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Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax 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

OMB No 1545-1150

Open to Public Inspection

Second			e 2009 calendar year, or tax year beginning JUL 1, 2009		and end				2010
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Section 501(c)3 organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ) Webbitte ► N/A Schedule A (Form 990 or 990-EZ) Webbitte ► N/A Schedule A (Form 990 or 990-EZ) Webbitte ► N/A Schedule A (Form 990 or 990-EZ) Webbitte ► N/A Schedule A (Form 990 or 990-EZ) Webbitte ► N/A Schedule A (Form 990 or 990-EZ) Tare-exempt status (check only one) X 501(c) (3)		Amer	City or town, state or country, and 7IP + 4				F Grou	ıp Exe	mption
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The 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 like a return, the sure to like a complete return to the sure of the property of the pro				1) or	527	i			=
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For	m 990-EZ (2009) NEW ORLEANS TOWN GARDENER	S, INC.		72-	11429	44 Page 2
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	at is the organization's primary exempt purpose? SEE STATEMENT				4	r section 501(c)(3)
			oo maaaar daaar	.b.o) organizations and
De:	scribe what was achieved in carrying out the organization's exempt purp e services provided, the number of persons benefited, and other relevant	tunformation for each prod	ise mainer, descr iram title	ID U	section 4947 for others)	7(a)(1) trusts, optional
					lor others)	
28	POP'S BAND STAND AT CITY PARK GARDE					
	PLANTING FLOWERS AND TREES FOR CIVI	C BEAUTIFICAT	TON AND			
	PLANTING OF PUBLIC SPACE.					
	(Grants \$) If this amount includes foreign g		▶	<u> </u>	28a	<u> 10,680.</u>
29	SAMUAL J. GREEN CHARTER SCHOOL EDIB	LE NEW SCHOOL	YARD			
	PROJECT AND THE PROPAGATORS PROGRAM	TO PROMOTE A	ND			
	STIMULATE KNOWLEDGE OF GARDENING WI	TH CHILDREN.				
	(Grants \$) If this amount includes foreign g		•		29a	5,500.
30	HERMANN GRIMA / GALLIER HISTORIC HO		TYARD			
•	PLANTINGS	0000 1011 00011			1 1	
	I DANTINOD				1 1	
	(Create C	rente abook boro			30a	2,000.
	(Grants \$) If this amount includes foreign g			<u> </u>	Joan	2,000.
31	Other program services (attach schedule) SEE STATEMENT		_			1 000
	(Grants \$) If this amount includes foreign g	rants, check here	▶	ابيا	31a	1,200.
	Total program service expenses (add lines 28a through 31a)				32	19,380.
LP	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated			or Part IV)
		(h) Title and average hours	(a) Componention		ontributions	(e) Expense
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter		employee efit plans &	account and
	(a) Hamo and addition	position	-0)		leferred	other allowances
	· ·	poso	• • • • • • • • • • • • • • • • • • •	_	pensation	
N.	ICKIE LANE, 1311 PHILLIP STREET,	PRESIDENT				
_	EW ORLEANS, LA 70130	2.00	0.		0.	0.
_		VICE PRESIDEN		 		
		2.00	0.	l	0.	0.
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			RETARY		^	
	EW ORLEANS, LA 70118	2.00	0.	<u> </u>	0.	0.
_		CORRESPONDING		ΨY		_
N	EW ORLEANS, LA 70115	2.00	0.	ļ	0.	0.
J:	ILL NALTY	TREASURER				
2:	2 TOKALON PLACE, METAIRIE, LA 70001	2.00	0.		0.	0.
D	OTTIE CHARBONNET	DIRECTOR				
_	70 WALNUT 4F, NEW ORLEANS, LA 70118	1.00	0.		0.	0.
BI	<u> </u>	DIRECTOR				
	EW ORLEANS, LA 70115	1.00	0.		0.	0.
		DIRECTOR	•	 		· · · · · · · · · · · · · · · · · · ·
	TREET, NEW ORLEANS, LA 70115	1.00	0.		0.	0.
			U.•	+		· · ·
		DIRECTOR		i	^	
	RLEANS, LA 70115	1.00	0.		0.	0.
		DIRECTOR			_	
	TREET, NEW ORLEANS, LA 70130	1.00	0.	ļ	0.	0.
		DIRECTOR				1
0	RLEANS, LA 70118	1.00	0.		0.	0.
N	ELL HOWCOTT, 1550 SECOND STREET,	DIRECTOR				
	PT. 8E, NEW ORLEANS, LA 70130	1.00	0.		0.	0.
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Form 990-EZ (2009)

Other Information (Note the statement requirements in the instructions for Part V) Yes No X 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes X 34 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? 35a N/A b If "Yes," has it filed a tax return on Form 990-T for this year? 35b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X complete applicable parts of Sch. N 36 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. X 37b b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38a X b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 39a b Gross receipts, included on line 9, for public use of club facilities 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 ► 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 X has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b 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 0. organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes." complete Form 8886-T 40e 41 List the states with which a copy of this return is filed. **NONE** Telephone no. $\triangleright 504 - 835 - 1394$ 42a The organization's books are in care of ► MRS. JILL NALTY Located at ▶ 22 TOKALON PLACE, METAIRIE, LA ZIP+4 ► 70001 b At any time during the calendar year, did the organization have an interest in or a signature or other authority No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c If "Yes," enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of 44 X Form 990-EZ 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

,	i '				•		•
_	990-EZ (2009) NEW ORLEANS TOWN GARDENE rt VI Section 501(c)(3) organizations and section 4	1947(a)(1) nonexempt		•	section	on 501	, , . ,
	organizations and section 4947(a)(1) nonexempt charitable and 51	trusts must answer question	is 46-490 and cor	npiete the table	35 101	ines c	0
46	Did the organization engage in direct or indirect political campaign activities (on behalf of or in opposition to	andidates for public			Yes	No
	office? If "Yes," complete Schedule C, Part I			[46		Х
47	Did the organization engage in lobbying activities? If "Yes," complete Sch	edule C, Part II			47		X
48	Is the organization a school as described in section $170(b)(1)(A)(i)$? If "Yes	s," complete Schedule E			48		X
49 a	\ensuremath{Did} the organization make any transfers to an exempt non-charitable related	organization?			49a	<u> </u>	_X_
b	If "Yes," was the related organization a section 527 organization?				49b	<u> </u>	
50	Complete this table for the organization's five highest compensated employe than \$100,000 of compensation from the organization. If there is none, enter	•	s, trustees and key er	nployees) who e	ach re	ceived i	more
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	yee (e) Expe ns & account d other allow		and
	Total number of other employees paid over \$100,000	>		000 of co			
51	Complete this table for the organization's five highest compensated independ organization. If there is none, enter "None." NONE	dent contractors who each recei	ved more than \$100,	OUU of compens	ation f	rom the	
	(a) Name and address of each independent contractor paid more	than \$100,000	(b) Type of ser	vice (d	;) Con	npensat	ion
		-					

d Total number of other independent contractors each receiving over \$100,000

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

MRS JILL NALTY, TREASURER

Type or print name and title

Paid

Preparer's Signature

Date

O1/21/11 employed

Firm name (or yours CARR/RIGGS & INGRAM, LLC)

EIN

EIN

CHARLES AVENUE, SUITE 1122

LA 70130-2673

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

NEW ORLEANS,

228 ST.

Form 990-EZ (2009)

X Yes

522-0792

Phone

(504)

no.

if self-employed),

address, and ZIP + 4

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) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2009

Open to Public Inspection

Name of the organization

NEW ORLEANS TOWN GARDENERS, INC.

Employer identification number 72 – 11 4 2 9 4 4

Da		Dagge		ILAND IOWN GA			INC .				<u> </u>	<u>, 744</u>	
Pa	rt I	Reason	tor Public Chai	rity Status (All organiz	zations mu	ist comple	te this par	t.) See ins	tructions.				
The	organ			because it is: (For lines	•		•	•					
1	\sqsubseteq	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i).				
2		A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3		A hospital or	a cooperative hosp	ital service organization	described	in ection	170(b)(1)	(A)(iii).					
4				operated in conjunction)(b)(1)(A)(ii	ii). Enter ti	he hospital	l's nam	ne.
		city, and stat		, ,					·(~)(·)(· ·)(·	.,,			,
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
•				_	inversity o	Wilca or of	perated by	a govern	mema un	it describe	7 0 111		
_			(b)(1)(A)(iv). (Compl	· ·									
6	片			nent or governmental uni									
7				ceives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general p	oublic desc	ribed ii	n
			(b)(1)(A)(vi). (Comple	•									
8				section 170(b)(1)(A)(vi).									
9	X	An organizati	on that normally red	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, an	id gross re	ceipts '	from
		activities rela	ited to its exempt fu	nctions - subject to certa	aın exceptı	ons, and (2) no more	than 33	1/3% of its	support t	from gross	invest	ment
		income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon a	ifter June 3	30, 197	7 5
		See section	509(a)(2). (Complete	e Part III)									
10		An organizati	ion organized and o	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).				
11		An organizati	on organized and o	perated exclusively for th	ne benefit (of, to perfo	orm the fu	nctions of	, or to carr	y out the	purposes o	of one	or
				ations described in secti									
				organization and comple				•	•				
		a Type	_ · · · _ _	¬ '.		e III - Fund		tegrated		dП	Type III - (Other	
е				at the organization is not			•	•	r more disc	nualified r	71.		n
Ī				han one or more publicly									
f				tten determination from t						3(a)(1) O1 3	Section 303	<i>γ</i> (α)(∠).	
•			rganization, check t		ine ino tre	at it is a ry	pe i, Type	ii, or rype	3 111				
_			•				. .	-6.46 6-11					L
g				organization accepted ar			•		•				<u> </u>
				firectly controls, either al	one or tog	etner with	persons o	iescribea	ın (ii) and (III) below,		Yes	No
		_	• •	upported organization?							11g(ı)		
			•	n described in (i) above?							11g(ii)	$\perp \perp \downarrow$	
		(iii) A 35% (controlled entity of a	ı person described in (i) o	or (ii) above	∍?					11g(iii)	<u> </u>	
h		Provide the f	ollowing information	about the supported or	ganızatıonı	(s).							
			·	· · · · · · · · · · · · · · · · · · ·									
(i)	Name	of supported	(ii) EIN	(iii) Type of		rganization		u notify the	(vi) ls	the	(vii) An	nount of	f
•	orga	inization		organization (described on lines 1-9		sted in your		ion in col.	organizátic (i) organiz	ed in the		port	
				above or IRC section	governing	document?	(i) of you	r support?	\`` ~U.S	.7	•	•	
				(see instructions))	Yes	No	Yes	No	Yes	No			
													-
									-				
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

, `						
Schedule A (Form 990 or 990-EZ) 2009 Part II Support Schedule for ((Complete only if you checked				(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	Page 2 /i)
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organ- ization'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					<u> </u>	
Section B. Total Support		Ţ <u></u>		I		
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						
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 instructi	ons)			12	
13 First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a section		
organization, check this box and stop	=			,	\-/\ - /	▶□
Section C. Computation of Publi		rcentage				
44 Public curport paraentage for 2000 fu	20 C 20 U 20 C 40	Indiana la la compansión	(A)		44	

Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2008 Schedule A, Part II, line 14

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

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

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

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

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

%

Schedule A (Form 990 or 990 EZ) 2009 NEW ORLEANS TOWN GARDENERS 72-1142944 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 (e) 2009 (b) 2006 (c) 2007(d) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 46,379. 22,212. 33,310. 31,145. 60,475. 193,521. 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 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 46,379. 22,212 33,310 31,145 60,475. 193,521. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 0. amount on line 13 for the year 0. c Add lines 7a and 7b 193.521. 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007(d) 2008 (e) 2009 (f) Total 46,379. 22,212. 33,310, 31,145 60,475 9 Amounts from line 6 193. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 2,911 4,143 5,705 1,744 2,004 16,507. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 2,911 4,143 5,705 1,744 2,004. 16,507. c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 97,617 49,429 147,046. assets (Explain in Part IV) 13 Total support (Add lines 9, 10c, 11, and 12) 49,290. 123,972. 88,444 32.889. 62.479 357.074 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 Section C. Computation of Public Support Percentage 54.20 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 51.44 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 4.62 % 4.60 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 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 $\triangleright \mathbf{X}$ 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

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2009

Employer identification number Name of the organization 72-1142944 NEW ORLEANS TOWN GARDENERS, Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ flers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants g X Special fundraising events Phone solicitations C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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 (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name of individual to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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

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Schedule G (Form 990 or 990-EZ) 2009 NEW ORLEANS TOWN GARDENERS, 72-1142944 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, Ine 6a. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 57,594. 57,594 1 Gross receipts 38,345. 38,345 2 Less Charitable contributions 19,249 19,249. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 5,000. 5,000. Rent/facility costs 571 571. Food and beverages 7 Entertainment 13.678 13,678. Other direct expenses 19,249 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, ine 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No No 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain. 11 Does the organization operate gaming activities with nonmembers? 11 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?

Schedule G (Form 990 or 990 EZ) 2009 NEW ORLEANS TOWN GARDENERS, INC.	<u>/2-11429</u>	<u>44 P</u>	age 3
		Yes	No
13 Indicate the percentage of gaming activity operated in:			-
a The organization's facility	.00 %		
b An outside facility	.00%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	s:		
		ĺ	
Name			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	152	1	
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount	nt		
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?	178	1	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	ı the		
organization's own exempt activities during the tax year > \$			

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
PROGRAM SERVICE EXPENSES STATE ANNUAL FILING FEE TRAVEL DUES - NONPROFIT ORGANIZATIO ADMINIATRSTIVE EXPENSE PROGRAM MEETING EXPENSE	N MEMBERSHIPS	19,380. 5. 3,709. 65. 1,573. 1,122.
TOTAL TO FORM 990-EZ, LINE 1	6	25,854.

FORM 990-EZ PAYM	ENTS TO AFFILIATES STATEMENT	2
AFFILIATE'S NAME	AFFILIATES ADDRESS	
GARDEN CLUB OF AMERICA	14 E. 60TH STREET, 3RD FLOOR NEW YORK, NY 100221006	
PURPOSE OF PAYMENT	AMOUNT	
NATIONAL DUES	5,668	8.
TOTAL INCLUDED ON FORM 990-EZ, L	INE 10 5,660	8.

FOI	FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEMENT				
A)	DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, RESERVED INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?]]	YES	[X]	NO
B)		SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[]	YES	[X]	NO

990-EZ PG 2

STATEMENT

INSTRUCT AND STIMULATE CIVIC BEAUTIFICATION

FORM 990-EZ OTHER PROGRAM SERVICES	STATEMENT				
DESCRIPTION	GRANTS	EXPENSES			
NEW ORLEANS MUSEUM OF ART FOR FLOWER ARRANGEMENTS	0.	1,200.			
TOTAL TO FORM 990-EZ, LINE 31		1,200.			

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

Internal Revenue Service	File a separate application for e	ach return	
If you are filing for an Action	itomatic 3-Month Extension, complete only Part I and che Iditional (Not Automatic) 3-Month Extension, complete on nless you have already been granted an automatic 3-month	nly Part II (on page 2 of this form	
Part I Automat	ic 3-Month Extension of Time. Only submit original	(no copies needed)	
A corporation required to Part I only	ile Form 990-T and requesting an automatic 6-month extension	on - check this box and complete	▶ □
All other corporations (incito file income tax returns.	uding 1120-C filers), partnerships, REMICs, and trusts must u	se Form 7004 to request an exte	ension of time
noted below (6 months for (not automatic) 3-month e you must submit the fully	Generally, you can electronically file Form 8868 if you want a a corporation required to file Form 990-T). However, you can stension or (2) you file Forms 990-BL, 6069, or 8870, group re completed and signed page 2 (Part II) of Form 8868. For more on e-file for Charities & Nonprofits	not file Form 8868 electronically sturns, or a composite or consoli	If (1) you want the additional dated Form 990-T. Instead,
- 1	pt Organization	Em	ployer identification number
	EANS TOWN GARDENERS, INC.		72-1142944
filing your 22 TOKA	t, and room or suite no. If a P.O box, see instructions LON PLACE		
	post office, state, and ZIP code. For a foreign address, see inseq. ${\tt E}$, ${\tt LA}$ 70001	structions.	
Check type of return to b Form 990 Form 990-BL X Form 990-EZ Form 990-PF	Form 990-T (corporation) Form 990-T (corporation) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A	Form 4720 Form 5227 Form 6069 Form 8870	
Telephone No ► 50 If the organization does If this is for a Group Re	MRS. JILL NALTY are of ▶ 22 TOKALON PLACE - METAIR 4-835-1394 FAX No. Is not have an office or place of business in the United States, turn, enter the organization's four digit Group Exemption Number of the group, check this box ▶ and attach a list with	check this box nber (GEN) If this is	
FEBRUARY Is for the organization Calendar ye X tax year beginning	aror		e The extension Change in accounting period
Go. If this application is	for Form 000 PL 000 PE 000 T 4720 or 6069 extent the tent	tative tax less any	
nonrefundable cred		38	\$
	for Form 990-PF or 990-T, enter any refundable credits and en		
c Balance Due. Subt	Include any prior year overpayment allowed as a credit. act line 3b from line 3a Include your payment with this form, upon or, if required, by using EFTPS (Electronic Federal Tax I		o \$
See instructions		30	s N/A
O	to make an electronic fund withdrawal with this Form 9969, s	as Form 8453.FO and Form 887	Q.E.O. for myment instructions