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

OMB No. 1545-1150

2010**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, 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.

A For the 2010 calendar year, or tax year beginning June 1, 2010, and ending May 31, 2011**B** Check if applicable:

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

Boothbay Region Garden Club, Inc.

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. Box 113

Room/suite

City or town, state or country, and ZIP + 4

Boothbay, ME 04537

D Employer identification number

20-0324602

E Telephone number

(207) 633-0392

F Group Exemption

Number ► N/A

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► www.boothbayregiongardenclub.org**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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 ► \$ 33,389**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 ☒

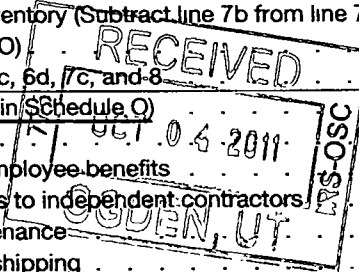
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	352
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	3,120
	4	Investment income	4	1,789
	5a	Gross amount from sale of assets other than inventory	5a	9,357
	5b	Less: cost or other basis and sales expenses	5b	8,889
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	468
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ -0- of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	18,771
6c	Less: direct expenses from gaming and fundraising events	6c	8,796	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	9,975	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	15,704	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	11,150
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	2,490
	14	Occupancy, rent, utilities, and maintenance	14	2,304
	15	Printing, publications, postage, and shipping	15	1,260
	16	Other expenses (describe in Schedule O)	16	7,082
	17	Total expenses. Add lines 10 through 16	17	24,286
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(8,582)
	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	79,060
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	70,478

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2010)

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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	79,060	22	70,478
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	79,060	25	70,478
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	79,060	27	70,478

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? Promote interest in art of gardening
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	Education (See attached Schedule O)		
	(Grants \$ 11,000) If this amount includes foreign grants, check here ▶ ☐	28a	15,595
29	Community Services (See attached Schedule O)		
	(Grants \$ 150) If this amount includes foreign grants, check here ▶ ☐	29a	4,907
30	Garden Therapy (See attached Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	30a	352
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	20,854

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 ☐

[illegible]

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. ☒

	Yes	No
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)?		<i>N/A</i>
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		☒
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a <u>-0-</u>		
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 tax year covered by this return?		☒
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b <i>N/A</i>		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a <i>N/A</i>		
b Gross receipts, included on line 9, for public use of club facilities 39b <i>N/A</i>		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>-0-</u> ; section 4912 <u>-0-</u> ; section 4955 <u>-0-</u>		
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 40c <u>-0-</u>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d <u>-0-</u>		
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		☒
41 List the states with which a copy of this return is filed. 41 <u>None</u>		
42a The organization's books are in care of <u>Sandra Abernathy, Treasurer</u> Telephone no. <u>(207) 633-0392</u> Located at <u>P.O. Box 113, Boothbay, ME</u> ZIP + 4 <u>04537-0113</u>		
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: <u>N/A</u>		☒
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: <u>N/A</u>		
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 <i>N/A</i>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
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		<i>N/A</i>

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	☒
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 (see instructions)	45a	☒
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	46	☒

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 ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	☒
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	☒
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	☒
b If "Yes," was the related organization a section 527 organization?	49b	☒
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
NONE				

f Total number of other employees paid over \$100,000 **-0-**

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 **-0-**

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 ☐ 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>Sandra Abernathy</i>	9/29/11
	Signature of officer	Date
	<i>Sandra Abernathy Treasurer</i>	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
	Henry J. Hurford, Jr.	<i>Henry J. Hurford Jr.</i>	9/27/11		P01207388
	Firm's name	Firm's EIN			
	Firm's address	Phone no			
	P.O., Box 1, Boothbay Harbor, ME 04538-0001	(207) 633-4040			
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No					

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.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

BOOTHBAY REGION GARDEN CLUB, INC.

Employer identification number

20-0324602

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,541	3,610	4,485	3,678	3,472	18,786
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.	3,541	3,610	4,485	3,678	3,472	18,786
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).						-0-
6 Public support. Subtract line 5 from line 4.						18,786

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,541	3,610	4,485	3,678	3,472	18,786
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,084	8,465	2,906	2,165	1,789	20,409
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						39,195
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						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	47.93	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	45.00	%
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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	☐		

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Festival of Trees</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events <u>4</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	<u>15,462</u>		<u>3,309</u>	<u>18,771</u>
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	<u>15,462</u>		<u>3,309</u>	<u>18,771</u>
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	<u>4,087</u>			<u>4,087</u>
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	<u>2,484</u>		<u>2,225</u>	<u>4,709</u>
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶	(<u>8,796</u>)			
	11 Net income summary. Combine line 3, column (d), and line 10 ▶	<u>9,975</u>			

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.

		(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	☐ Yes _____ % ☐ No _____	☐ Yes _____ % ☐ No _____	☐ Yes _____ % ☐ 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: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

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

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Name of the organization

BOOTHBAY REGION GARDEN CLUB, INC.

Employer identification number

20-0324602

Part I, Line 10 - Grants and Similar Amounts Paid:

Description	Name and Address	Purpose	Amount
Youth Camperships (37 Weekly)	Boothbay Region YMCA Townsend Ave. Boothbay Harbor, Maine	Study of Respect and Awareness of Environment	\$ 5,000
Grants-In Aid (3)	Various Colleges	Earth Sciences	6,000
Donations (3)	Various IRC Section 501(c)(3) organizations	Environmental Protection	150
Total			<u>\$11,150</u>

Part I, Line 16 - Other Expenses:

Dues and meetings	\$ 799
Supplies	<u>6,283</u>
Total	<u>\$7,082</u>

Part V, Line 35 - Reason for Not Reporting Income on Form 990-T:

The fund raising income from special events and similar activities is not reportable on Form 990-T because:

- (1) it is an activity that is not regularly carried on (IRC Section 512(a)(1)) and
- (2) it is an activity in which labor is a material income-producing factor and all of the work is performed with unpaid labor (IRC Section 513(a)(1))

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

BOOTHBAY REGION GARDEN CLUB, INC.

Employer identification number
20-0324602

Part III - Statement of Program Service Accomplishments:

The primary exempt purposes of the Boothbay Region Garden Club (BRGC) is to promote interest in the art and practice of gardening, community beautification, and the preservation and conservation of natural resources and wildlife. During the year the BRGC's specific accomplishments were as follows:

Description	Expenses
Education:	
Presented monthly educational programs in horticultural disciplines, sponsored floral design classes, sponsored the Smoky Bear and Woodsy Owl poster contests in the area schools and supported other non profit organizations whose goals, among others, is to seek improvement in the environment. Also awarded 3 scholarship to students studying earth sciences and 37 weekly youth camperships to the local YMCA for environmental study. These activities further the BRGC's exempt purpose of advancing horticultural education and the preservation of natural resources.	\$15,595
Community Services:	
Beautified public and historic buildings in the Boothbay Region with wreaths at Christmas time and window boxes in the spring. In addition, gardens were planned, planted and maintained at civic monuments and signs, memorial parks and town offices throughout the year. Participated in the national Blue Star Marker project to honor veterans. Money was also donated to other IRC Section 501(c)(3) organizations. These activities further the BRGC's exempt purpose of civic beautification and promote civic responsibility and help lower the tax burden on local citizenry.	4,907
Garden Therapy:	
Provided potted plants to the regional veteran's hospital at Thanksgiving and provided them with seedlings in the spring for planting. In addition, Christmas tray favors were provided for Meals on Wheels, St. Andrews Hospital and nursing homes in the area. These activities further the BRGC's exempt purposes of promoting civic responsibility and improving the well-being of the public.	352
Total	\$20,854

BOOTHBAY REGION GARDEN CLUB, INC.
20-0324602
FORM 990-EZ
5/31/11

List of Attachments

Schedule A (2 Pages)

Schedule G (2 Pages)

Schedule O (2 Pages)