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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, 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*

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning Jul 1 , 2010, and ending Jun 30 , 2011

B Check if applicable
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: Cambridge Plant & Garden Club, Inc.

Number and street (or P O box, if mail is not delivered to street address): 53 Dunster St.

Room/suite:

City or town, state or country, and ZIP + 4: Cambridge MA 02138

D Employer identification number: 22-3517157

E Telephone number: (617) 686-4125

F Group Exemption Number ► N/A

G Accounting Method [X] Cash [ ] Accrual Other (specify) ►

H Check ► [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► N/A

J Tax-exempt status (ck only one) – [X] 501(c)(3) [ ] 501(c) ( ) ◄ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ► [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $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 ► $ 39,256.

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 [X]

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	22,255.
	2	Program service revenue including government fees and contracts		2	0.
	3	Membership dues and assessments		3	0.
	4	Investment income		4	72.
	5a	Gross amount from sale of assets other than inventory	5a 0.		
	b	Less. cost or other basis and sales expenses	5b 0.		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0.
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 50.		
	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)	6b		
	c	Less. direct expenses from gaming and fundraising events	6c 367.		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	-317.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0.
	8	Other revenue (describe in Schedule O)	See Form 990-EZ, Part I, Line 8 Other Revenue	8	16,879.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	►	9	38,889.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	See L-10 Stmt	10	18,064.
	11	Benefits paid to or for members		11	0.
	12	Salaries, other compensation, and employee benefits		12	0.
	13	Professional fees and other payments to independent contractors		13	2,523.
	14	Occupancy, rent, utilities, and maintenance		14	142.
	15	Printing, publications, postage, and shipping		15	271.
	16	Other expenses (describe in Schedule O)	See Form 990 EZ, Part I, Line 16 Other Expenses	16	44,929.
	17	**Total expenses.** Add lines 10 through 16	►	17	65,929.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-27,040.
	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	98,975.
	20	Other changes in net assets or fund balances (explain in Schedule O)	See L-20 Stmt	20	1.
	21	Net assets or fund balances at end of year Combine lines 18 through 20	►	21	71,936.

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2010)

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	98,975.	22	71,936.
23	Land and buildings	0.	23	0.
24	Other assets (describe in Schedule O)	0.	24	0.
25	**Total assets**	98,975.	25	71,936.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	98,975.	27	71,936.

Part III Statement of Program Service Accomplishments (see the instrs 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? **Support of civic hosticultural projects in the City of Cambridge**

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 Maintenance of gardens of charities (Hooper Lee Nichols House of Cambridge Historical Society)
(Grants $ 13,686.) If this amount includes foreign grants, check here ► ☐ 28a 13,686.

29 Cragie St. Pocket Park maintenance
(Grants $ 43.) If this amount includes foreign grants, check here ► ☐ 29a 43.

30 Grants to local tax-exempt organizations to fund horticultural projects within the City of Cambridge, for public appreciation.
(Grants $ 3,285.) If this amount includes foreign grants, check here ► ☐ 30a 3,285.

31 Other program services (describe in Schedule O) None
(Grants $ 1,050.) If this amount includes foreign grants, check here ► ☐ 31a 1,050.

32 **Total program service expenses** (add lines 28a through 31a) ► 32 18,064.

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 and deferred compensation	(e) Expense account and other allowances
Laura Nash 11 Buckingham St. Cambridge MA 02138	President 3.00	0.	0.	0.
Sally Ames 221 Mt. Auburn St., #206 Cambridge MA 02138	1st VP 1.00	0.	0.	0.
Nancy Dingman 53 Dunster St. Cambridge MA 02138	2nd VP 1.00	0.	0.	0.
Jane Knowles 67 Francis Ave Cambridge MA 02138	Recording Secretary; 1.00	0.	0.	0.
Jan Ferrara 195 Brattle St. Cambridge MA 02138	Corr. Secretary 1.00	0.	0.	0.
Emily McClintock 15 Follen St. Cambridge MA 02138	Treasurer 2.00	0.	0.	0.
Janet Burns 57 Frost St. Cambridge MA 02138	Finance Chair 1.00	0.	0.	0.
Margaret Booz 27 Lawn St. Cambridge MA 02138	Director 0.50	0.	0.	0.
Louise Weed 109 Avon Hill St. Cambridge MA 02140	Director 0.50	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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		X
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)		X
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.		
35a	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?		X
35b	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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.		
37b	Did the organization file **Form 1120-POL** for this year?		X
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?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____, section 4912 ► _____; section 4955 ► _____		
40b	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		X
40c	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 ► _____		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____		
40e	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		X

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

42a The organization's books are in care of ► Nancy M. Dingman Telephone no. ► (617) 686-4125
Located at ► 53 Dunster St. Cambridge MA ZIP + 4 ► 02138

		Yes	No
42b	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 a Foreign Bank and Financial Accounts.**		X
42c	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: ► _____		X

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

		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44c	Did the organization receive any payments for indoor tanning services during the year?		X
44d	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
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
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 inst)	45a		X
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		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 ☐

		Yes	No
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
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 and deferred compensation	(e) Expense account and other allowances
NONE				

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
NONE		

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 ► [X] 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

► Nancy Dingman — Signature of officer — Date 10/12/11

► NANCY DINGMAN TREASURER — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
Priscilla M. Leith	Priscilla M. Leith	10/01/11		P00164862

Firm's name ► PRISCILLA LEITH, MBA

Firm's address ► 162 ISLINGTON RD

NEWTON MA 02466

Firm's EIN ►

Phone no

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	Employer identification number
Cambridge Plant & Garden Club, Inc.	22-3517157

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 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 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?

		Yes	No
(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?	11g (i)		
(ii)	A family member of a person described in (i) above?	11g (ii)		
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	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 column (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in column (i) of your support? Yes	(v) No	(vi) Is the organization in column (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(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 'unusual grants ')	17,069.	17,977.	25,760.	20,459.		81,265.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .	0.	0.	0.	0.		0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.		0.
4 **Total.** Add lines 1 through 3	17,069.	17,977.	25,760.	20,459.		81,265.
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 . .						81,265.

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 .	17,069.	17,977.	25,760.	20,459.		81,265.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,003.	1,318.	750.	856.		3,927.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.		0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,447.	2,747.	-701.	485.		4,978.
11 **Total support.** Add lines 7 through 10 .						90,170.

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	90.12%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%

16a **33-1/3% support test – 2010.** If the organization did not check the box on line 13, and the 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 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.)

Section A. Public Support

Calendar year (or fiscal yr 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.')						
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						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . .						
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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 **Total support.** (Add lns 9, 10c, 11, and 12)						

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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support tests – 2009.** 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 ► ☐

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Other Income Part II, Line 10

Description: Net income fr fundraising

2006: 2221.

2008: -761.

2009: 485.

Description: Infreguent chair rental

2006: 176.

2007: 64.

2008: 60.

Description: Refunds of payments made in prior yrs

2006: 50.

2007: 2683.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)	
Chair rental income	84.
Zone Meeting Income	16,795.
Total	16,879.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
Garden Club Federation: annual dues	284.
Garden Club of America: dues	3,815.
Misc contributions	100.
Membership dues to local hosticultural orgs	533.
Mass. corporation filing fees	50.
Equipment:adapter,extension cord	39.
Miscellaneous	544.
Travel to horticultural, GCA meetings	2,084.
Registration for conferences	1,910.
Speaker fees	1,250.
Venue Rental	83.
Gifts	239.
Zone Meeting Expenses	33,998.
Total	44,929.

Form 990-EZ, Page 2, Part IV
List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensation **(if not paid, enter -0-)**	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business [ ] Person . . [X] Suzanne Dworsky 1010 Memorial Drive, #18 Cambridge MA 02138 Foreign city Foreign country	Title Director Hours/Week 0.50	0.	0.	0.
Business [ ] Person [X] Mary Webb 12 Old Dee Road Cambridge MA 02138 Foreign city Foreign country	Title Director Hours/Week 0.50	0.	0.	0.
Business [ ] Person [X] Patricia Straus 8 Lincoln Lane Cambridge MA 02138 Foreign city Foreign country	Title Director Hours/Week 0.50	0.	0.	0.

Form 990-EZ, Page 2, Part IV Continued

List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensation **(if not paid, enter -0-)**	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business [ ] Person [X] Dorothy Gonson 32 Hubbard Park Cambridge MA 02138 Foreign city Foreign country	Title Director Hours/Week 0.50	0.	0.	0.
Business [ ] Person [X] Suzanne Dworsky 1010 Memorial Drive, #18E Cambridge MA 02138 Foreign city Foreign country	Title Director Hours/Week 0.50	0.	0.	0.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment .. Maingtenance,restoration of gate at Hopper-Lee-Nichols House

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Maintenance, restoration of gate of charity	Business [X] Person [ ] Cambridge Historical Society 159 Brattle St. Cambridge MA 02138	None	13,686.

If property other than cash was given, the following additional information needs to be provided:

Description of Property

Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Continued
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment: Planting of linden tree on Cambridge Common

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Tree planting	Business [X] Person [ ] City of Cambridge 759 Massachusetts Ave. Cambridge MA 02139	None	1,050.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment: Help fund school gardening program in City of Cambridge

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Gardening	Business [X] Person [ ] CitySprouts 25 River St. Cambridge MA 02139	None	2,035.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment: Centennial Founders Fd Project

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Restoration of Central Park paths&benches	Business [X] Person [ ] Garden Club of America 14 East 60th St. New York NY 10022	None	200.

If property other than cash was given, the following additional information needs to be provided.
Description of Property
Date of Gift .

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Continued
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment: Scholarships for summer studies in enviromental field

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarships	Business [X] Person [ ] Garden Club of America 14 East 60th St. New York NY 10022	None	100.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment: Support maintenance of Ackerly Garden at Longfellow Hse

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Maintenance of Washington HQ Natl Historic Site	Business [X] Person [ ] Friends of Longfellow House 105 Brattle St. Cambridge MA 02138	None	500.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment: Support preservation of archives

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Preservation	Business [X] Person [ ] Schlesinger Library at Radcliffe Institute... 10 Garden St. Cambridge MA 02138	None	100.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Continued
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment: Support planting of fruit trees in Boston area

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Tree planting	Business [X] Person [ ] Hybrid Vigor Projects, Inc P.O. Box 398070 Cambridge MA 02138	None	350.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment: Maintenance of Cragie St. Park in Cambridge MA

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Maintenance	Business [X] Person [ ] City of Cambridge 795 Massachusetts Ave Cambridge MA 02139	None	43.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part I, Line 20

Description	Amount
Rounding error	1.
Total	1.

Supporting Statement of:

Form 990-EZ/Line 1

Description	Amount
Total donations	12,005.
Memberships	10,250.
Total	22,255.

Supporting Statement of:

Form 990-EZ/Line 4

Description	Amount
Op Ck	19.
Op Ck CD	26.
Tree Ck	15.
Zone Meeting Acct	12.
Total	72.

Supporting Statement of:

Form 990-EZ/Line 6a

Description	Amount
Holiday Party (last yr)	50.
Total	50.

Supporting Statement of:

Form 990-EZ/Line 6c

Description	Amount
Annual Dinner	0.
Holiday Party	367.
Total	367.

Supporting Statement of:

Form 990-EZ/Line 8, amount-2

Description	Amount
Chilton Club Dinner	1,260.
Members' Meals	2,210.
Registrations	13,325.
Total	16,795.

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
Priscilla Leith: tax preparation, accounting	245.
Linda Stevens: website design	2,100.
Linda Stevens: web hosting fee (3 yrs)	178.
Total	2,523.

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
Insurance	142.
Total	142.

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
Printing & postage	271.
Total	271.

Supporting Statement of:

Form 990-EZ/Line 22, Column (A)

Description	Amount
Operating Acct CD	20,038.

Continued

Supporting Statement of:

Form 990-EZ/Line 22, Column (A)

Description	Amount
Operating Account	25,335.
Travel & Lodging 91013901	0.
Tree Fund Ckg 48368001	31,490.
Zone CD for 2011	0.
Zone Meeting Acct 67588101	22,112.
Total	98,975.

Supporting Statement of:

Form 990-EZ/Line 22, Column (B)

Description	Amount
Operating Acct CD	0.
Operating Account	42,338.
Travel & Lodging 91013901	0.
Tree Fund Ckg 48368001	21,477.
Zone CD for 2011	0.
Zone Meeting Acct 67588101	8,121.
Total	71,936.

Supporting Statement of:

Form 990-EZ/Line 30

Description	Amount
City Sprouts, 25 River St., Cambridge 02139	2,035.
Garden Club of America Centennial Fdrs Fd Project	200.
Garden Club of America Scholarship, 14 E 60th St., NYC 10022-1006	100.
Friends of the Longfellow House, 105 Brattle St., Cambridge 02138	500.
Schlesinger Library at Radliffe Inst, 10 Garden St., Cambridge 02138	100.
Hybrid Vigor Projects, Inc, PO Box 398070, Cambridge 02138	350.
Total	3,285.

Supporting Statement of:

Form 990-EZ/Line 31, Grants & Alloc

Description	Amount
Planting of linden tree	1,050.
Total	1,050.