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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**Open to Public Inspection**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.

A For the 2009 calendar year, or tax year beginning July 1, 2009, and ending June 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization <u>The Garden Guild c/o Lois Ware</u>		D Employer identification number <u>36-2985831</u>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>910 Oak Street</u>		E Telephone number <u>847-446-0518</u>
		City or town, state or country, and ZIP + 4 <u>Winnetka IL 60093</u>		F Group Exemption Number ►

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

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ► www.gardenguild.org

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

J Tax-exempt status (check only one) — ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 108,420.24**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	<u>9845.00</u>
	2	Program service revenue including government fees and contracts	2	<u>1520.00</u>
	3	Membership dues and assessments	3	<u>2195.00</u>
	4	Investment income	4	<u>525.51</u>
	5a	Gross amount from sale of assets other than inventory	5a	<u>0</u>
	b	Less: cost or other basis and sales expenses	5b	<u>0</u>
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<u>0</u>
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ <u>2345.00</u> of contributions reported on line 1)	6a	<u>74499.20</u>
	b	Less: direct expenses other than fundraising expenses	6b	<u>42400.25</u>
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<u>32098.95</u>
	7a	Gross sales of inventory, less returns and allowances	7a	<u>0</u>
	b	Less: cost of goods sold	7b	<u>0</u>
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	<u>0</u>
	8	Other revenue (describe: <u>Sundry</u>)	8	<u>115.53</u>
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<u>66019.99</u>
	Expenses	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	<u>0</u>
12		Salaries, other compensation, and employee benefits	12	<u>0</u>
13		Professional fees and other payments to independent contractors	13	<u>600.00</u>
14		Occupancy, rent, utilities, and maintenance	14	<u>865.00</u>
15		Printing, publications, postage, and shipping	15	<u>1864.25</u>
16		Other expenses (describe: <u>Conferences, website, Programs, workshops, P.R. capital drive</u>)	16	<u>14149.32</u>
17		Total expenses. Add lines 10 through 16	17	<u>32503.57</u>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>33516.42</u>
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	<u>66066.41</u>
	20	Other changes in net assets or fund balances (attach explanation)	20	<u>0</u>
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<u>99582.83</u>

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.)

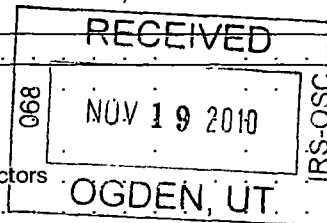
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<u>66066.41</u>	22 <u>99582.83</u>
23 Land and buildings	<u>0</u>	23 <u>0</u>
24 Other assets (describe: <u></u>)	<u>0</u>	24 <u>0</u>
25 Total assets	<u>66066.41</u>	25 <u>99582.83</u>
26 Total liabilities (describe: <u></u>)	<u>0</u>	26 <u>0</u>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u>66066.41</u>	27 <u>99582.83</u>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Cat No 106421

Form **990-EZ** (2009)

SCANNED DEC 15 2010



179

2

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

- | | | | | |
|----|---|--|-----|----------|
| 28 | Grants to other organizations for identification projects -
hundred benefit | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 15025.00 |
| 29 | Attendance at conferences to share ideas and learn
from other garden club members
hundred benefit | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 2410.71 |
| 30 | Club plantings and flower shows
hundred benefit | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 3499.22 |
| 31 | Other program services (attach schedule) Involvement with other garden clubs | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | 511.00 |
| 32 | Total program service expenses (add lines 28a through 31a) | | 32 | 21675.93 |

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

[illegible]

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0 ; section 4912 0 ; section 4955 0		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed Illinois		
42a	The organization's books are in care of Lois Ware Telephone no 842-446-0518 Located at 910 Oak Street Winnetka IL ZIP + 4 60093		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	If "Yes," enter the name of the foreign country		<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	Yes	No
	If "Yes," enter the name of the foreign country		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		<input checked="" type="checkbox"/>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		<input checked="" type="checkbox"/>

Garden Guild
3-23-2010

Part VI

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

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 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"

	Yes	No
46		<input checked="" type="checkbox"/>
47		<input checked="" type="checkbox"/>
48		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
49b	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

f Total number of other employees paid over \$100,000

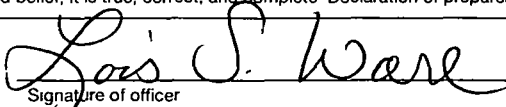
▶ NONE

- 51 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

▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer 		Date 11/15/2010	
	Type or print name and title Lois Ware, Treasurer			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Linda M. Feiberg CPA 521 Sheridan Rd. Kenilworth IL 60139-1222	11/13/10		P00290900 EIN 36-6599307 Phone no 847-256-1303
May the IRS discuss this return with the preparer shown above? See instructions 60013-1222 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

36 : 2925837

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s).

[illegible]

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any "unusual grants").	17125	16615	29000	18975	31760	113475
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	27119	8924	117447	2769	744199	293058
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	106544	25539	146447	21744	106259	406533
7a Amounts included on lines 1, 2, and 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 \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						406533

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	106544	25539	146447	21744	106259	406533
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	451	1441	10444	800	526	4262
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
c Add lines 10a and 10b	451	1441	10444	800	526	4262
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	workshop ↓ 5000yr 1635	1635
13 Total support. (Add lines 9, 10c, 11, and 12.)	106995	26980	147491	22544	108420	412430
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.57 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.79 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1.03 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.21 %

- 19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Garden Grove
32-4985837

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

N/A

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

Open To Public Inspection

Garden build

36 : 2985834

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part *N/A*

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

Garden Guild
36-2985834

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Table 5840-1 (event type)	(event type)	(total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	76844.20		76844.20	
	2	Less Charitable contributions	2345.00		2345.00	
	3	Gross income (line 1 minus line 2)	74499.20		74499.20	
Direct Expenses	4	Cash prizes	0		0	
	5	Noncash prizes	0		0	
	6	Rent/facility costs	500.00		500.00	
	7	Food and beverages	9386.20		9386.20	
	8	Entertainment	0			
	9	Other direct expenses	32514.05		32514.05	
	10	Direct expense summary Add lines 4 through 9 in column (d)				(42400.25)
	11	Net income summary Combine line 3, column (d), and line 10				32098.95

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue				
	Direct Expenses	2	Cash prizes			
		3	Noncash prizes			
		4	Rent/facility costs			
		5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary Combine line 1, column d, and line 7				

9	Enter the state(s) in which the organization operates gaming activities	Yes	No
a	Is the organization licensed to operate gaming activities in each of these states?		
b	If "No," explain		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b	If "Yes," explain		
11	Does the organization operate gaming activities with nonmembers?		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$**c** If "Yes," enter name and address of the third party.

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

THE GARDEN GUILD
36-2985834
FORM 990EZ, PART 1, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID
FOR THE FISCAL YEAR ENDED JUNE 30, 2010

OPENLANDS 25 E. WASHINGTON STREET #1650 CHICAGO, IL 60602-1708	\$ 9,000	LAKESHORE PRESERVE VARIOUS PROJECTS
GARDEN CLUB OF AMERICA 14 EAST 60TH STREET NEW YORK, NY 10022-1006	1,025	SCHOLARSHIP
GARDEN CLUB OF AMERICA 14 EAST 60TH STREET NEW YORK, NY 10022-1006	5,000	CENTENNIAL FUND
	<u>\$ 15,025</u>	

THE GARDEN GUILD

36-2985834

FORM 990EZ, PART IV

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES
FOR THE FISCAL YEAR ENDED JUNE 30, 2010

<u>NAME AND ADDRESS</u>	<u>TITLE</u> <u>AVERAGE</u> <u>HOURS/</u> <u>WEEK</u>	<u>COMPENSATION</u>	<u>CONT. TO</u> <u>EMPLOYEE</u> <u>BENEFIT</u> <u>PLANS</u>	<u>EXPENSE</u> <u>ACCOUNT</u>
DEBBIE ROSS 921 TOWER ROAD WINNETKA, IL 60093	PRESIDENT 2	0	0	0
SUSAN MEYERS 161 HARBOR GLENCOE, IL 60022	CORR. SEC. 2	0	0	0
LOIS WARE 910 OAK STREET WINNETKA, IL 60093	TREASURER 2	0	0	0
CINDY DILLON 649 LOCUST STREET WINNETKA, IL 60093	SECOND VP 2	0	0	0
JANICE BECK 698 BLACKTHORN ROAD WINNETKA, IL 60093	FIRST VP 2	0	0	0
PAULA DANOFF 182 FULLER LANE WINNETKA, IL 60093	ADMINISTRATOR 2	0	0	0
LIZ KENDALL 1323 SUNVIEW LANE WINNETKA, IL 60093	RECORDING SEC 2	0	0	0
VICKI APATOFF 730 ARDSLEY ROAD WINNETKA, IL 60093	BENEFIT CO-CHAIR 2	0	0	0
CATHERINE KING 333 SUNSET ROAD WINNETKA, IL 60093	BENEFIT CO-CHAIR 2	0	0	0