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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public
InspectionDepartment 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

09/01, 2010, and ending

08/31, 2011

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

C Name of organization

CITY GARDENS CLUB OF NEW YORK CITY

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

755 PARK AVENUE

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

NEW YORK, NY 10021-4255

D Employer identification number

13-1568725

E Telephone number

(212) 737-0138

F Group Exemption
Number ►

G Accounting method

 Cash Accrual Other (specify) ►H Check ► if the organization is not

required to attach Schedule B

(Form 990, 990-EZ, or 990-PF)

I Website: ► N/A

Tax-exempt status
(check only one) - 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 through 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 ► \$ 97,172.

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.

1	Contributions, gifts, grants, and similar amounts received	1	1,155.
2	Program service revenue including government fees and contracts	2	65,791.
3	Membership dues and assessments	3	29,850.
4	Investment income	4	116.
5 a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events	6d	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	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 exceed \$15,000)	6b	
c	Less direct expenses gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7c	
7 a	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)	8	260.
8	Other revenue (describe in Schedule O)	9	97,172.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	39,085.
10	Grants and similar amounts paid (list in Schedule O)	11	0.
11	Benefits paid to or for members	12	2,513.
12	Salaries, other compensation, and employee benefits	13	6,365.
13	Professional fees and other payments to independent contractors	14	2,692.
14	Occupancy, rent, utilities, and maintenance	15	45,742.
15	Printing, publications, postage, and shipping	16	96,397.
16	Other expenses (describe in Schedule O)	17	775.
17	Total expenses. Add lines 10 through 16	18	105,183.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	676.
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)	20	106,634.
20	Other changes in net assets or fund balances (explain in Schedule O)	21	
21	Net assets or fund balances at end of year. Combine lines 18 through 20		

For Paperwork Reduction Act Notice, see the separate Instructions.

Form 990-EZ (2010)

SCANNED JUN 27 2012
Revenue

Expenses

Net Assets

21

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	ATTACHMENT. 5.	105,183. 22 106,634.
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	105,183. 25	106,634.
26	Total liabilities (descnbe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	105,183. 27	106,634.

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? TO PROMOTE GARDENS IN NEW YORK CITY.

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	ATTACHMENT 6		
(Grants \$	39,085.) If this amount includes foreign grants, check here ►	<input type="checkbox"/>
28a			69,422.
29			
(Grants \$) If this amount includes foreign grants, check here ►	<input type="checkbox"/>
29a			
30			
(Grants \$) If this amount includes foreign grants, check here ►	<input type="checkbox"/>
30a			
31	Other program services (attach schedule)	
(Grants \$) If this amount includes foreign grants, check here ►	<input type="checkbox"/>
31a			
32	Total program service expenses (add lines 28a through 31a)	►
32			69,422.

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
ATTACHMENT 7		- 0 -	- 0 -	- 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

	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	33	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)	34	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	X
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?	35b	
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	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	X
b Did the organization file Form 1120-POL for this year?	38a	X
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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations Enter	39b	
a Initiation fees and capital contributions included on line 9	40a	
b Gross receipts, included on line 9, for public use of club facilities	40b	X
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0 ., section 4912 ► 0 ., section 4955 ► 0 .	40c	
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	40d	
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	40e	X
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 ► NY,		
42 a The organization's books are in care of ► CITY GARDENS CLUB OF NYC Telephone no ► 212-737-0138 Located at ► 755 PARK AVENUE NEW YORK, NY ZIP + 4 ► 10021-4255		
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)?	42b	X
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.	42c	X
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 ► <input type="checkbox"/>		
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	44a	X
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	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	44d	

		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 must be completed instead of Form 990-EZ	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
49 a	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"		

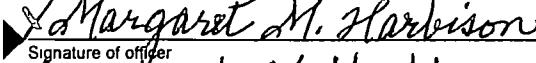
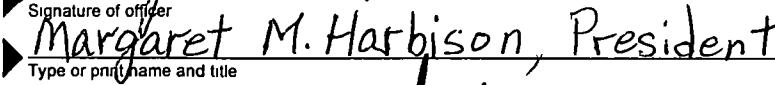
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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 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 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	 Signature of officer  Type or print name and title		 Date: May 29, 2012	
Paid Preparer Use Only	Print/Type preparer's name Jonathan Taylor	Preparer's signature 	Date 7/30/12	Check <input type="checkbox"/> if self-employed PTIN P00300382
	Firm's name ► SPIELMAN KOENIGSBERG & PARKER LLP		Firm's EIN ► 13-3367751	
	Firm's address ► 1745 BROADWAY-18TH FLOOR NEW YORK, NY 10019		Phone no 212-489-5200	

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

CITY GARDENS CLUB OF NEW YORK CITY

Employer identification number

13-1568725

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)		X
11g(ii)		X
11g(iii)		X

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									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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")						
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 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						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
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 line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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 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")	25,220	27,170	25,300	26,265	31,005	134,960
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	100,045	79,335	125,422	68,109	65,791	438,702
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	125,265	106,505	150,722	94,374	96,796	573,662
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				7,595	10,782	18,377
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				7,595	10,782	18,377
8 Public support (Subtract line 7c from line 6)						555,285

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	125,265	106,505	150,722	94,374	96,796	573,662
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,291	1,798	1,082	93	116	6,380
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,291	1,798	1,082	93	116	6,380
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) ATCH 1.	0	0	0	35	260	295
13 Total support. (Add lines 9, 10c, 11, and 12)	128,556	108,303	151,804	94,502	97,172	580,337
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	95.68 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	97.99 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	1.10 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.29 %
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 ► <input checked="" type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
OTHER INCOME	0	0	0.	35	260.	295.
TOTAL	<u>0</u>	<u>0</u>	<u>0</u>	<u>35</u>	<u>260</u>	<u>295</u>

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

CITY GARDENS CLUB OF NEW YORK CITY

Employer identification number

13-1568725

PRIOR PERIOD ADJUSTMENT

AN ADJUSTMENT HAS BEEN MADE IN THE TAX RETURNS FOR \$ 676.00.

THIS IS A PRIOR PERIOD ADJUSTMENT MADE TO REFLECT THE ACCURATE ENDING

BANK BALANCE.

GRANTS & SCHOLARSHIPS PAID

990, PART I, LINE 10

GRANTS PAID

1. BARTOW - PELL MANSION MUSEUM - \$4,000

2. P.S. 235 - \$1,300

3. GREEN GUERILLAS - \$2,500

4. COUNCIL ON THE ENVIRONMENT - \$4,000

5. HORTICULTURAL SOCIETY OF NY - \$4,000

6. NEW YORK BOTANICAL GARDENS - \$2,500

7. QUEENS BOTANICAL GARDENS - \$3,000

8. SAINT SIMON STOCK SCHOOL - \$1,800

9. TREES NEW YORK - \$2,500

10. CITY PARKS FOUNDATION (PELHAM BAY PARK) - \$3,500

SCHOLARSHIPS PAID

1. PAGASUS WEBSITE DESIGN - \$720

2. NATIONAL AUDUBON SOCIETY (HOG ISLAND PROGRAM) - \$1,990

Name of the organization

CITY GARDENS CLUB OF NEW YORK CITY

Employer identification number

13-1568725

3. MELISSA DI PINTO - \$250
 4. MIRIAM SCIARRINO - \$250
 5. NEW YORK BOTANICAL GARDEN - \$2,275
 6. HORTICULTURE SOCIETY OF NEW YORK - \$4,500

ATTACHMENT 1FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DIVIDEND INCOME	1.
INTEREST INCOME	115.
TOTAL	<u>116.</u>

ATTACHMENT 2FORM 990EZ, PART I - OTHER REVENUE

OTHER INCOME	260.
TOTALS	<u>260.</u>

ATTACHMENT 3FORM 990EZ, PART I - OTHER EXPENSES

TRAVEL	3,181.
CONFERENCES, CONVENTIONS	1,046.
LUNCHEON EXPENSES	8,245.
ADMINISTRATIVE FEES	8,200.
TEA/LECTURE	7,259.
GARDEN & HOUSE TOURS	6,482.
INSURANCE	2,997.
CONSERVATION COMMITTEE	1,335.
OTHER	1,683.
NATURE KITS	2,289.
OFFICE EXPENSES	2,125.
AWARDS	500.
TAX FILING FEES	50.
DUES & SUBSCRIPTIONS	350.
TOTAL	<u>45,742.</u>

Name of the organization CITY GARDENS CLUB OF NEW YORK CITY	Employer identification number 13-1568725
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ATTACHMENT 4FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCESINCREASES IN FUND BALANCES

PRIOR PERIOD ADJUSTMENT	676.
TOTAL	676.

ATTACHMENT 5FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	105,183.	106,634.
TOTALS	105,183.	106,634.

ATTACHMENT 6FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSPROGRAM SERVICE ACCOMPLISHMENT 1

THE ORGANIZATION'S PRIMARY GOAL IS TO BRING NATURE ALIVE FOR THE CITY PUBLIC SCHOOL CHILDREN. THE ORGANIZATION SENDS NEW YORK CITY PUBLIC SCHOOL TEACHERS EVERY SUMMER FOR A WEEK LONG SEMINAR ON NATURE AND CONSERVATION. IN ADDITION, THE CITY GARDENS CLUB CREATES NATURE KITS AS CLASSROOM AIDS. THE ORGANIZATION ALSO OFFERS GRANTS FOR NATURE PROJECTS.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
MS. CAROL F. HUMSTONE 755 PARK AVENUE NEW YORK, NY 10021-4255	PRESIDENT	0.	0.	0.
MS. SUZANNE M. KAVETAS 755 PARK AVENUE NEW YORK, NY 10021-4255	1ST VICE PRESIDENT	0.	0.	0.
MRS. STUART E. LEVENTHAL 755 PARK AVENUE NEW YORK, NY 10021-4255	2ND VICE PRESIDENT	0.	0.	0.
MRS. WILLIAM P. ENRIGHT 755 PARK AVENUE NEW YORK, NY 10021-4255	TREASURER	0.	0.	0.
MRS. STEPHANIE TITUS SCHLEY 755 PARK AVENUE NEW YORK, NY 10021-4255	RECORDING SECRETARY	0.	0.	0.
MRS. STEPHEN D. PERKINS 755 PARK AVENUE NEW YORK, NY 10021-4255	CORRESPONDING SECRETARY	0.	0.	0.
MRS. HENRY GIANTERNIK 755 PARK AVENUE	DIRECTOR	0.	0.	0.

CITY GARDENS CLUB OF NEW YORK CITY

13-1568725

ATTACHMENT 7 (CONT'D)

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
NEW YORK, NY 10021-4255	MRS. JAMES W. HARBISON, JR. 755 PARK AVENUE NEW YORK, NY 10021-4255	DIRECTOR 0.	0.	0.
	MS. CATHERINE C. CRANE 755 PARK AVENUE NEW YORK, NY 10021-4255	DIRECTOR 0.	0.	0.
	MRS. JOHN J. ENTWISTLE 755 PARK AVENUE NEW YORK, NY 10021-4255	DIRECTOR 0.	0.	0.
	MS. PATRICIA JONES 755 PARK AVENUE NEW YORK, NY 10021-4255	DIRECTOR 0.	0.	0.
	MRS. J. BUFFINGTON KIZER IV 755 PARK AVENUE NEW YORK, NY 10021-4255	DIRECTOR 0.	0.	0.
	MRS. MICHAEL MANEY 755 PARK AVENUE NEW YORK, NY 10021-4255	DIRECTOR 0.	0.	0.

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ATTACHMENT 7

CITY GARDENS CLUB OF NEW YORK CITY

13-1568725

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 7 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
			0.	0.
MRS. FRANK MARTUCCI 755 PARK AVENUE NEW YORK, NY 10021-4255	DIRECTOR	0.	0.	0.
MRS. JOHN M. SARTORIUS, JR. 755 PARK AVENUE NEW YORK, NY 10021-4255	DIRECTOR	0.	0.	0.
MRS. GEORGE L. SELDEN 755 PARK AVENUE NEW YORK, NY 10021-4255	DIRECTOR	0.	0.	0.
MRS. JAMES TERNEA 755 PARK AVENUE NEW YORK, NY 10021-4255	DIRECTOR	0.	0.	0.
MS. LINDA YANG 755 PARK AVENUE NEW YORK, NY 10021-4255	DIRECTOR	0.	0.	0.
GRAND TOTALS		0.	0.	0.

Application for Extension of Time To File an
Exempt Organization Return

► 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*

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	CITY GARDENS CLUB OF NEW YORK CITY	<input checked="" type="checkbox"/> 13-1568725
	Number, street, and room or suite no. If a P.O. box, see instructions. 755 PARK AVENUE	Social security number (SSN) <input type="checkbox"/>
City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10021-4255		

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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	01	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 ► CITY GARDENS CLUB OF NYC

Telephone No. ► 212 737-0138 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 04/15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20____ or
► tax year beginning 09/01, 2010, and ending 08/31, 2011

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 Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. ►

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	CITY GARDENS CLUB OF NEW YORK CITY	<input checked="" type="checkbox"/> 13-1568725
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
755 PARK AVENUE	<input type="checkbox"/>	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
NEW YORK, NY 10021-4255		

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► CITY GARDENS CLUB OF NYC
Telephone No ► 212 737-0138 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 ► and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 07/15, 2012.

5 For calendar year _____, or other tax year beginning 09/01/2010 10, and ending 08/31, 2011

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS CURRENTLY UNAVAILABLE. AS SOON AS THIS INFORMATION BECOMES AVAILABLE A RETURN WILL BE FILED

8a 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.	<input type="checkbox"/> 8a \$
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 and any amount paid previously with Form 8868.	<input type="checkbox"/> 8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<input type="checkbox"/> 8c \$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ►

Date ►

Form 8868 (Rev. 1-2012)