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Return of Organization Exempt From Income Tax

OMB No 1545-0047 990 Form 2009 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black Open to Public lung benefit trust or private foundation) Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service Apr 30,2010 For the 2009 calendar year, or tax year beginning May 01, 2009, and ending Please C Name of organization, number and street, city, town, state, and ZIP code use IRS D Employer identification number applicable 58-0706724 Address change label or print or THE GARDEN CLUB OF GEORGIA, INC. E Telephone number Name change tvpe Initial return See Specific 2450 S MILLEDGE AVENUE \$ Terminated nstruc-ATHENS GA 30602-5817 Amended return tions H(a) Is this a group return Application Name and address of principal officer BETTY GRIMES for affiliates? Yes X No pending GA 30546-0349 PO BOX 349 HIAWASSEE Are all affiliates included If "No", attach a list 501(c)(3) **(**(insert no) | 4947(a)(1) or Yes | No Tax-exempt status 527 (see instructions) Website: ▶ WWW.UGA.EDU/GARDENCLUB H(c) Group exemption number K Form of organization X Corporation Trust Association Year of formation 1928 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities. TO FURTUER THE EDUCATION OF MEMBERS AND THE PUBLIC IN CARDENING HORTICULTURE, BOTAKI, CONSERVATION AND OTHER RELATED 2 ELDS Activities & Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 8 8 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 18114. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 7b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 175515 156288. Contributions and grants (Part VIII, line 1h) Revenue 38247. Program service revenue (Part VIII, line 2g) 43560. -7909 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9319. 81712. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 80390. 286243 290879. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 92414 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 85962. 14 Benefits paid to or for members (Part IX, column (A), line 4) 37288 32249. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) STORE STATE OF THE b Total fundraising expenses, (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 1 a-11d, 116-24f) 212871 201796. 40 Total experience Constant 42 47 (mint 312573 **770007** Ñ -56330. -29128. 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current 1 3 2010 End of Year 2535493 2669929. 20 Total assets (Part X, line 16) 9268. 5268. 21 Total liabilities (Part X, line 26) 2526225. 2664661. 22 Net assets or fund balances. Subtract line 21 Part II Signature Block 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 Here Signature of officer Type or print name and title Preparer's identifying number Check if Preparer's (see instructions) Paid self-employed ▶ signature

SCANNED

Preparer's

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

AND

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PO BOX8065 ATHENS GA

PC

Firms name (or yours

address, and ZIP + 4

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Yes No Form **990** (2009)

58-1696060

EIN

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Par		ment of Program S		shments			
1	•	be the organization's mis					-
	TO PROM	MOTE GARDENII	NG TO PUBL	IC			
				-			
	-						
2				rvices during the year whi			
						Yes	X No
_		ribe these new services			_	п	
3		nization cease conducting cribe these changes on S		t changes in how it condu	cts any program services?	Yes	⊠ No
4		=		e organization's three larg	est program services by expenses		
-					ured to report the amount of grants		
		- · ·		ny, for each program serv	•		
							
4a	(Code.) (Expenses \$	208760.	including grants of \$	85962.)(Revenue	\$ 4	3560.)
	CEE AMO	PACUER SCUEN		 	-,		
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4b	(Code) (Expenses \$		including grants of \$) (Revenue	<u> </u>	 ,
	(, (, (************************************		,
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4c	(Code) (Expenses \$		including grants of \$) (Revenue	5)
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	Otherwise		Cabadula C.				
4d	Other program (Expenses \$	m services. (Describe in		¢	\/Payanua \$	•	
40		m service expenses >	including grants of 20876)(Revenue \$		
70	. owi piogral	Service exhenses		· ·		Form 9	90 (2009)

Par	IV Checklist of Required Schedules			
			Yes	No No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D. Part III	8	x !	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		· · ·	
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	_11	x	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		, 4	31.
	Schedule D, Part VI.		n t	.
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	٠,٠	, ; ; à	380 g
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	*. *	ri de je	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	-	,	⇔ ∵′′
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	`		1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	č, **	. 👍 🕾	127 · X · 121
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		٠	·~;
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	,		
	the organization's liability for uncertain tax positions under FIN 487 If "Yes," complete Schedule D, Part X.		,	١
12	Did the organization obtain a separate, independent audited financial statements for the tax year? If "Yes," complete			·
	Schedule D, Parts XI, XII, and XIII	12	l	_X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			į
	if "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	:. ;^ • -₁	 ₁	ا ہے۔ ۔۔۔
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		ļ	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
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	Checklist of Required Schedules (continued)			ı —
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21	Х	1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	-		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	Х	Į
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			-
	current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes,"			
	complete Schedule J	. 23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	. 23	-	
274		i		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to question 25	04-		
		. 24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		ļ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	1 1		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25 a		X
b	Is the organization 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			
	990EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	nŝorta	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	edi
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	39.0	۸: <u>۲۰۰۵</u>	a division
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		_	
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family			
	member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	. 28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	. 30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31	_	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	. 32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
••	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	. 33		
-	III, IV, and V, line 1	امدا		v
25	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	. 34		X
35				
••	Schedule R, Part V, line 2	. 35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	. 36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part IV, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		x	

Form 990 (2009) THE GARDEN CLUB OF GEORGIA, 58-0706724 Page 5 Statements Regarding Other IRS Filings and Tax Compliance No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 0 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return or. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a 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)? 4a **b** 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 òm 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 Face a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g Х For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. (XX + 5

Form 990 (2009)

9a

h 10

b

11

Section 501(c)(7) organizations. Enter:

Section 501(c)(12) organizations. Enter

Initiation fees and capital contributions included on Part VIII, line 12

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

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

11a

11b

Form 990 (2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	response to line da, ob, or rob below, describe the circumstances, processes, or changes in ochequie of oce institut	uons.		
Secti	on A. Governing Body and Management		Yes	No
				100
1a	Enter the number of voting members of the governing body 1a 8	25%		
b	Enter the number of voting members that are independent	m ().	;	,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		<u></u> ,	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct		-	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one of more members			
	of the governing body?	7a	х	ı
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	100		.
	the year by the following.	v2.19		<u>.</u> ,.!
а	The governing body?	8a	Х	ı
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of it's governing body before filing the form?	11		X
11A		J. P. 15		-
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
	Does the organization have a written document retention and destruction policy?	14		X
	Did the process for determining compensation of the following persons include a review and approval by	×.^*(.*)		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ļ
а	The organization's CEO, Executive Director, or top management official?	15a	X	
	Other officers or key employees of the organization?	15b	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	SCAS		J. J
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			, ,
	with a taxable entity during the year?	16a	<u></u>	X
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	(منحفره المعار		
_				
		16b		لينبند
Sacti	the organization's exempt status with respect to such arrangements?	IOD		
	List the states with which a copy of this Form 990 is required to be filed GA			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
10				
	available for public inspection. Indicate how you make these available. Check all that apply.			
40	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	0.0	0 0	E O C
	organization ►BARBARA BOURQU 6445 HOLLA CUMMING GA 30041-4641 770	<u>-88</u>	9-2.	<u> </u>

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization'scurrent key employees. See instructions for definition of "key employee."
- List the organization's fivecurrent highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 List persons in the following order individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees, and former such persons

Check this box if the organization did not c	ompensate	any c	urrent	offic	cer,	directo) <u>r, o</u> ı	r trustee		
(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average	Posit	ion (cl	neck	all t	hat ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
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Petri VIII Section A. Officers, Directors,		Key E	mploy			l High	est (·	······························
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average		on (ch		all t			1	Reportable	Estimated
	hours per	o i	ins	읓	증	좖픓	Former	compensation	compensation	amount of
	week	l re	l iit	Officer	Key employee	ploy	E E	from	from related	other
		Col	Ö	'	夏	γee c		the	organizations	compensation
		_ <u>t</u>	ai tr		Уe	<u>ặ</u>		organization	(W-2/1099-MISC)	from the
		Individual trustee or director	Institutional trustee		^m	Highest compensated employee		(W-2/1099-MISC)		organization
			e			sate	Ì	-		and related
				<u> </u>		ä	<u> </u>			organizations
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1b Total					L		▶	0	0	6000.
Total number of individuals (including but n	ot limited t		-					·		·
from the organization	ot minico i	.0 11103	C IISC	u ab	000,	, ***10 1		ived more than \$100	,,000 in reportable co	impensation
nom the organization P										Yes No
3 Did the organization list anyformer officer,	director or	truste	e kev	emr	ilove	e orb	nah	est compensated		1105 110
employee on line 1a? If "Yes," complete So			-	-			-			. 3 X
4 For any individual listed on line 1a, is the si										
the organization and related organizations									`	
individual	5,0010 , 1110	•	0,000	••	. 00,		D.O.C.	5 0011000110 0 101 0001	•	4 X
5 Did any person listed on line 1a receive or	 accrile cor	nnens	atıon f	rom	anv	unrela	ted	organization for		
services rendered to the organization? If "Y		-			-			•		5 X
Section B. Independent Contractors	00, 00p		,,,ouu.		<u></u>	uon po				0 11
Complete this table for your five highest contains the second secon	mpensated	1 inder	ender	nt co	ntra	ctors t	hati	received more than 9	\$100,000 of	
compensation from the organization.		аор		00		0.0.0 (iooonioa moro alan (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(A)								(B)		(C)
Name and busines	s address							Description of s	services	Compensation
NONE	5 444 1055			_				Description of a	SCIVICES	Compensation
									-	
	-		-							
										
									 -	
2 Total number of independent contractors (in	ncluding b	ut not t	ımıted	to H	hose	lietad	ahr	nve) who received m	ore than	
\$100,000 in compensation from the organiz	_							2.5, 1110 10001400111	o.o gran	
BCA Copyright form software only, 2009 Universal Tax Sy:		nghts re	served			US	990\$	\$8 Rev 1		Form 990 (2009)

12

Total revenue

See instructions

107158.

290879

US990\$\$9

9319.

18114

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete c		required to complete	columns (B), (C) and (I	
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.	<u>'</u>	expenses	general expenses	expenses
1	Grants and other assistance to governments and	20027	20027		
_	organizations in the U.S. See Part IV, line 21	38837.	38837.	•	*
2	Grants and other assistance to individuals in	47105	47105	,	
	the U.S. See Part IV, line 22	47125.	47125.	*	,
3	Grants and other assistance to governments,			f	.29
	organizations, and individuals outside the				33r ~
	U.S. See Part IV, lines 15 and 16				**
4	Benefits paid to or for members		_	12	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified			-	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) ·				
7	Other salaries and wages	32249.		32249.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				-
10	Payroll taxes				
11	Fees for services (non-employees).				
a	Management				
b	Legal				·
•	Accounting	12525.		12525.	
d	Lobbying	12323.		12323.	
_		-	*>	Ψ/	
0 4	Professional fundraising services See Part IV, line 17	12931.	· I	12931.	
f	Investment management fees	12931.	· · · · · · · · · · · · · · · · · · ·	12931.	
9	Other				
12	Advertising and promotion	14160	10050	2010	
13	Office expenses	14168.	10258.	3910.	
14	Information technology	····			
15	Royalties				
16	Occupancy	5543.		5543.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	36852.	36852.		
20	Interest				
21	Payments to affiliates	6216.		6216.	
22	Depreciation, depletion, and amortization[16736.		16736.	
23	Insurance	6878.		6878.	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	PRIZES, AWARDS, ETC.	239.		239.	
b	PRINTING/PUBLICATNS	62165.	61573.	592.	
c	PRESIDENT ALLOWANCES	6000.		6000.	
d	SEE ATTACHED SCHEDUL	21544.	14116.	7428.	·
u 8	ROUNDING	-1.	-1.	7420.	
4					<u> </u>
T	All other expenses.	320007		111047	
25	Total functional expenses. Add lines 1 through 24f	320007.	208760.	111247.	
26	Joint costs Check here ► ☐ If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
BCA	educational campaign and fundraising solicitation				Form 990 (200)

Pai	rt X	Balance Sheet					
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			67745.	1	54671
	2	Savings and temporary cash investments			565046.	2	578202.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		<u>}</u>		4	
	5	Receivables from current and former officers, dire		; -		! <u></u> !	
	`	employees, and highest compensated employees	•	i-		5	
	6	Receivables from other disqualified persons (as d	-			1	
		4958(f)(1)) and persons described in section 4958		ŧ			
		Part II of Schedule L				6	
	,	Notes and loans receivable, net				7	
Assets	7				21551.		14015
ASS	8	Inventories for sale or use		F		8	14815
•	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D		514865.		ı <i>-</i> ı-	
	b	Less. accumulated depreciation	10b	461941.	69449.	10c	52924
	11	Investments - publicly traded securities			693916.	11	839762
	12	Investments - other securities See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1117786.	15	1129555
	16	Total assets. Add lines 1 through 15 (must equal			2535493.	16	2669929
	17	Accounts payable and accrued expenses			9268.	17	5268
	18	Grants payable		F-		18	
	19	Deferred revenue		<u> </u>		19	-
	20	Tax-exempt bond liabilities		F		20	
	21	Escrow or custodial account liability Complete Pa			 	21	
98	22	Payables to current and former officers, directors,		<u>-</u>		 <u> </u>	
Ħ	22	-		-		in in	
Liabilities		employees, highest compensated employees, and	-	ļ		<u> </u>	
_						22	
	23	Secured mortgages and notes payable to unrelate	ed third pa	irties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities. Complete Part X of Schedule D			00.60	25	
	26				9268.	26	5268.
		Organizations that follow SFAS 117, check here		1			
S		complete lines 27 through 29, and lines 33 and				ıı	
ğ	27	Unrestricted net assets		<u> </u>	1151619.	27	1096349
lala	28	Temporarily restricted net assets		<u> </u>	715456.	28	877696
<u>Б</u>	29	Permanently restricted net assets		<u></u> [659150.	29	690616.
5		Organizations that do not follow SFAS 117, che-	ck here	▶ ∐			
٥٠		and complete lines 30 through 34.		_			
ই	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equ				31	 _
Ä	32	Retained earnings, endowment, accumulated inco	•	<u>-</u>		32	
ž	33	_			2526225.	33	2664661.
	34				2535493.	34	2669929.
	34	rotal liabilities and het assets/fully balances			2000490.	1 34	2003323

Form **990** (2009)

Form 990 (2009)	THF	GARDEN	CLUB	OF	GEORGIA,	TNC.
01111 330 (2003)		CITICDELL		O +	ODONOIA,	T110.

58-0706724 Page **12**

•			Yes	No
1	Accounting method used to prepare the Form 990 🔯 Cash 🔲 Accrual 🗍 Other			(
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			ļ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	7
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selected process during the tax year, explain in		,	-'
	Schedule O	İ		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			- , , ,
	issued on a consolidated basis, separate basis, or both			٠
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audıt Act and OMB Cırcular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2009 Open to Public

Inspection

Name of the organization

THE GARDEN CLUB OF GEORGIA, INC.

Employer identification number 58-0706724

Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described insection 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 insection 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described isaction 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2) (Complete Part III.) An organization organized and operated exclusively to test for public safety Sessection 509(a)(4). 10 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) Sesection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III - Functionally integrated | Type I d Type III - Other 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). 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 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) Yes No and (iii) below, the governing body of the supported organization?..... (ii) A family member of a person described in (i) above? Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organ-(V) Did you (vi) Is the (vii) Amount of organization (described on lines 1-9 ration in col notify the organization in support above or IRC section (i) listed in your organization in col (i) governing (see instructions)) organized col (i) of your document? support? in the US.? Yes No Yes No Yes

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-FZ

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

_	Complete only if you checked the t						
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨 📗	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received. (Do not	i					
	include any "unusual grants.")	180178.	164066.	175834.	175515.	156288.	851881.
2	Gross receipts from admissions, merchan-			1			
	dise sold or services performed, or facilities						
	furnished in any activity that is related to						
	the organization's tax-exempt purpose	39631.	60796.	54002.	91402.	100922.	346753.
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						
	ıts behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge			ľ		i	
6	Total. Add lines 1 through 5	219809.	224862.	229836.	266917.	257210.	1198634.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	13000.	12000.	5000.	31000.	15000.	76000.
h	Amounts included on lines 2 and 3		12000.		31000.	13000.	
-	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year		1				
•	Add lines 7a and 7b	13000.	12000.	5000.	31000.	15000.	76000.
8				dina socipori (\$			1122634.
	tion B. Total Support		Co. Security Market	Manage and Jakes and state	* The County all the could for	distribe And Alver	1122034.
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	219809.	224862.	229836.	266917.	257210.	1198634.
-	Gross income from interest, dividends,	213003.	224002.	22,000.	200317.	257210.	1190034.
IVa	payments received on securities loans,						
	rents, royalties and income from similar	ı	ĺ				
	sources	31250.	37075.	38426.	31423.	24289.	162463.
h	Unrelated business taxable income (less	31230.	37073.	30420.	31423.	24205.	102405.
b	section 511 taxes) from businesses						
	acquired after June 30,1975						
_	Add lines 10a and 10b	31250.	37075.	38426.	31423.	24289.	162463.
-	Net income from unrelated business	01200.	3,0,3.		31123.	24200.	102403.
••,	activities not included in line 10b, whether			1			
	or not the business is regularly carried on	8301.	12642.	9950.	5739.	9634.	46266.
42	Other income. Do not include gain or	0301.	12042.	330.	3739.	9034.	40200.
12	loss from the sale of capital assets		1				
	(Explain in Part IV)	30534.	20784.	14459.	21496.	23282.	110555.
42	Total support. (Add lines 9, 10c, 11, & 12)	289894.	295363.	292671.	325575.	314415.	1517918.
	First five years. If the Form 990 is for the orga						131/910.
14	organization, check this box andstop here	· ·		•		` ' ' '	. П
500	tion C. Computation of Public Suppo			·····		<u> </u>	
	Public support percentage for 2009 (line 8, col			- (0)		15	73.96 %
15							70.46 %
16	Public support percentage from 2008 Schedul					16	70.46 %
	tion D. Computation of Investment Ir						10 70 %
17	Investment income percentage for 2009 (line 10		•			17	10.70 %
18	Investment income percentage from 2008 Sche					18	6.06 %
19a	33 1/3 % support tests - 2009. If the organization						
	not more than 33 1/3 %, check this box andsto	_	=				▶ 🛚
b	33 1/3 % support tests - 2008. If the organizate						ind line 18
	is not more than 33 1/3 %, check this box ands	=			• • •		▶ ∐
	Private foundation. If the organization did not	check a hox on	line 14 19a or 1	9b, check this bo	y and see instri	ictions	▶ □

Rev 1

Schedule A																			<u>)7067</u>	24	Page 4
Part IV		Supp	leme	ntal l	nfor	mati	on.	Com	plete	this p	art to	provi	de the	exp	lanations	require	d by Pa	art II, line	10,		
															ormation						
OTHER	TNC	OME	TNO	CLUE	DES	SA	LE	OF	EX	EME	PТ	PUR	POS	F.	TTEMS	тО	MEN	1BERS	SAND	THE	
<u> </u>																					
GENERA	AT 13	י דסוו	r	רו זא א	סבי	тмъ	IID	e EM	ראים		E-m	~									
GENERA	AL P	ОБЬ	10 /	AND	KĽ.	TIMD	OKS) L [1]	CN I	٥,	<u> </u>	<u></u>									
	• •																				
		-																<u> </u>			
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

	e of the organization HE GARDEN CLUB OF GEORGIA, INC		Employer identification number 58-0706724
	rt I Organizations Maintaining Donor Advis		
	Complete if the organization answered ``Yes" to Fo		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Agarogata contributions to (during year)		
3	Aggregate grants from (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	n writing that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds may	y be used only
	for charitable purposes and not for the benefit of the donor	or donor advisor or other impermissible	e private benefit? Yes No
Pa	rt II Conservation Easements. Complete if the	e organization answered "Yes" to Form	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ation (check all that apply)	
	Preservation of land for public use (e.g., recreation or p	eleasure) Preserv	ation of an historically important land area
	Protection of natural habitat	Preserv	ation of certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the fo	orm of a conservation easement on the
	last day of the tax year		
			Held at the End of the Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic si	` '	
	Number of conservation easements included in (c) acquired		
3	Number of conservation easements modified, transferred, r the taxable year ▶	eleased, extinguished, or terminated by	the organization during
4	Number of states where property subject to conservation ea	reament is located.	
4 5	Does the organization have a written policy regarding the pr		of violations
3	and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) ab	_	
	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·	
9	In Part XIV, describe how the organization reports conserva	ation easements in its revenue and expe	ense statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describ	es the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line 8	
1 a	If the organization elected, as permitted under SFAS 116, n	ot to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of	f public service, provide, in Part XIV, the
	text of the footnote to its financial statements that describes	s these items	
Ŀ	If the organization elected, as permitted under SFAS 116, to		
	sures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tr		ncial gain, provide the following amounts
	required to be reported under SFAS 116 relating to these its		
	Revenues included in Form 990, Part VIII, line 1		················ \$
- t	Assets included in Form 990. Part X		

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

Schedule D (Form 990) 2009

Pa		_	Collections of Art,	mistoricai i reasure	s, or Other Similar A	ssets	
	(continue						
3		n's acquisition, accession	, and other records, chec	ok any of the following that	it are a significant use of i	ts collection ite	ms
	(check all that apply)						
а	Public exhibition			d Loan or exchang	ge programs		
þ	Scholarly research	h		e Other			
C	Preservation for fu	uture generations					
4	Provide a description	of the organization's colle	ctions and explain how t	hey further the organizati	on's exempt purpose in P	art XIV	
5	During the year, did th	e organization solicit or r	eceive donations of art, h	nistorical treasures, or oth	ner similar assets to be so	ld	
	to raise funds rather th	nan to be maintained as p	art of the organization's	collection?		. Yes	No No
Pa					ered "Yes" to Form 990, I		
	or reporte	d an amount on Form 99	0, Part X, line 21.				
1a	Is the organization an	agent, trustee, custodian	or other intermediary for	r contributions or other as	sets not included		
	on Form 990, Part X?					. Yes	∏ No
b	If "Yes," explain the ar	rangement in Part XIV ar	d complete the following	ı table [.]			_
		-				Amount	
С	Beginning balance				1c		
d	Additions during the v	ear			1d	_	
		e year			├		
f		··· ·· ·· ··· ··· ··· ··· ······			1f		
2a	_	nclude an amount on For				Yes	X No
	If "Yes," explain the ar		,,			. 🗀	<u></u>
		. =	lete if organization answ	ered ``Yes" to Form 990,	Part IV. line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	rs back
1a	Beginning of year	· · · · · · · · · · · · · · · · · · ·		JAPANGING CT		,	``
	balance			Tito and the			
ь	Contributions			No Continue on a		b	
	Net investment earn-						*
_	ings, gains, and losse	s		Cassia vertier au			
d	Grants or scholarships			19 2 mil 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			>
	Other expenditures			Object & Actions			
Ŭ	for facilities and			12:16:13:44			
£	Administrative	· -		CONTROL CONTROL			
'							
	expenses			124			
	•			1			
2		percentage of the year e					
	Board designated or o	·	<u>0.00</u> %				
D	Permanent endowmer				,		
C	Term encowment ▶_	0.00 %			•	_	
3a					ered for the organization b		s No
		ations				3a(i)	_
	• •	ons			• • • • • • • • • • • • • • • • • • • •	3a(ii)	
b		ne related organizations li	•			3b	
4		ne intended uses of the o		<u> </u>			
Pai		ents - Land, Buildir					
	Description of	investment	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book v	alue
			basis (investment)	basis (other)	Depreciation		
	Land						
b	Buildings						
С	Leasehold improveme	ents	374,371.		369,018.	5,3	53.
d	Equipment		126,958.		83,543.	43,4	15.
. 0	Other		13,536.		9,380.		56.
Total	. Add lines 1a through	1e (Column (d) should ed		olumn (B), line 10(c))		52,9	
	<u></u>	(1)				ule D (Form 99)	

US990D\$3

	dule D (Form 990) 2009 THE GARDEN CLUB OF GEORGIA, IN			06724 Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to A			<u>ents</u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)		_	
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1		-	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		\vdash	
6	Investment expenses		_	
7	Prior period adjustments		_	
8	Other (Describe in Part XIV)		$\overline{}$	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Pai	t XII Reconciliation of Revenue per Audited Financial Statemen			urn
1	Total revenue, gains, and other support per audited financial statements			_1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	Š	
а	Net unrealized gains on investments			J
b	Donated services and use of facilities		!:	
С	Recovenes of prior year grants			· 1
đ	Other (Describe in Part XIV)			·
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1	• • • • • • • • • • • • • • • • • • • •	:	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			, 48
C	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c (This should equal Form 990, Part I, line 12)			
	Reconciliation of Expenses per Audited Financial Stateme			eturn
1	Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25.	•••••	9.2	
2 a	Donated services and use of facilities	120	1 de 1	**
b	Prior year adjustments			. [
C	Other losses		\	
d	Other (Describe in Part XIV)			, ,
6	Add lines 2a through 2d			
3	Subtract line 2e from line 1		·····)	
4	Amounts included on Form 990, Part IX, line 25, but not on line1.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)			
C	Add lines 4a and 4b		4	
5	Total expenses Add lines3 and 4c (This should equal Form 990, Part I, line 18)		_	
Pai	t XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line	es 1a and 4, Part IV, lines	1b and	d 2b, Part V, line 4;
Part.	X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com	plete this part to provide	any ad	ditional information
THI	E GARDEN CLUB OF GEORGIA, INC HAS VARIOUS AN	TIQUES THAT	THE	Y RETAIN
T 1.7	MUETO CHARE HEADOHADHEDO HOHOE IN ABHONG (SEODOTA MUE	10E	ANDTOLLEG
<u> 1 IV</u>	THEIR STATE HEADQUARTERS HOUSE IN ATHENS, G	SEORGIA - THE	12F	ANTIQUES
ARI	E USED FOR PUBLIC EXHIBIT			
				_
SE	E ANTIQUES & SILVER LISTED ON SCHEDULE D, PA	AGE 3, PART I	X	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

2009

OMB No 1545-0047

Open to Publi Inspection

▶ Attach to Form 990. Name of the organization

THE GARDEN CLUB OF GEORGIA. INC.	GEORGIA.	CNL				58-0706724	58-0706724
Part I General Information on Grants and Assistance	ion on Grants ar	d Assistance					1
1 Does the organization maintain records to substantiate the amount of	records to substant	ate the amount of the gr	ants or assistance, the g	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria	grants or assistance, and		
	sistance?		:	:	:	:	∴ X Yes No
scrib	ation's procedures fo	r monitoring the use of g	grant funds in the United	States			
Part II Grants and Other Assistance to Governments a	Assistance to G	Sovernments and C	ind Organizations in the United States.	e United States.	Complete if the organiz	Complete if the organization answered "Yes" to	
Form 990, Part IV, line	21, for any recipient	that received more than	\$5,000 Check this box	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	ed more than \$5,000 Use	ø,	
4 (a) Name and address of	I-I (Form 990) II addi	and address of (A) ISIN (A) ISIN (A) IDC	And Amount of onch	Hand and the factor (a)	action for the benefit (a)	, , , , , , , , , , , , , , , , , , ,	4
organization or government	(a)	section	grant	grant assistance (book, FMV, appraisal,	(book, FMV, appraisal,	non-cash assistance	or assistance
		ıf applıcable			other)		
SEE STMT							
			22,235.				CHARITABLE
						:	
		•					
		-					
		-					
							1

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations.....

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

Schedule I (Form 990) 2009

:

:

:

:

:

:

Rev 1

Page 2 (f) Description of non-cash assistance Schedule I (Form 990) 2009 Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, Complete this part to provide the information required in Part I, line 2, and any other additional information , other) 58-0706724 (d) Amount of assistance non-cash (c) Amount of cash orm 990) 2009 THE GARDEN CLUB OF GEORGIA, INC.

Grants and Other Assistance to Individuals in the United States. Comple 46,600. grant Use Part IV and Schedule I-1 (Form 990) if additional space is needed (b) Number of 12 recipients Supplemental Information. (a) Type of grant or assistance SCHOLARSHIPS Part IV Part III

Schedule I (Form 990) 2009

Rev 1

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990.

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

2009

OMB No 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** THE GARDEN CLUB OF GEORGIA, INC. 58-0706724 FORM 990, PART VI, SECTION B, LINE 15 AN ANNUAL ALLOWANCE FOR THE PRESIDENT IS APPROVED BY THE BOARD FORM 990, PART VI, SECTION C, LINE 18 THE GARDEN CLUB OF GEORGIA, INC MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY REQUEST

THE GARDEN CLUB OF GEORGIA, INC. FORM 990 2009

EIN #58-0706724

FORM 990 - PART III, LINE 4a PROGRAM SERVICE ACCOMPLISHMENTS	SI	OGRAM ERVICE PENSES
GENERAL FUND - TO FURTHER THE EDUCATION OF MEMBERS AND THE PUBLIC IN GARDENING HORTICULTURE, BOTANY, CONSERVATION AND OTHER RELATED FIELDS SERVES APPROXIMATELY 13,000 MEMBERS AND THE GENERAL PUBLIC. (GRANTS \$22,283)	\$	80,724
SCHOLARSHIP FUND - TO PROVIDE SCHOLARSHIPS AND WORK STUDY GRANTS FOR STUDENTS MAJORING IN ANY GARDEN- RELATED SUBJECT AT AN ACCREDITED COLLEGE OR UNIVERSITY IN GEORGIA (GRANTS \$46,600)		68,359
SEVEN DISTRICTS - THE STATE OF GEORGIA IS GEOGRAPHICALLY DIVIDED INTO SEVEN DISTRICTS TO SIMPLIFY THE FLOW OF INFORMATION AND ADMINISTRATION. DISTRICT BOARDS PRODUCE FLOWER SHOWS, CONVENTIONS, WORKSHOPS AND SEMINARS PROMOTING THE STATED PURPOSE OF THE CLUB, SERVICES MEMBERSHIP AND THE GENERAL PUBLIC. (GRANTS \$4,738)		47,336
GARDEN THERAPY PROGRAM - THE PROGRAM WAS CREATED TO PROMOTE AND DEVELOP MORE INNOVATIVE SERVICE FOR THE INSTITUTIONALIZED AND HANDICAPPED, INCLUDING THE DEAF, BLIND, MENTALLY ILL AND RETARDED PERSONS IN HOSPITALS AND NURSING HOMES, AND PRISON INMATES THE PROGRAM IS PRESENTLY SERVING PATIENTS OF STATE HOSPITALS IN ROME, AUGUSTA AND MILLEDEGVILLE WITH A ONE-ON-ONE RELATIONSHIP BETWEEN THE PATIENT AND THE GARDEN CLUB WORKER. (GRANTS \$11,941)		11,941
STATE HEADQUARTERS HOUSE AND ENDOWMENT FUND - PRESERVATION AND RESTORATION OF HISTORIC STATE HEADQUARTERS HOUSE, MUSEUM AND GARDENS, LOCATED ON THE GROUNDS OF THE UNIVERSITY OF GEORGIA. SERVES APPROXIMATELY 16,000 MEMBERS AND IS OPEN TO THE GENERAL PUBLIC (GRANTS \$0)		-
PUBLIC GARDENS FUND - PRESERVATION AND BEAUTIFICATION OF GARDENS OPEN TO THE PUBLIC. (GRANTS \$0)		-
GALA FUND - FUND USED TO FINANCE PROJECTS OF THE STATED PURPOSE OF THE CLUB CLUB PUBLISHES "GARDEN GATEWAYS" (GRANTS \$400)		400
TOTAL OF PROGRAM SERVICE EXPENSES - LINE E (GRANTS \$85,962)	\$	208,760

THE GARDEN CLUB OF GEORGIA, INC. FORM 990 2009

FORM 990, PART VII

LIST OF DIRECTORS, TRUSTEES AND KEY EMPLOYEES

(A) NAME AND ADDRESS	(B) TITLE	(C) COMPENSATION	(D) CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	(E) EXPENSE ACCOUNT AND OTHER ALLOWANCES
BETTY GRIMES P O BOX 349 HIAWASSEE, GA 30546-0349	PRESIDENT	NONE	NONE	\$6,000 ANNUAL ALLOWANCE
CAROLINE SILCOX 951 EAST LAKE DRIVE GAINESVILLE, GA 30506-1729	1ST VICE PRESIDENT	NONE	NONE	EXPENSE REIMBURSEMENT ONLY
LISA ROBINSON 400 WADE GLEN CT MILTON, GA 30004	2ND VICE PRESIDENT	NONE	NONE	EXPENSE REIMBURSEMENT ONLY
SUZANNE WHEELER 311 SMITH STREET HARTWELL, GA 30643	3RD VICE PRESIDENT	NONE	NONE	EXPENSE REIMBURSEMENT ONLY
JANE HERSEY 488 ROCKVILLE SPRINGS DR EATONTON, GA 31024	4TH VICE PRESIDENT	NONE	NONE	EXPENSE REIMBURSEMENT ONLY
MARGE WILLIS 19258 GA HWY 3 THOMASVILLE, GA 31792-8940	RECORDING SECRETARY		NONE	EXPENSE REIMBURSEMENT ONLY
BARBARA BOURQUE 6445 HOLLAND DRIVE CUMMING, GA 30041-4641	TREASURER	NONE	NONE	EXPENSE REIMBURSEMENT ONLY
BRENDA GRINER 244 SATILLA DR BRUNSWICK, GA 31523-6345 ·-	ASSISTANT "TREASURER	NONE	NONE ,	EXPENSE REIMBURSEMENT ONLY

PART VIII - RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLAIN HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN B OF PART VIII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF THE ORGANIZATION'S EXEMPT PURPOSES (OTHER THAN BY PROVIDING FUNDS FOR SUCH PURPOSES)
2a	REGISTRATION FEES FOR FUNCTIONAL SEMINARS, ETC RELATING TO GARDENING, HORTICULTURE,
	ENVIRONMENTAL AND CONSERVATION CONCERNS - EXEMPT PURPOSE OF THE ORGANIZATION.
10c	SALE OF EXEMPT PURPOSE ITEMS TO MEMBERS AND THE GENERAL PUBLIC
11c	REIMBURSEMENTS, ETC

THE GARDEN CLUB OF GEORGIA, INC. FORM 990 2009

FORM 990, PART VIII, LINE 7 GAINS FROM SALE OF ASSETS OTHER THAN INVENTORY

	DATE PURCHASED	DATE SOLD		SALE		BASIS		G/(L)
CHOPT TERM CANNON COOPE								
SHORT TERM GAINS/LOSSES:	40/07/00		_		_		_	
189.126 SHS JANUS INVT PERK SMALL CO	10/27/09	VARIOUS	\$	424	\$	383	\$	41
18 687 SHS MANNING & NAPIER FD WORLD OPP	10/27/09	VARIOUS		239		231		8
6.69 SHS OPPENHEIMER DEVLOP MKTS INSTL	10/27/09	VARIOUS		196		182		14
35 917 SHS SENTINEL FDS SMALL CO	07/21/09	VARIOUS		241		220		21
24.493 SHS TEMPLETON GLOBAL BD	01/20/10	03/31/10		326		318		8
26.816 SHS JANUS INVT FD PERKINS SC VAL	10/27/09	01/20/10		576		537		39
52 029 SHS MANNING & NAPIER FD WORLD OPP	10/27/09	01/20/10		436		418		18
15 24 SHS OPPENHEIMER DEVP MKTS INSTL	10/27/09	01/20/10		447		415		32
53 957 SHS PIMCO FDS INVT GRADE CORP BD	05/19/09	01/20/10		600		601		(1)
37.538 SHS SENTINEL FDS SMALL CO	07/21/09	01/20/10		244		230		14
25 179 SHS MANNING & NAPIER FD WORLD OPP	10/27/09	01/20/10		211		202		9
3.205 SHS OPPENHEIMER DEVP MKTS INSTL	10/27/09	01/20/10		94		87		7
60.987 SHS SCHRODER US S/M CAP OPP	05/19/09	VARIOUS		588		552		36
TOTAL FROM SALES			\$	4,622	\$	4,376	\$	246
CAPITAL GAIN DISTRIBUTIONS			Ψ	3,007	Ψ	-,570	Ψ	3,007
TOTAL SHORT TERM CAPITAL GAINS/(LC	OSSES)		\$	7,629	\$	4,376	\$	3,253
(,		<u> </u>	7,020	<u> </u>	4,010	Ψ	3,233
LONG TERM GAINS/LOSSES:								
121.939 SHS ALLIANZ FDS NFS SC VAL FD	LT-VARIOUS	10/27/09	\$	2,891	\$	3,134	\$	(243)
33.477 SHS DREYFUS BOSTON CO SC EQ	LT-VARIOUS	07/21/09		859		1,187		(328)
324.33 SHS EATON VANCE TAX-MGD VAL I	LT-VARIOUS	VARIOUS		4,966		5,586		(620)
18 79 SHS FORUM FDS ABSOL STRAT INSTL	LT-VARIOUS	VARIOUS		195		206		(11)
13.837 SHS PIMCO COMM RR STRAT	LT-VARIOUS	05/19/09		97		85		`12 [´]
28.91 SHS PIMCO FDS INVT GRADE CORP	LT-VARIOUS	VARIOUS		322		312		10
310.138 SHS PIMCO FOREIGN BD US & HDGD	LT-VARIOUS	01/20/10		3,151		3,108		43
261.856 SHS RIDGEWORTH FD-AGGRESS GRTH	LT-VARIOUS	05/19/09		2,362		3,101		(739)
94.75 SHS RIDGEWORTH FD-EMERG GRTH	LT-VARIOUS	VARIOUS		919		1,013		(94)
351.262 SHS RIDGEWORTH FD-INTER BD	LT-VARIOUS	VARIOUS		3,684		3,660		24
256.23 SHS RIDGEWORTH FD-INTL EQ	LT-VARIOUS	VARIOUS		3,316		2,578		738
6 69 SHS RIDGEWORTH FD-INTL	LT-VARIOUS	07/21/09		39		61		(22)
693 837 SHS RIDGEWORTH FD-LC GRTH	LT-VARIOUS	VARIOUS		5,987		6,482		(495)
508.827 SHS RIDGEWORTH FD-LC VAL EQ	LT-VARIOUS	VARIOUS		5,503		6,507		(1,004)
117.714 SHS RIDGEWORTH FD-MC VAL EQ	LT-VARIOUS	VARIOUS		1,173		1,069		104
27 159 SHS RIDGEWORTH FD-SEIXFLT HIGH INC	LT-VARIOUS	03/31/10		239		271		(32)
32 024 SHS RIDGEWORTH FD-ST BD	LT-VARIOUS	03/31/10		318		318.		Ò
399 366 SHS RIDGEWORTH FD-US GOVT SECS	LT-VARIOUS	05/19/09		4,341		4,029		312
114.83 SHS T ROWE PRICE INSTL EQ LC GRTH	LT-VARIOUS	VARIOUS		1,436		1,743		(307)
34.079 SHS T ROWE PRICE REAL ESTATE	LT-VARIOUS	VARIOUS		508		817		(309)
584.91 SHS ALLIANZ FDS NFJ SC VAL FD	VARIOUS	VARIOUS		13,834		15,017		(1,183)
160.356 SHS DREYFUS BOSTON CO SC EQ	VARIOUS	07/21/09		4,113		5,678		(1,565)
1,459.01 SHS EATON VANCE TAX-MGD VAL	VARIOUS	VARIOUS		22,160		25,519		(3,359)
19 706 SHS FORUM FDS ABSOL STRAT INSTL	VARIOUS	05/19/09		188		216		(28)
62.625 SHS PIMCO COMM RR STRAT USA	VARIOUS	05/19/09		439		386		53
1,464 466 SHS PIMCO FOR BD US & HDGD	VARIOUS	01/20/10		14,879		14,718		160
1,249 56 SHS RIDGEWORTH FD-AGGRESS GRWT	VARIOUS	05/19/09		11,271		14,615		(3,344)
453.33 SHS RIDGEWORTH FD-EMERGING GRWT	VARIOUS	05/19/09		4,387		4,848		(461)
1,288.498 SHS RIDGEWORTH FD-INTER BD	VARIOUS	VARIOUS		13,555		13,485		70
1,236.45 SHS RIDGEWORTH FD-INTL EQ	VARIOUS	01/20/10		15,954		12,439		3,515
46 312 SHS RIDGEWORTH FD-INTL	VARIOUS	VARIOUS		270		422		
3,204 32 SHS RIDGEWORTH FD-LC GRTH STK	VARIOUS	07/21/09		27,452		30,251		(152)
2,161.28 SHS RIDGEWORTH FD-LC VAL EQ	VARIOUS	VARIOUS						(2,799)
478.96 SHS RIDGEWORTH FD-MC VAL EQ				22,926		27,638		(4,712)
11.693 SHS RIDGEWORTH FD-SEIX FLT HIGH INC	VARIOUS	VARIOUS		4,586		4,469		117
11.030 ONS KIDGEVVOKITI PD-ŞEIX PLI HIGH INC	VARIOUS	07/21/09		96		116		(20)

THE GARDEN CLUB OF GEORGIA, INC. FORM 990 2009

FORM 990, PART VIII, LINE 7
GAINS FROM SALE OF ASSETS OTHER THAN INVENTORY

	DATE PURCHASED	DATE SOLD	SALE	BASIS		G/(L)
1,908.693 SHS RIDGEWORTH FD-US GOVT SECS	VARIOUS	05/19/09	 20,749	19,268		1,481
434.34 SHS T ROWE PRICE INSTL EQ LC GRT	VARIOUS	VARIOUS	5,083	6,593		(1,510)
56.636 SHS T ROWE PRICE INSTL EQ LC GRT	VARIOUS	01/20/10	798	1,359		(561)
224 12 SHS EATON VANCE TAX-MGD VAL	VARIOUS-LT	VARIOUS	3,407	4,310		(903)
6.499 SHS FORUM FDS ABSOL STRAT INSTL	VARIOUS-LT	05/19/09	62			` (9)
31.381 SHS PIMCO COMM RR STRAT USA	VARIOUS-LT	VARIOUS	234	197		37
806 785 SHS PIMCO FOREIGN BD US & HDGD	VARIOUS-LT	01/20/10	8,197	8,052		145
269 414 SHS RIDGEWORTH FD-AGGRESS GRWT	VARIOUS-LT	05/19/09	2,430	3,237		(807)
904 278 SHS RIDGEWORTH FD-INTER BD	VARIOUS-LT	01/20/10	9,513	9,410		103
472.10 SHS RIDGEWORTH FD-INTL EQ	VARIOUS-LT	VARIOUS	6,145	4,704		1,441
193.71 SHS RIDGEWORTH FD-INTL	VARIOUS-LT	VARIOUS	1,317	1,587		(270)
987.34 SHS RIDGEWORTH FD-LC GRTH STK	VARIOUS-LT	VARIOUS	8,447	e,646 -	,	(199)
738.94 SHS RIDGEWORTH FD-LC VAL EQ	VARIOUS-LT	VARIOUS	7,831	9,445		(1,614)
2.436 SHS RIDGEWORTH FD-SEIX FLT HIGH INC	VARIOUS-LT	07/21/09	20	24		(4)
1,097 886 SHS RIDGEWORTH FD-US GOVT SECS	VARIOUS-LT	05/19/09	11,934	11,093		841
112.186 SHS T ROWE PRICE INSTL EQ LC GRT	VARIOUS-LT	VARIOUS	1,318	1,711		(393)
11 356 SHS T ROWE PRICE REAL ESTATE	VARIOUS-LT	VARIOUS	 160	273		(113)
TOTAL FROM SALES			\$ 286,061	\$ 305,064	\$	(19,004)
CAPITAL GAIN DISTRIBUTIONS			780	-		780
TOTAL LONG TERM CAPITAL GAINS/(LOS	SSES)		\$ 286,841	\$ 305,064	\$	(18,223)
TOTAL GAINS/(LOSSES)			\$ 294,470	\$ 309,440	\$	(14,970)

PART VIII - STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET ASSETS LINE 10c - GROSS PROFIT ON SALES OF INVENTORY

DESCRIPTION	LESS	SS SALES RETURNS OWANCES	OST OF ODS SOLD	GROSS PROFIT
GROSS SALES OF MERCHANDISE COST OF GOODS SOLD.	\$	55,437		\$ 55,437
BEGINNING INVENTORY PURCHASES DONATED ITEMS			21,551 1,830	(21,551) (1,830)
ENDING INVENTORY			 (14,815)	 14,815
'TOTALS.	\$	55,437	\$ 8,566	\$ 46,371

PART IX - STATEMENT OF FUNCTIONAL EXPENSES LINE 24d - OTHER EXPENSES

DESCRIPTION	(A) TOTAL	 PROGRAM PENSES	 NAGEMENT GENERAL
CONSULTING FEES PROJECTS	\$	1,528 12,588	\$ 1,528 12,588	\$ -
SECURITY ·	• • •	- 282	12,500	282
ADVERTISING		1,225		1,225
SALES TAX		2,583		2,583
MISCELLANEOUS		3,338	 -	 3,338
TOTALS	\$	21,544	\$ 14,116	\$ 7,428

...

Form 4562

Department of the Treasury Internal Revenue Service **Depreciation and Amortization**

(Including Information on Listed Property)

See separate instructions. Attach to your tax retu

OMB No. 1545-0172

2009

Attachment Sequence No 67

Intern	al Revenue Service (99)	► 288 St	eparate instructions.	Attach to yo	our tax return	<u> </u>	Sequence No 67
	ne(s) shown on return			activity to which th			Identifying number
	E GARDEN CLUB OF			DEN CLUB	OF GEO	RGIA, INC	58-0706724
Pa	rt Election To Expense						
			complete Part V before				
	Maximum amount. See the instr	_					
	Total cost of section 179 property	•	• •				
	Threshold cost of section 179 pro	-		•			
	Reduction in limitation. Subtract		•			<u>4</u>	
	Dollar limitation for tax year Sut			enter -0 If married	i i		
	filing separately, see instructions			<u> </u>		5	<u></u>
6_	(a) Description of prop	perty	(b) Cost (bus	siness use only)	(c) Ele	cted cost	
		· · · · · · · · · · · · · · · · · · ·					,
7	Listed property Enter the amoui	nt from line 29		·	7	<u> </u>	
8	Total elected cost of section 179	property. Add a	mounts in column (c), li	nes 6 and 7		8	
	Tentative deduction Enter thesi					9	
10	Carryover of disallowed deductio	n from line 13 of	your 2008 Form 4562			10	
	Business income limitation. Ente		•	,	•	<i>'</i>	
12	Section 179 expense deduction	Add lines 9 and	10, but do not enter mo	_			
13	Carryover of disallowed deduction	n to 2010 Add I	lines 9 and 10, less line	12 ▶ 1	3		
	e: Do not use Part II or Part III be	<u>'</u>					
	· · · · · · · · · · · · · · · · · · ·		Other Depreciation (Do			e instructions)	· · · · · · · · · · · · · · · · · · ·
	Special depreciation allowance for						
	during the tax year (see instruction	•					
	Property subject to section 168(f)						
	Other depreciation (including AC					<u>.</u> 16	
Pa	rt III MACRS Depreciation	(Do not include I	listed property) (See ins	structions.)			· · · · · · · · · · · · · · · · · · ·
			Section				16.706
	MACRS deductions for assets pl				• • • • • • • • • • • • • • • • • • • •	17	16,736.
	If you are electing to group any a	•		ear			* *
	nto one or more general asset a			· · · · · · · · · · · · · · · · · · ·			
	Section B-Asse		rvice During 2009 Tax		eneral Depre	ciation System	
(a	ı) Classification of property	(b) Month and year placed in	(c) Basis for depr (business/investment use	(d) Recovery	(e)	(f) Method	(g) Depreciation
	<u></u>	service	only - see instructions)	репод	Convention	1-	deduction
<u>19a</u>	3-year property]					
<u>b</u>	5-year property	<u> </u>			 		
	7-year property	i		+	<u> </u>	 	
<u>d</u>	10-year property	1		-	ļ	 	-
θ.	15-year property	1		<u> </u>		 	-
	20-year property			ļ <u></u>		 	
<u>g</u>	25-year property	<u> </u>	<u> </u>	25 yrs		S/L	
h	Residential rental			27.5 yrs.	MM	S/L	
	property			27.5 yrs.	MM	S/L	
İ	Nonresidential real			39 yrs	MM	S/L	
	property		<u>L</u>		MM	S/L	
	_	s Placed in Serv	rice During 2009 Tax Y	ear Using the Alt	ernative Dep	1	<u>m</u>
20a	Class life					S/L	
b	12-year	1		12 yrs		S/L	
	40-year	<u> </u>	<u> </u>	40 yrs.	MM	S/L	
Pa	rt IV Summary (See instruc	tions)					
21	Listed property. Enter amount					21	
22	Total. Add amounts from line		-				
	Enter here and on the appropri	ate lines of your	return Partnerships ar	nd S corporations	- see instruct	ons 22	16,736.
23	For assets shown above and p	laced in service	during the current year,	enter the			
	portion of the basis attributable	to section 263A	costs	<u></u>	23		

EIN #58-0706724

SCHEDULE A (FORM 990), PART III SUPPORTING SCHEDULE LINE 12 - OTHER INCOME

DESCRIPTION	2009	2008	2007	2006	2005	TOTAL
ADVERTISING INCOME MISCELLANEOUS	\$ 8,480 14,802	\$ 9,628 11,868	\$ 3,308 11,151	\$ 4,155 16,629	\$ 13,033 17,501	\$ 38,604 71,951
TOTALS	\$ 23,282	\$ 21,496	\$ 14,459	\$ 20,784	\$ 30,534	\$ 110,555

2009 FORM 990, SCHEDULE I, PART II 3. GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR OR APPROVED FOR FUTURE PAYMENT

RECIPIENT	<u>PURPOSE</u>	AN	<u>MOUNT</u>
CENTRAL STATE HOSPITAL 620 BROAD STREET MILLEDGEVILLE, GA 31062	CHARITABLE	\$	5,725
THE NATURE CONSERVANCY IN GEORGIA 1330 WEST PEACHTREE ST, STE 410 AYLANTA, GA 30309-2904	CHARITABLE		6,510
GA DOT ROADSIDE ENHANCE. & BEAUT. FUND 600 WEST PEACHTREE ST, STE 1044 ATLANTA, GA 30308	CHARITABLE		10,000
TOTAL GRANTS AND CONTRIBUTIONS		\$	22,235

Form **8868**

(Rev April 2009)
Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

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 governed and click on e-file for Charities & Nonprofits Type or Name of Exempt Organization Employer identification numperint	ı!
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Type or Name of Exempt Organization Employer identification nur	
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print mun cappent of the operation and	nber
THE GARDEN CLOB OF GEORGIA, INC.	
File by the due date for Number, street, and room or suite no If a P.O box, see instructions	
filing your return See 2450 S MILLEDGE AVENUE	
City, town or post office, state, and ZIP code For a foreign address, see instructions	
ATHENS GA 30602-5817	
Check type of return to be filed (file a separate application for each return)	
Form 990 Form 990-T (corporation) Form 4720	
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5227	
Form 990-EZ Form 990-T (trust other than above) Form 6069	
☐ Form 990-PF ☐ Form 1041-A ☐ Form 8870	
• The books are in the care of ▶ BARBARA BOURQUE	
Telephone No ► 770-889-2596 FAX No ►	
• If the organization does not have an office or place of business in the United States, check this box	Ц
• 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	
DEC 15 , 20 10 , to file the exempt organization return for the organization named above. The extension is for t	те
organization's return for:	
enlander voor 20 or	
calendar year 20 or May 01 20 09 and ending	
► [calendar year 20 or ► X tax year beginning May 01 , 20 09 , and ending Apr 30 , 20 10	_
► X tax year beginning	_
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tax year beginning May 01, 20 09, and ending Apr 30, 20 10 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period	_
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