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## Form 990-EZ

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

2009

Open to Public Inspection

	A F	or the	2009 calend	ar year,	or tax year beginning	September 1	, 2009,	and	ending	Au	gust :	31	, 20	10
	<b>B</b> c	heck if ap	oplicable	Please	C Name of organization					D Emple	oyer id	entifi	cation numb	er
	□ A	ddress c	hange	use IRS label or	Garden Club of Dublin						0	2-60	09670	
		lame cha	inge	print or	Number and street (or P O box, i	f mail is not delivered to street	address)	Roc	m/suite	E Telep	hone n	umbe	r	
	=	ntial retu		type See	75 Yellow Wings Rd						60	3-82	7-5500	
	=	erminate		Specific	City or town, state or country, and	d ZIP + 4		!		F Grou				
	=	unended return Instruc-						l	ber 1	•	UII			
												<u> </u>		
		• 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 Me Other (specify)									(V)	Casn A	ccruai	
			<del></del>	a con	iipieteu Schedule A (Fohii 95	0 01 330-1.2].				<del></del>				
												-	nization is no	
		<b>Vebsit</b>							•			ched	ule B (Form	990,
	J T	ax-exe			nly one) — 🗹 501(c) ( 3 ) ◀					Z, or 990				
		heck			zation is not a section 509(a)(3)								nan \$25,000	. A
					turn is not required, but if the									
					9 to determine gross receipts, i						\$			
	Pa	art I	Revenu	ie, Exp	enses, and Changes in	Net Assets or Fund	Balanc	es	(See the	instruc	ctions	s fo	r Part I.)	
		1	Contribution	ons, gift	s, grants, and similar amou	ints received					1			715
		2	Program s	ervice r	evenue including governme	ent fees and contracts				]	2			
==		3	Membersh	nip dues	and assessments					[	3			8240
2018		4	Investmen	t incom	e					[	4			1203
		5a	Gross amo	ount fro	m sale of assets other than	inventory	5a	İ			۶ <sup>۱</sup> ۲, ,			
₩	_	b			er basis and sales expenses	•								
ෙ		-			sale of assets other than i		_	line !	5a)		5c			
$\mathbf{Z}$	<b>9</b> -	6-			ivities (complete applicable parts of						1800			
JAN	A 2 1 Revenue	a			ot including \$			,		_	. s, ·			
	6/2	1	Vreported o					1		26478	, ,			
W	Z.	1		, ( I &	nses other than fundraising			+		20470	Ž.			
SCANINED		1		7/	ss) from special events and	•		lino	60)		6c			26478
		11 7 -			<del>-</del> ··				υα)	•	<del>,,, ,</del>			20410
Q.		1 .			entory, less returns and all		7a 7b	+						
Ŵ,		b	Less: cost			(O. b								
		C	•	•	ss) from sales of inventory	(Subtract line 75 from II	ne /a) .	•			7c			<del></del>
		8	Other reve		•					—_'	8			20000
		9			dd lines 1, 2, 3, 4, 5c, 6c, 7					. 🏲	9			36636
		10			r amounts paid (attach sch	•					10			10057
		11	•		r for members						11			
	es	12			mpensation, and employee						12			
	Expenses	13	Profession	nal fees	and other payments to inde	ependent contractors .					13			
	ğ	14	Occupano	y, rent,	utilities, and maintenance						14			
	ú	15	Printing, p	ublicati	ons, postage, and shipping						15			485
		16	Other exp	enses (d	describe  See Statement	5 - attached				)	16			14043
		17	Total exp	enses.	Add lines 10 through 16 .	<u> </u>			<u> </u>	. ▶	17			24585
		18			for the year (Subtract line						18			12051
	ě	19			nd balances at beginning o									
	Š	-			e reported on prior year's re						19	İ		67741
	Net Assets	20	Other cha	naes in	net assets or fund balance	s (attach explanation)		_			20			923
	ž	21		_	d balances at end of year.						21			80715
	P	art II	Balanc	e Shee	ets. If Total assets on line 2	25. column (B) are \$1.25	0.000 or	moi	re. file Fo	rm 990		ad o	f Form 990	
	كبي				(See the instructions for		,			ginning of			(B) End of ye	
	22	, ^	ach caulac	e and	vestments	•			<u> </u>		37741	22	,=, = , .	80715
	23								-			23		
												24	<del></del>	
	24		ulei assets	เนยระกะ	pe ▶			)	<del></del>		57741		_	80715
	25							• •	<b>—</b>		,,,41	- 1		00/13
	26	) [	otal liabilitio	es (des)	onbe ► palances (line 27 of column	(D) must saves with the	21\	)	-		27744	26		00745
	27	/ N	et assets o	ı ıuna t	Jaiances (iine 27 of column	ו (ש) <b>ווועסג</b> agree with אורו	10 21)		1	•	37741	27		80715

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

Cat No 106421

Form 990-EZ (2009)



Part	Statement of Program Service	Accomp	olishments (See the instr	uctions for Part II	l.)		Expenses
What	is the organization's primary exempt purp	oose?	Conservation through civic	programs and educ	cation		ured for section
	ribe what was achieved in carrying out						)(3) and 501(c)(4)
manr	er, describe the services provided, the n	number o	f persons benefited, and o	other relevant info	rmation for		izations and section (a)(1) trusts; optional
each	program title.						hers)
28	Support of national & local charitable organ	nizations f	or conservation & environm	ent		+-	<i>.</i>
	Car Clatamant d. attached			***************************************	•••••		
					•	1	
	(Grants \$ ) If this	amount	includes foreign grants, ch	eck here	▶ □	28a	4035
	Initiation & support of local community proj				· • <u> </u>	200	
~0	See Statement 2 - attached		**************************************				
			••••				
	(Cropto \$ ) If this	amount				200	4220
	(Grants \$ ) If this Education of membership & community in s		includes foreign grants, ch		. 🕨 🗆	29a	4320
30	improvement education 2 concentation			•••••		ŀ	
	See Statement 3 - attached			•••••			
							4=45
	· · · · · · · · · · · · · · · · · · ·		includes foreign grants, ch			30a	1703
	Other program services (attach schedule)						
	(Grants \$ ) If this	amount	includes foreign grants, ch	eck here	<u>. ▶ U</u>	31a	
	Total program service expenses (add lin	nes 28a t	hrough 31a)		<u> ▶</u>	32	10057
Part	V List of Officers, Directors, Trustees	, and Key					
	(a) Name and address		(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution (d) Co	ons to t plans &	(e) Expense account and
			devoted to position	enter -0)	deferred compe		other allowances
See a	ttached list of Officers						
				0		0	0
				İ			
						Ì	
					-		
							<del></del>
	<u> </u>						
							· <del></del>
				!			

Form 99	0-EZ (2009)		P	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	. Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		Yes	
	description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	\$1. T.	* *.	ي ۹
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<b>√</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	,		
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	<u> </u>	<b>√</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	<u> </u> , , , ,	. · ·	,s
39	Section 501(c)(7) organizations. Enter:	S. Care		23.5
a	Initiation fees and capital contributions included on line 9	- ' - '		* ***:
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
100	section 4911 ▶; section 4912 ▶; section 4955 ▶	1.4.3		
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	*	1.04.4	ļ
-	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	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400	13.74	65 N
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	* .	, %(d)en ,	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	Źń	1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ►			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u> </u>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	401	Yes	No
	If "Yes," enter the name of the foreign country: ▶	42b	¢b <sup>ω</sup>	<u>√</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		na 7 p	₩,
	and Financial Accounts.	100 mg	#1. 1919	**
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	aliani.iii.	<b>1</b>
	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		. 1	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			No. 1	
44	Did the organization maintain any denor advised funded if "Vee " Form 000 must be assembled install assembled.	<del></del>	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	7		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44		<u> </u>
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	<u></u>	<u>'</u>

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	ection 4947(a)(1) 7(a)(1) nonexemp d 51.	nonexen t charitabl	ipt charita e trusts mi	able ust	trusts only. A answer question	il sec ns 4	tion 6-49	b
	Did the organization engage in direct or indirect							Yes	No
	candidates for public office? If "Yes," complete S						46		1
	Did the organization engage in lobbying activities						47	<u> </u>	1
	Is the organization a school as described in section						48		1
	Did the organization make any transfers to an ex-	•		•			49a	<u> </u>	<b>✓</b>
50	If "Yes," was the related organization a section 5 Complete this table for the organization's five high employees) who each received more than \$100,000.	ghest compensated	employees	(other than	n off				
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	ge (c)	Compensation	n	(d) Contributions to imployee benefit plans & deferred compensation	(e ac	Exper count a	nse and
None									
					0	0			0
					4				
		l							
	Total number of other employees paid over \$100	<u> </u>					<u> </u>		
	(a) Name and address of each independent contractor				Туре	of service	(c) Co	mpens	ation
·	None								
				-					
d	Total number of other independent contractors e	each receiving over	\$100,000	▶			- <u>-</u>		
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration								
Sign Here	Signature of officer  Kathryn S. Miner, Treasurer				Da	1/9/11 ite			
	Type or print name and title								
Paid Proport	Preparer's signature	[	Date	Check if self- employed ► [		Preparer's identifying nun	nber (Se	e instruc	tions)
Prepare Use On	ly yours if self-employed),				EIN	<b>&gt;</b>			
May th	e IRS discuss this return with the preparer shown	above? See instru	ctions		Phor	ne no ▶	Yes		No
, vicey (1)	C. T.C C.SOCOC BIRD TOTAL IT WILL BIRD PROPERTY SHOW	. 450401 000 motiu		<del>· · · · ·</del>	<u> </u>	<del>-</del> _			(2000)

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

### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Garden Club of Dublin

Employer Identification number 02-6009670

Pa	rt I	Reason f	or Public Cha	r <b>ity Status</b> (All orga	nizations	s must c	omplete	this pa	rt.) See i	nstructio	ns.
				tion because it is: (Fo							
				nes, or association of			ed in <b>sec</b>	tion 170	(b)(1)(A)(i	i).	
2				170(b)(1)(A)(ii). (Attac		•					
3				spital service organiza							
4			earch organizatione, city, and state	on operated in conjuncts:	ction with	ı a hospit	al descrit	oed in <b>se</b>	ction 17	0(b)(1)(A)(	(iii). Enter the
5			on operated for the complete of the complete o	the benefit of a collect plete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernment	al unit described in
6 7	☐ An	organizatio	on that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	al part of					nit or from	n the general public
8	□Ac	ommunity i	trust described ii	n section 170(b)(1)(A)	<b>)(vi).</b> (Cor	nplete Pa	art II.)				
9	rece sup	eipts from port from	activities related gross investme	receives: (1) more that I to its exempt funct int income and unrel fter June 30, 1975. Se	ions-sul lated bus	bject to d siness ta	certain ex xable inc	ceptions	s, and (2) ss sectio	no more	than 331/3% of its
10	☐ An	organizatio	n organized and	operated exclusively	to test fo	r public s	safety. Se	e sectio	n 509(a)(	4).	
11	☐ An pur	organization	on organized an one or more pub	d operated exclusive licly supported organ describes the type of	ely for th	ie benefi described	t of, to p	perform to on 509(a	the funct a)(1) or se	ions of, o	9(a)(2). See <b>section</b>
	а	□ Туре	l <b>b</b> □	Type II c	□ Тур	e IIIFun	ctionally i	ntegrate	d	d [	Type III-Other
е	□Ву	checking tl	his box, I certify	that the organization						or more	
				rs and other than one							
		section 509									
f			ation received a check this box .	written determination			that it is	a Type 	I, Type	II, or Typ 	e III supporting
9		ce August owing pers		ne organization accep	oted any	gift or co	ontributio	n from a	ny of the	•	
	(i)	A person v (iii) below,	who directly or in the governing bo	ndirectly controls, eithody of the supported of	her alone organızat	or toget ion?	her with	persons	describe	d in (ii) an	nd Yes No
	(ii)	A family m	ember of a perso	on described in (i) abo	ve?						11g(ii)
	(iii)	A 35% cor	ntrolled entity of	a person described in	ı (ı) or (ıı) a	above?.					11g(iii)
h	Pro	vide the fo	llowing informati	on about the supporte	ed organi	zation(s).					<u> </u>
(i)	Name of s organiz	supported zation	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	rganization sted in your document?			organizat (i) organi	ts the tion in col zed in the S ?	(vii) Amount of support
				(000	Yes	No	Yes	No	Yes	No	
A)											
B)											
C)		<del></del>									<del></del>
D)											
E)										<del>  </del>	
			,	,, v <sup>3</sup>		. *			<b></b> _		
			l	* _ '	l i	l	i	l	1	1	

Julieda	6 A ( OIII 330 OI 330-LZ) 2010						Page Z
Part							
	· (Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, pl	ease comple	ete Part III.)	
	on A. Public Support	(-) 0000	(1) 0007	(-) 0000 I	<u> </u>	T	<b></b>
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(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		***		7 7 7 7 8 2		
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	, , , , · · ·	, port and the	À 4 .	` > . ** ` .		
6	Public support. Subtract line 5 from line 4.		' '	* ***	·	g 3/4 " " " " " " " " " " " " " " " " " " "	
	on B. Total Support	( ) 0000	4.10007	( ) 0000	/ IN 0000		
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 8	Amounts from line 4						
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	. **		-		, 34	
12	Gross receipts from related activities, etc		•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re		d, third, fourth,	-		
<u>3ecu</u>	on C. Computation of Public Support Public support percentage for 2010 (line)			1 column (A)		14	
15 16a	Public support percentage for 2010 (inter- Public support percentage from 2009 Sci 331/2% support test—2010. If the organi- box and stop here. The organization qua	hedule A, Part zation did not	II, line 14 check the box	on line 13, and	 I line 14 is 33¹	15 /3% or more, ch	
b	331/3% support test—2009. If the organicheck this box and stop here. The organicheck this box and stop here.	nization did no	ot check a box	on line 13 or	16a, and line	 e 15 ıs 33¹/3% :	
17a	10%-facts-and-circumstances test—2010% or more, and if the organization meets the "forganization	010. If the orga	anization did no and-circumsta	ot check a box inces" test, che	on line 13, 16 ck this box ar	nd <b>stop here.</b> E	xplaın in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part IV how the organization m supported organization	tion meets the neets the "facts	e "facts-and-ci s-and-circums 	rcumstances" tances" test. TI	test, check the organization	nis box and <b>st</b> on qualifies as a	p here. publicly . ▶ □
18	Private foundation. If the organization di	id not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see

#### 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	on A. Public Support	2005	2006	2007	2008	2009	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2 <del>00</del> 6	(b) <del>200</del> 7	(c) <del>200</del> 8	(d) 2 <del>009</del>	(e) <del>2010</del>	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	9833	12138	13145	10155	8955	54226
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					26478	26478
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						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	9833	12138	13145	10155	35433	80704
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						
8 8	Add lines 7a and 7b			ALC:			80704
	on B. Total Support	2005	2006	2007	2008	2005	
Calen	dar year (or fiscal year beginning in) 🕨	(a) <del>2006</del>	(b)- <del>2007</del>	(c) <del>2008</del>	(d) <del>2009</del>	(e <del>) 2010</del>	(f) Total
9 10a	Amounts from line 6	9833	12138 2459	13145 2589	10155 1654	35433 1203	10987
	royalties and income from similar sources .		2400		1034	1203	10907
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	;					
C	Add lines 10a and 10b	3082	2459	2589	1654	1203	10987
11	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 assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	12915	14597	15734	11809	36636	91691
14	First five years. If the Form 990 is for to organization, check this box and stop he				=	ear as a section	
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2010 (line	8, column (f) dı	vided by line 1	3, column (f))		15	88 %
16	Public support percentage from 2009 Sc	hedule A, Part	III, line 15 .	<u></u>	<u></u>	16	82 %
	on D. Computation of Investment In				<del></del>		<del></del>
17	Investment income percentage for 2010					17	12 %
18 19a	Investment income percentage from 200 331/3% support tests - 2010. If the organ					18 ore than 231 no	18 %
130	17 is not more than 33½% check this box						
b	331/3% support tests - 2009. If the organi	zation did not c	heck a box on	line 14 or line 1	9a, and line 16	is more than 3	31/3%, and
20	line 18 is not more than 33½%, check this <b>Private foundation.</b> If the organization d						
							<u>-</u>

i) A sindelina	OIII 950 01 950-E2J 2010	Page •
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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### Garden Club of Dublin September 1, 2009 to August 31, 2010 TID # 02-6009670

Grants & Conservation Gifts (Lines 10 & 28)	STA	TEMENT 1
Center for Plant Conservation	\$	50
Dublin Consolidated School Environmental Program	\$	1,000
GCA Central Park Project	\$	360
GCA Sugar Maple Project	\$	500
GCA Interchange Fellowship	\$	200
GCA Scholarship Fund	\$	500
Harris Center for Environmental Protection	\$	200
Monadnock Conservancy	\$	200
NE Wildflower Society	\$	100
NH Lakes Association	\$	300
Save the Redwoods	\$	25
Seven States Daffodil Show	\$	50
Society for the Protection of NH Forests	\$	100
Student Conservation Assocation	\$	100
Tower Hill Botanic Garden	\$	150
World Association of Flower Arrangers	\$	200
Total	\$	4,035
Civic & Community Contributions (Lines 10 & 29)		ATEMENT 2
Conservation- Dublin Lake Water Testing	\$	892
Conservation - Invasive Loosestrife	\$	363
Dublin Post Office Planting Maintenance	\$	425
Dublin Post Office Memorial Project	\$	1,980
Town of Dublin Planters	\$	660
Total	\$	4,320
Education of Membership (Lines 10 & 30)	STA	ATEMENT 3
SPEAKERS	\$	1,597
FLOWER SHOW	\$	1,097
HORTICULTURE	\$	_
AWARDS & ENGRAVING	\$ \$	- 105
Total	\$	1,702
Total		1,702
Printing, publications, postage & shipping (Line 15)	STA	TEMENT 4
Total	\$	485
Other Expenses (GCA) (Line 16)	STA	ATEMENT 5
Administrative & NH Fees	\$	257
GCA Dues	\$	3,325
GCA Bulletin		60
GCA Insurance	\$	128
GCA Meeting Expenses	\$	1,530
Fundraising Expenses	\$ \$ \$ <b>\$</b>	8,743
Total	\$	14,043

### Garden Club of Dublin (TID 02-6009670)

### Officers & Board Members Elected at Annual Meeting, September 15, 2009

### September 1, 2009 to August 31, 2010

*Officers:			
	Mary Liz Lewis	Goldmine Rd, PO Box 246, Dublin, NH 03444	603-563-8558
	Karen Bunch	PO Box 18, Dublin NH 03444	603-563-7762
	Ann Conway	1530 Roble Dr., Santa Barbara, CA 93110	805-687-1607
	Kathryn Miner	75 Yellow Wings Rd, Harrisville, NH 03450	603-827-5500
	Sharon Escales	67 Greenwood Rd., Dublin NH 03444	
	Anne Booth		603-563-8866
•		PO Box 508, Peterborough NH 03458	603-924-6425
Corresponding Secretary	Jane Keough	PO Box 1052, Dublin NH 03444	603-563-8352
*Executive Board:			
	Louisa Birch	PO Box 354, Dublin NH 03444	603-499-8120
	Joyce Gregg	226 Wilton Rd., Peterborough NH 03458	603-924-9815
	Louisa Thoron	PO Box 397, Jaffrey NH 03452	
1 Togram 1	Louisa Thoron	10 box 397, Jailley NH 03432	603-532-4938
*Members-at-large:			
	Julie Crocker	23 Governor Sq Peterborough NH 03458	603-924-1601
	Connie Oliver	PO Box 186, Peterborough, NH 03458	603-924-3488
•	Felicity Pool	36 James St, Greenfield MA 01301	413-774-3332
Membership	Prue Robertson	53 Westwood Rd, W. Hartford, CT 06117	860-236-4678
Historian	Ellie Rublee	PO Box 378, Dublin NH 03444	603-563-5059
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Committees:			
Conservation Beech H	2001)g	PO Box 450, Dublin NH 03444	603-563-8435
Town List Asst. Horticulture		PO Box 445, Dublin NH 03444	603-563-7127
Hospitality	Stevee Greff	190 Hill St., Marlborough, NH 03455	603-876-3330
GCA Bulletin & Public Relation		PO Box 45, Dublin NH 03444	603-563-7056
Civic Projects	Sally Collier	4 Gilson Rd, Jaffrey, NH 03452	603-532-7023
Librarian	Luette Bourne	34 Northgate Rd, Wellesley, MA 02481	781-239-1132
Town Hall Planter		22 Elm St, Charlestown, MA 02129	617-241-9494
Flower Arr & Design	Laurie Appel	53 Old Peterborough Rd, Dublin NH 03444	603-563-8143
Founders Fund	Ginny Niles	10 Monadnock Rd, Harrisville NH 03450 PO Box 6153, Lincoln, MA 01773	603-827-3110
Garden History&Design		7 860 Huntington Garden Dr, San Marino, CA	978-369-2824
Membership & Provisionals	Eve Stone	11 Governor Sq., Peterborough NH 03458	626-395-7877
Visiting Gardens	Gay Eaton	PO Box 206, Dulbin NH 03444	603-924-6667 603-563-8327
Ways & Means		urphy32 Talmadge Hill Rd, Darien, CT 06820	203-655-4340
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### Garden Club of Dublin 02-6009670 Fiscal Year End 8/31/2010

#### Line 20 Explanation

#### **ACCOUNT BALANCES (includes unrealized gains)**

	8/31/2009 8/	31/2010
Capital Access Checking	\$ 8,277.43 \$ 26	,477 34
Certificate of Deposit	\$ 7,307.74 \$	-
The Vanguard Group	\$ 52,156.28 \$ 54	,237 61
	\$ 67,741.45 \$ 80	,714.95