



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



2011

Open to Public
Inspection

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

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

- Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

| | |
|---|--------------------|
| C Name of organization | HUDSON GARDEN CLUB |
| Number and street (or P O box, if mail is not delivered to street address) | PO BOX 651 |
| Room/suite | |
| City or town, state or country, and ZIP + 4 | HUDSON, OH 44236 |

D Employer identification number

34-6542336

E Telephone number**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:** ► WWW.HUDSONGARDENCLUB.ORG**J Tax-Exempt status** (check only one) 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527**K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$ 48,356****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 | |
| | 2 Program service revenue including government fees and contracts | 2 | 44,253 |
| | 3 Membership dues and assessments | 3 | 3,260 |
| | 4 Investment income | 4 | 741 |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | 5b Less cost or other basis and sales expenses | 5b | |
| | 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 Gaming and fundraising events | 6a | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| Expenses | 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 | |
| | d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) | 6d | |
| | 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 | |
| | 8 Other revenue (describe in Schedule O) | 8 | 102 |
| | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 48,356 |
| | 10 Grants and similar amounts paid (list in Schedule O) | 10 | 27,315 |
| Net Assets | 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 | 350 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | 4,328 |
| | 16 Other expenses (describe in Schedule O) | 16 | 15,146 |
| | 17 Total expenses. Add lines 10 through 16 | 17 | 47,139 |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 1,217 |
| | 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 | 88,802 |
| | 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 | 90,019 |

Part II Balance SheetsCheck if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

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

| (A) Beginning of year | (B) End of year | |
|-----------------------|-----------------|--------|
| 88,802 | 22 | 90,019 |
| | 23 | |
| | 24 | |
| 88,802 | 25 | 90,019 |
| | 26 | |
| 88,802 | 27 | 90,019 |

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

COMMUNITY HORTICULTURE PROJECTS EDUCATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 See Additional Data Table(Grants \$) If this amount includes foreign grants, check here **28a****29**(Grants \$) If this amount includes foreign grants, check here **29a****30**(Grants \$) If this amount includes foreign grants, check here **30a****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** 42,405**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 |
|---------------------------|--|--|---|--|
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the statement requirements in the instructions for Part V.)

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

33 Did the organization engage in any significant 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes" to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

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

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

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

a Initiation fees and capital contributions included on line 9

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

40a *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under

section 4911 ►, section 4912 ►, section 4955 ►

b *Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

c *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

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

e *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

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

42a The organization's books are in care of ► PAULA PHILLIPS Telephone no ► (330) 656-2818

PO BOX 651

Located at ► HUDSON, OH

ZIP + 4

► 44236

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country ►

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ►

43

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

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

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

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b 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)*

| | Yes | No |
|------------|-----|----|
| 33 | | No |
| 34 | | No |
| 35a | | No |
| 35b | | No |
| 35c | | No |
| 36 | | No |
| 37b | | No |
| 38a | | No |
| 38b | | |
| 39a | | |
| 39b | | |
| 40b | | No |
| 40e | | No |
| 42b | | No |
| 42c | | No |
| 43 | | |
| 44a | | No |
| 44b | | No |
| 44c | | No |
| 44d | | |
| 45a | | No |
| 45b | | No |

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

| | Yes | No |
|-----------|-----|----|
| 46 | | No |

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.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

| | Yes | No |
|-----------|-----|----|
| 47 | | |

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

| | |
|------------|--|
| 48 | |
| 49a | |

49a Did the organization make any transfers to an exempt non-charitable related 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 each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes 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 NANCY ANGLER TREASURER Type or print name and title | 2012-05-07 Date |
| Paid Preparer's Use Only | Preparer's signature John T Margida Firm's name (or yours if self-employed), address, and ZIP + 4 Margida and Associates Inc 3926 Clock Pointe Trail Suite 102 Stow, OH 44224 | Date 2012-05-07 Check if self-employed <input type="checkbox"/> Preparer's taxpayer identification number (See instructions) |
| | | EIN <input type="checkbox"/> Phone no (330) 926-0023 |

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2011**Open to Public
Inspection**Name of the organization
HUDSON GARDEN CLUB**Employer identification number**

34-6542336

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | Form 990-EZ, Part I, Line 8, Other Revenue Plant Exchange 102 Form 990-EZ, Part I, Line 10, Grants Paid Activity Community Donations, Grantee Various, Cash Grant 11,605, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity Garden Club Grants, Grantee Various, Cash Grant 8,710, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity Scholarships, Grantee Various, Cash Grant 7,000, Relationship Form 990-EZ, Part I, Line 16, Other Expenses Supplies 5 Form 990-EZ, Part I, Line 16, Other Expenses Historian 175 Form 990-EZ, Part I, Line 16, Other Expenses Insurance 1,595 Form 990-EZ, Part I, Line 16, Other Expenses Storage 1,358 Form 990-EZ, Part I, Line 16, Other Expenses Other administrative costs 231 Form 990-EZ, Part I, Line 16, Other Expenses Community outreach 3,136 Form 990-EZ, Part I, Line 16, Other Expenses Tour garden shop 2,268 Form 990-EZ, Part I, Line 16, Other Expenses Other tour expenses 4,178 Form 990-EZ, Part I, Line 16, Other Expenses Garden programs 1,962 Form 990-EZ, Part I, Line 16, Other Expenses Membership 84 Form 990-EZ, Part I, Line 16, Other Expenses Preservation 154 Form 990-EZ, Part III, Line 31 MAINTENANCE OF COMMUNITY GARDEN LOCATED IN HUDSON OH ASSIST COMMUNITY IN BEAUTIFICATION OF COMMUNITY AREAS Grants and allocations 0, Program service expenses 9,993 |

Additional Data

Software ID: 11000218
Software Version: 2011.0.0
EIN: 34-6542336
Name: HUDSON GARDEN CLUB

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part III - Statement of Program Service Accomplishments

| 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.) | |
|---|---|--|--------|
| 28 PURCHASE OF TREES FOR CITY OF HUDSON STREETS AND PARKS OVERSIGHT OF SAME BENEFITS ALL CITIZENS AND CITY'S LONG TERM ENVIRONMENTAL GOALS (Grants \$) | If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> | 28a | 20,315 |
| 29 SPONSORSHIP OF ANNUAL SCHOLARSHIP PROGRAM FOR HUDSON RESIDENTS WHO PURSUE EDUCATIONAL PROGRAMS RELATING TO HORTICULTURE OR ENVIRONMENTAL STUDIES (Grants \$) | If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> | 29a | 7,000 |
| 30 CONDUCTING MONTHLY MEETINGS FOR OVER 200 MEMBERS AND HERB GROUP MEMBERS TO EDUCATE MEMBERS AND COMMUNITY (Grants \$) | If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> | 30a | 5,097 |
| MAINTENANCE OF COMMUNITY GARDEN LOCATED IN HUDSON OH ASSIST COMMUNITY IN BEAUTIFICATION OF COMMUNITY AREAS (Grants \$) | If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> | | 9,993 |

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (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 |
|---|--|--|---|--|
| WENDY HILTY PO BOX 651 HUDSON, OH 44236 | PRESIDENT 010 00 | 0 | | |
| BRONWYN PIERSON PO BOX 651 HUDSON, OH 44236 | 1ST VICE PRESIDENT 010 00 | 0 | | |
| SHERRY BEAM PO BOX 651 HUDSON, OH 44236 | 2ND VICE PRESIDENT 010 00 | 0 | | |
| NANCY ANGLER PO BOX 651 HUDSON, OH 44236 | TREASURER 010 00 | 0 | | |
| KEN HILTY PO BOX 651 HUDSON, OH 44236 | ASST TREASURER 010 00 | 0 | | |
| NANCY SAXER PO BOX 651 HUDSON, OH 44236 | RECORDING SECRETARY 010 00 | 0 | | |
| JAN SCHRADER PO BOX 651 HUDSON, OH 44236 | CORRESP SECRETARY 010 00 | 0 | | |