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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
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*

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning		, and ending	
<input type="checkbox"/> Check if applicable	C Name of organization		
Address change	HUDSON GARDEN CLUB		
Name change	Number and street (or P O box, if mail is not delivered to street address)		Room/suite
Initial return	PO BOX 651		
Terminated	City or town	state or country	ZIP + 4
Amended return	HUDSON	OH	44236
Application pending			
G Accounting Method	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual	Other (specify) ►
I Website:	► N/A		
J Tax-exempt status (check only one) —	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) (4)	◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 55,545

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I.

	Revenue	Expenses	Net Assets		
1	Contributions, gifts, grants, and similar amounts received	10	10	1	
2	Program service revenue including government fees and contracts	11	11	2	50,791
3	Membership dues and assessments	12	12	3	3,650
4	Investment income	13	13	4	1,104
5a	Gross amount from sale of assets other than inventory	14	14	5a	
b	Less: cost or other basis and sales expenses	15	15	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	16	5c	0
6	Gaming and fundraising events	17	17		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	18	18	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	19	19	6b	
c	Less: direct expenses from gaming and fundraising events	20	20	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	21	21	6d	0
7a	Gross sales of inventory, less returns and allowances	22	22	7a	
b	Less cost of goods sold	23	23	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	24	24	7c	0
8	Other revenue (describe in Schedule O)	25	25	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	26	26	9	55,545
10	Grants and similar amounts paid (list in Schedule O)	27	27	10	23,782
11	Benefits paid to or for members	28	28	11	
12	Salaries, other compensation, and employee benefits	29	29	12	
13	Professional fees and other payments to independent contractors	30	30	13	250
14	Occupancy, rent, utilities, and maintenance	31	31	14	
15	Printing, publications, postage, and shipping	32	32	15	4,402
16	Other expenses (describe in Schedule O)	33	33	16	19,822
17	Total expenses. Add lines 10 through 16	34	34	17	48,256
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	35	35	18	7,289
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)	36	36	19	81,513
20	Other changes in net assets or fund balances (explain in Schedule O)	37	37	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	38	38	21	88,802

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	81,513	22	88,802
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	81,513	25	88,802
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	81,513	27	88,802

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? COMMUNITY HORTICULTURE PROJECTS & EDUCATION

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

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

28 PURCHASE OF TREES FOR CITY OF HUDSON STREETS AND PARKS. OVERSIGHT OF SAME. BENEFITS ALL CITIZENS AND CITY'S LONG TERM ENVIRONMENTAL GOALS.			
(Grants \$ <u>16,782</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a		16,782
29 SPONSORSHIP OF ANNUAL SCHOLARSHIP PROGRAM FOR HUDSON RESIDENTS WHO PURSUE EDUCATIONAL PROGRAMS RELATING TO HORTICULTURE OR ENVIRONMENTAL STUDIES.			
(Grants \$ <u>7,000</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a		7,000
30 CONDUCTING MONTHLY MEETINGS FOR OVER 200 MEMBERS AND HERB GROUP MEMBERS TO EDUCATE MEMBERS AND COMMUNITY			
(Grants \$ <u>5,488</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a		5,488
31 Other program services (describe in Schedule O)			
(Grants \$ <u>13,348</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a		13,348
32 Total program service expenses. (add lines 28a through 31a) ► 32			42,618

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SHERRY BEAM PO BOX 651 HUDSON OH 44236	Title PRESIDENT Hr/WK <u>10 00</u>	0		
WENDY HILTY PO BOX 651 HUDSON OH 44236	Title VICE PRESIDENT Hr/WK <u>10 00</u>	0		
PAULA PHILLIPS PO BOX 651 HUDSON OH 44236	Title TREASURER Hr/WK <u>10.00</u>	0		
JAN SCHRAEDER PO BOX 651 HUDSON OH 44236	Title SECRETARY Hr/WK <u>10 00</u>	0		
	Title Hr/WK <u>.00</u>	0		
	Title Hr/WK <u>00</u>	0		
	Title Hr/WK <u>00</u>	0		
	Title Hr/WK <u>.00</u>	0		
	Title Hr/WK <u>.00</u>	0		
	Title Hr/WK <u>.00</u>	0		
	Title Hr/WK <u>.00</u>	0		
	Title Hr/WK <u>.00</u>	0		
	Title Hr/WK <u>.00</u>	0		

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?

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

37 a 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?

38 a 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 tax year covered by this return?

b If "Yes," complete Schedule L, Part II and enter the total amount involved

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

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; 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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

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

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization

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.

41 List the states with which a copy of this return is filed ► _____

42 a The organization's books are in care of ► PAULA PHILLIPS Telephone no. ► (330) 656-2818
Located at ► PO BOX 651 City. HUDSON ST. OH ZIP + 4 ► 44236

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)?

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.?
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
and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	Yes	No
33	X	
34	X	
35a	X	
35b	X	
36	X	
37a		
37b	X	
38a	X	
39a		
39b		
40a		
40b	X	
40c		
40d		X

	Yes	No
42b	X	
42c	X	

	Yes	No
44a	X	
44b	X	
44c	X	
44d		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
45		X
45a		X
46		X

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

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.

49 a 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."

(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
Name None Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK .00			

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

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."

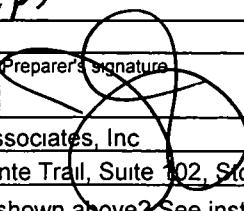
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes X No

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	► <i>Paula Phillips</i>	6/8/11
	Signature of officer	Date
	<i>Paula Phillips Treasurer</i>	
Type or print name and title		

Paid Preparer's Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	John T Margida		6/1/2011	<input type="checkbox"/>	
	Firm's name	► Margida and Associates, Inc.		Firm's EIN	► <input type="checkbox"/>
Firm's address	► 3926 Clock Pointe Trail, Suite 102, Stow, OH 44224		Phone no	(330) 926-0023	

May the IRS discuss this return with the preparer shown above? See instructions. ► Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

HUDSON GARDEN CLUB

Employer identification number

34-6542336

Form 990-EZ, Part I, Line 10, Grants Paid: Activity, Community Donations, Grantee: Various,

Cash Grant: 8,760, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity, Garden Club Grants, Grantee: Various,

Cash Grant: 8,022, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity, Scholarships, Grantee: Various, Cash

Grant: 7,000, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 142

Form 990-EZ, Part I, Line 16, Other Expenses: Historian: 169

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 1,545

Form 990-EZ, Part I, Line 16, Other Expenses: Storage: 1,356

Form 990-EZ, Part I, Line 16, Other Expenses: Other administrative costs: 799

Form 990-EZ, Part I, Line 16, Other Expenses: Community outreach: 3,150

Form 990-EZ, Part I, Line 16, Other Expenses: Tour garden shop: 5,043

Form 990-EZ, Part I, Line 16, Other Expenses: Other tour expenses: 4,837

Form 990-EZ, Part I, Line 16, Other Expenses: Garden programs: 2,338

Form 990-EZ, Part I, Line 16, Other Expenses: Membership: 443

Form 990-EZ, Part III, Line 31: MAINTENANCE OF COMMUNITY GARDEN LOCATED IN HUDSON OH, ASSIST

COMMUNITY IN BEAUTIFICATION OF COMMUNITY AREAS, Grants and allocations: 0, Program service

expenses: 13,348

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- 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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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.*

Type or print	Name of exempt organization HUDSON GARDEN CLUB	Employer identification number 34-6542336
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions PO BOX 651	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions HUDSON	OH 44236

Enter the Return code for the return that this application is for (file a separate application for each return)

03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► PAULA PHILLIPS

Telephone No. ► (330) 656-2818

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box. ►
- 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 is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2010 or

► tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

(HTA)

Form 8868 (Rev. 1-2011)