total program service expenses (add l		<u>-</u>	<u> </u>	32	86,453.
Par	t IV List of Officers, Directors		<del>r -</del>			
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla	t0 ns and	(e) Expense account and other allowances
ŭ.	(a) Harrie and dadress	to position	not para; enter -o,	deferred compensa		and other anowances
<u>SEE</u>	STATEMENT 6		0.		0.	0.
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Form **990-EZ** (2009)

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

Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead

44

45

Х

of Form 990-EZ.

(803)

Phone no ▶

286-5984

► X Yes No

Form 990-EZ (2009)

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Yes No 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 46 46 X X Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Х 48 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 49 a 49a Did the organization make any transfers to an exempt non-charitable related organization? 49b b If 'Yes,' was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (d) Contributions to employee (e) Expense account and other allowances (b) Title and average (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position benefit plans and deferred compensation NONE f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here PAT TROUTMAN TREASURER Type or print name and title Preparer's Identifying Number (See instructions) Check if Preparer's Paid self signature P00218329 employed Pre-Firm's name (or yours if self-employed), address, and ZIP + 4 DOUGLAS C. BURNETTE PUBLIC ACCOUNTANT, LLC parer's 57-0520119

302 N WHITE STREET

May the IRS discuss this return with the preparer shown above? See instructions

LANCASTER, SC 29720

Ùse

Only

BAA

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

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

CHE	G	ARDEN CLUB OF	F SOUTH CAROLI	NA					23-70	00553	L		
art	1	Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.)	See II	nstruct	ions		
he c	rga	nization is not a pri	vate foundation becau	ise it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1		A church, conventi	on of churches or ass	ociation of churches desc	cribed in	section	170(b)	(1)(A)(i)	).				
2		A school described	I in section 170(b)(1)(A	<b>A)(ii).</b> (Attach Schedule E	Ξ.)								
3		A hospital or coope	erative hospital service	e organization described	ın secti	on 170(l	οχ1χΑχ	iii).					
4	Г	A medical research	organization operate	d in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) Er	nter the ho	spital's	
	_	name, city, and sta	ate:										
5		An organization op 170(b)(1)(A)(iv). (0	erated for the benefit Complete Part II.)	of a college or university	owned	or oper	ated by	a gove	rnmenta	l unit de	scribed in	section	1
6 7		An organization that		governmental unit descri substantial part of its su art II )					t or from	n the ger	neral public	descr	bed
8		A community trust	described in section 1	170(b)(1)(A)(vi). (Complet	te Part I	l.)							
9	X	from activities relation	ted to its exempt func	(1) more than 33-1/3 % of tions – subject to certain ass taxable income (less omplete Part III.)	n except	ions, an	id (2) no	more t	than 33-	1/3 % of	ʻits suppor	t from	gross
10		An organization or	ganized and operated	exclusively to test for pu	ıblıc safı	ety. See	section	1 509(a)	(4).				
11		more publicly supp describes the type	orted organizations of of supporting organiz	exclusively for the benef lescribed in section 509(a cation and complete lines	a)(1) or s 11e thi	section ough 1	509(a)(2 Ih	2) See	of, or ca <b>section</b>	rry out ti <b>509(a)(</b> 3	i). Check t	he box	e or that
		aType I	<b>b</b> Type II	c Type III		•	-			d ∐	Type III–		
е	L.	By checking this bo than foundation ma 509(a)(2).	ox, I certify that the or anagers and other that	ganization is not controll n one or more publicly si	led dired upported	tly or in d organi.	directly zations	by one describ	or more ed in se	disqual ction 509	ified perso 9(a)(1) or s	ection	er
f		If the organization check this box	received a written det	ermination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting	organızatıo	n,	
g		Since August 17, 2	2006, has the organiza	tion accepted any gift o	r contrib	ution fro	om any	of the f	ollowing	persons	s?		
												Yes	No
		(i) a person who	directly or indirectly of the si	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d in (ii)	and (III)	11g (i)		
		-	nber of a person desc	•							11g (II)	<del>  </del>	
		• • •	•	i described in (i) or (ii) al	hove?						11g (III)		
h		• •	•	the supported organization							119(11)		
		) Name of Supported	(ii) EIN	(III) Type of organization	ı	ls the	(A) Did v	ou notify	(10)	s the	(VII) Amour	at of Sun	nort.
	,	Organization	(II) EIIV	(described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	ion in col d in your rning ment?	the organ	uzation in (i) of	organizat (i) organi		(en) Amour	it or Supp	JOIL ,
					Yes	No	Yes	No	Yes	No			
otal		. ==											

**b 10%-facts-and-circumstances test** — **2008.** 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. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009 BAA

18

Page 3

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.)							
Sèc	tion A. Public Support							
Cale	ndar year (or fiscal yr beginning in) >	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	114,419.	95,163.	189,480.	159,309.	112,393.	670,764.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.	
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
	Total. Add lines 1 through 5	114,419.	95,163.	189,480.	159,309.	112,393.	670,764.	
	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0,	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						0	
	year	0.	0.	0.	0.	0.	0.	
	Add lines 7a and 7b	0.	<u> </u>		<u> </u>	<u>0.</u>	<u> </u>	
8	Public support (Subtract line 7c from line 6.)						670,764.	
	tion B. Total Support				<del></del>		<del></del>	
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total	
Cale:	ndar year (or fiscal yr beginning in) Amounts from line 6	(a) 2005 114, 419.	<b>(b)</b> 2006 95, 163.	(c) 2007 189, 480.	(d) 2008 159, 309.	(e) 2009 112, 393.	(f) Total 670, 764.	
Cale:	ndar year (or fiscal yr beginning in)	114,419.	95,163.	189,480.	159,309.	112,393.	670,764.	
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form							
Caler 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses	114,419.	95,163.	189,480.	159,309.	112,393.	62,604.	
Caler 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	114,419.	95,163. 15,218.	16,423.	159,309. 11,397.	6,833.	62,604.	
Cale 9 10a b	Amounts from line 6 Gress income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	114,419.	95,163. 15,218.	16,423.	159,309. 11,397.	6,833.	670,764. 62,604. 0. 62,604.	
Cale: 9 10 a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in	12,733.	95,163. 15,218.	16,423.	159,309. 11,397.	6,833.	670,764. 62,604. 0. 62,604.	
Cale: 9 10 a b c 11 12 13 14	Amounts from line 6 Gress income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add hs 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	114,419.  12,733.  12,733.	95,163. 15,218. 15,218.	16,423. 16,423.	159,309. 11,397.	6,833.	670,764. 62,604. 0. 62,604. 0. 733,368.	
Calei 9 10 a b c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add his 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	114,419.  12,733.  12,733.  1s for the organization here	95, 163.  15, 218.  15, 218.  ation's first, second	16, 423.  16, 423.	159,309. 11,397.	6,833. 6,833. a section 501(c)(3	670,764. 62,604. 0. 62,604. 0. 733,368.	
Calei 9 10 a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add his 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	114, 419.  12, 733.  12, 733.  12, 733.  stop the organization here  blic Support P  109 (line 8, column	95, 163.  15, 218.  15, 218.  ation's first, second ercentage (f) divided by line	16, 423.  16, 423.	159,309. 11,397.	6,833. 6,833. a section 501(c)(3	670,764. 62,604. 0. 62,604. 0. 733,368. 9) 91.5%	
Calei 9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add his 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and thion C. Computation of Pulpublic support percentage from	114, 419.  12, 733.  12, 733.  12, 733.  stop here blic Support P 09 (line 8, column 2008 Schedule A,	95, 163.  15, 218.  15, 218.  ation's first, second ercentage (f) divided by line Part III, line 15	16, 423.  16, 423.	159,309. 11,397.	6,833. 6,833. a section 501(c)(3	670,764. 62,604.  0. 62,604.  0. 733,368.	
Calei 9 10 a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add his 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from tion D. Computation of Invition D. Computation of Invition 1.	114, 419.  12, 733.  12, 733.  12, 733.  Is for the organization here  blic Support P  1009 (line 8, column 2008 Schedule A, restment Incon	95, 163.  15, 218.  15, 218.  15, 218.  ercentage  (f) divided by line Part III, line 15  ne Percentage	16, 423.  16, 423.  16, 423.	159,309.  11,397.  11,397.	6,833. 6,833. a section 501(c)(3	670,764. 62,604. 0. 62,604. 0. 733,368. 0. 91.5% 0.0%	
Calei 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add his 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from the support income. Do Computation of Investment income percentage from the support percentage from	114, 419.  12, 733.  12, 733.  12, 733.  Is for the organization here  blic Support P  109 (line 8, column  2008 Schedule A,  restment Incon  or 2009 (line 10c,	95, 163.  15, 218.  15, 218.  15, 218.  ercentage  (f) divided by line Part III, line 15  ne Percentage  column (f) divided	16, 423.  16, 423.  16, 423.  d, third, fourth, control of the second of	159,309.  11,397.  11,397.	112,393. 6,833. 6,833. a section 501(c)(3	670,764. 62,604. 0. 62,604. 0. 733,368. 3) ► □ 91.5% 0.0%	
Calei 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add his 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from Investment income percentage f Investment income percentage f Investment income percentage f	114, 419.  12, 733.  12, 733.  12, 733.  12, 733.  Is for the organization here  blic Support P  109 (line 8, column 2008 Schedule A, restment Incom or 2009 (line 10c, rom 2008 Schedul the organization di	15, 218.  15, 218.  15, 218.  15, 218.  15, 218.  ercentage  i (f) divided by line Part III, line 15  ne Percentage column (f) divided e A, Part III, line 15 d not check the bo	16, 423.  16, 423.  16, 423.  1, third, fourth, one 13, column (f))  by line 13, column (f)  ax on line 14, an	159, 309.  11, 397.  11, 397.  or fifth tax year as  mn (f)) d line 15 is more	112, 393. 6, 833. 6, 833. a section 501(c)(3 15 16 17 18 than 33-1/3%, and	670,764.  62,604.  0. 62,604.  0. 733,368.  10. 91.5% 0.0%  8.5% 0.0%	
Calei 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add his 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Public support percentage from the support investment income percentage for Investment Income Investment	114, 419.  12, 733.  12, 733.  12, 733.  12, 733.  12, 733.  12, 733.  12, 733.  12, 733.	15, 218.  15, 218.  15, 218.  15, 218.  15, 218.  15, 218.  15, 218.  16, 218.  17, 218.  18, 218.  19, 218.  19, 218.  10, 218.  10, 218.  11, 218.  11, 218.  12, 218.  13, 218.  14, 218.  15, 218.  15, 218.	16, 423.  16, 423.  16, 423.  1, third, fourth, of third, fourth, of third, fourth, or third, soluring the second	11,397.  11,397.  11,397.  or fifth tax year as  mn (f))  d line 15 is more blicly supported on, and line 16 is m	112, 393. 6, 833. 6, 833. 6, 833.  15 16 17 18 than 33-1/3%, and rganization ore than 33-1/3%,	670,764.  62,604.  0. 62,604.  0. 733,368.  0. 91.5% 0.0%  8.5% 0.0%  Inne 17 is not X	

Part IV	Supplement	tal Informati	on. Complete	this part to	provide the e	xplanations red	quired by Part II mation. See ins	, line 10;
	Part II, line	1/a or 1/b;	and Part III, I	ine 12. Provid	de any other	additional intol	mation. See ins	structions.
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2009	FEDERAL STATEMENTS		PAGE 1
	THE GARDEN CLUB OF SOUTH CAROLINA		23-7005531
STATEMENT 1 FORM 990-EZ, PART I, LINE 1 GRANTS AND SIMILAR AMOL	0 JNTS PAID		
DONEE'S NAME: CASH AMOUNT GIVEN:	CAMP WILDWOOD	\$	19,543.
DONEE'S NAME: CASH AMOUNT GIVEN:	MEMORIAL GARDENS	\$	6,319.
DONEE'S NAME: CASH AMOUNT GIVEN:	NATURE CONSERVANCY-LAND TRUST	\$	1,765.
DONEE'S NAME: CASH AMOUNT GIVEN:	SC BOTANICAL GARDEN - CLEMSON	\$	260.
DONEE'S NAME: CASH AMOUNT GIVEN:	TEACHING KATE	\$	1,267.
DONEE'S NAME: CASH AMOUNT GIVEN:	WORLD GARDENING	\$	85.
DONEE'S NAME: CASH AMOUNT GIVEN:	RIVERBANKS BOTANICAL GARDEN	\$	115.
DONEE'S NAME: CASH AMOUNT GIVEN:	YOUTH SYMPOSIUM	\$	731.
DONEE'S NAME: CASH AMOUNT GIVEN:	CLEMSON UNIVERSITY	\$	2,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	WASHINGTON & LEE LAW SCHOOL	\$	2,500.
DONEE'S NAME: CASH AMOUNT GIVEN:	WOFFORD COLLEGE	\$	2,000.
DONEE'S NAME: CASH AMOUNT GIVEN:	OAKLAND UNIVERSITY	\$	2,500.
DONEE'S NAME: CASH AMOUNT GIVEN:	SPECIAL PROJECT SALES	\$	24,114.
STATEMENT 2 FORM 990-EZ, PART I, LINE 10 OTHER EXPENSES  AWARDS BOARD LUNCHES CONFERENCES, CONVENTIONS DUES OFFICE EXPENSES PRESIDENTS IN SERVICE SCHOOLS		\$	3,690. 3,572. 7,816. 3,152. 9,569. 250. 3,399.
		TOTAL \$	31,448.

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2009	FED	ERAL STATEME	NTS		PAGE 2
•	THE GARI	DEN CLUB OF SOUTH C	AROLINA		23-7005531
STATEMENT 3 FORM 990-EZ, PART OTHER CHANGES IN NET UNREALIZED GA	NET ASSETS OR FU			TOTAL \$	-3,591. -3,591.
STATEMENT 4 FORM 990-EZ, PART OTHER ASSETS	II, LINE 24				
ACCOUNTS RECEIVAE PREPAID EXPENSES		ARGES		GINNING 19,159. \$ 25,000. 44,159. \$	ENDING 17,000. 20,000. 37,000.
STATEMENT 5 FORM 990-EZ, PART TOTAL LIABILITIES  ACCOUNTS PAYABLE		ENSES	BE TOTAL \$	GINNING 5,500. \$ 5,500. \$	ENDING 4,000. 4,000.
STATEMENT 6 FORM 990-EZ, PART LIST OF OFFICERS, [	IV DIRECTORS, TRUST	EES, AND KEY EMPLOY	EES	CONTRI-	EXPENSE
NAME AND	ADDRESS	AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION		
BETSY L. STEELE PO BOX 339 RICHBURG, SC 2972		PRESIDENT 0		\$ 0.	•
KALLI NORTON PO BOX 38 DILLON, SC 29567		1ST VICE PRES 0	0.	0.	0.
JOANN JOHNSON 9859 HIGHWAY 90 LITTLE RIVER, SC	29566	2ND VICE PRES 0	0.	0.	0.
MAIDA O. DANTZLER 208 SHASTA LANE SANTEE, SC 29142		3RD VICE PRES 0	0.	0.	0.

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### **FEDERAL STATEMENTS**

PAGE 3

THE GARDEN CLUB OF SOUTH CAROLINA

23-7005531

### STATEMENT 6 (CONTINUED) FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
DONNA DONNELLY 4494 MCCORDS FERRY RD ELLOREE, SC 29047	RECORDING SEC \$	0.	\$ 0.	\$ 0.
PAT F. TROUTMAN 1904 TARA TRAIL LANCASTER, SC 29720	TREASURER 0	0.	0.	0.
GINA DANTZLER 140 CHAMBLEE LANE SANTEE, SC 29142	CORRESP SEC 0	0.	0.	0.
TAMMIE RICKENBACKER 1401 JASMINE LANE HOLLY HILL, SC 29059	ASST CORRSP SEC	0.	0.	0.
HELEN GOFORTH 849 S GREEN RIVER RD GAFFNEY, SC 29341	HISTORIAN 0	0.	0.	0.
MILDRED D. PARKER 4297 ROWELL RD LANCASTER, SC 29720	CHAPLAIN 0	0.	0.	0.
SARAH ANN PARLER PO BOX 306 ELLOREE, SC 29047	PARLIAMENTARIAN 0	0.	0.	0.
MARSHA ALEXANDER 110 PLANTATION DRIVE MOORE, SC 29369	ADVISOR 0	0.	0.	0.
SANDRA HAMANN 405 E SEVEN OAKS DR GREENVILLE, SC 29605	DISTR DIRECTOR 0	0.	0.	0.
SARAH FLOYD 1417 MEADOR ROAD CHESTER, SC 29706	DISTR DIRECTOR 0	0.	0.	0.
PAT HANNA 410 CHEROKEE RD FLORENCE, SC 29501	DISTR DIRECTOR 0	0.	0.	0.
LILYAN CARLSON 114 LIBBY ARIAIL COURT CHAPIN, SC 29036	DISTR DIRECTOR 0	0.	0.	0.

2009

### **FEDERAL STATEMENTS**

PAGE 4

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#### THE GARDEN CLUB OF SOUTH CAROLINA

23-7005531

STATEMENT 6 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
LIB RENTZ PO BOX 184 MONCKS CORNER, SC 29461	DISTR DIRECTOR \$	0.	\$ 0.	\$ 0.
CORDELIA SHRAMEK PO BOX 113 FAIRFAX, SC 29827	DISTR DIRECTOR 0	0.	0.	0.
BARBARA PETERSON 125 PICKERING DRIVE MURRELLS INLET, SC 29576	DISTR DIRECTOR 0	0.	0.	0.
	TOTAL <u>\$</u>	0.	\$ 0.	\$ 0.

# STATEMENT 7 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

ИО