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A For the 2011 calendar year, or tax year beginning 08-01-2011 , and ending 07-31-2012					
B Check if applicable	C Name of organization THE GARDEN STUDY CLUB OF NEW ORLEANS				
<input type="checkbox"/> Address change	<table border="1"> <tr> <td>Number and street (or P O box, if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>1220 SECOND STREET</td> <td></td> </tr> </table>	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	1220 SECOND STREET	
Number and street (or P O box, if mail is not delivered to street address)		Room/suite			
1220 SECOND STREET					
<input type="checkbox"/> Name change					
<input type="checkbox"/> Initial return					
<input type="checkbox"/> Terminated					
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4 NEW ORLEANS, LA 70130				
<input type="checkbox"/> Application pending					
	D Employer identification number 23-7004754				
	E Telephone number (504) 891-8783				
	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.GSCNO.ORG

J 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 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. **\$ 151,946**

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 <input type="checkbox"/> <input checked="" type="checkbox"/>	

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	200	
	2	Program service revenue including government fees and contracts	2	5,005	
	3	Membership dues and assessments	3	16,430	
	4	Investment income	4	376	
	5a	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			
	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 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	129,656	
	b	Less cost of goods sold	7b	16,703	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	112,953	
	8	Other revenue (describe in Schedule O)	8	279	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	135,243	
	Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	119,136
		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	1,600	
14		Occupancy, rent, utilities, and maintenance	14		
15		Printing, publications, postage, and shipping	15	2,099	
16		Other expenses (describe in Schedule O)	16	20,127	
17		Total expenses. Add lines 10 through 16	17	142,962	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,719	
	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	218,058	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	210,339	

Part II

Balance Sheets

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

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	218,058	22	210,339
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	218,058	25	210,339
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) .	218,058	27	210,339

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO STIMULATE AND EDUCATE OUR MEMBERS AND THE COMMUNITY IN ALL ASPECTS OF HORTICULTURE, CIVIC BEAUTIFICATION, CONSERVATION, FLOWER ARRANGING, AND GARDEN HISTORY AND DESIGN			
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			
28 THE GARDEN STUDY CLUB OF NEW ORLEANS AIMS TO STIMULATE THE KNOWLEDGE AND LOVE OF GARDENING THROUGH OPEN MEETINGS, CONFERENCES, CORRESPONDENCES AND PUBLICATIONS. THE CLUB AIMS TO RESTORE, IMPROVE, AND PROTECT THE QUALITY OF THE ENVIRONMENT THROUGH PROGRAMS AND ACTION IN THE FIELDS OF CONSERVATION, CIVIC IMPROVEMENT AND EDUCATION. (Grants \$ 119,136) If this amount includes foreign grants, check here		28a	23,826
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	23,826

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

☒

		Yes	No
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	33	No
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	No
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)?	35a	No
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	35b	
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	35c	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
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?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	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		
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	40b	No
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 . . . 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed _____		
42a	The organization's books are in care of MARILEE HOVET Telephone no (504) 891-8783 1220 SECOND STREET Located at NEW ORLEANS, LA ZIP + 4 70130		
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 .	42b	No
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 _____	42c	No
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.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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)	45b	No

		Yes	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		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

		Yes	No
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		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
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		2012-11-27 Date		
	ELIZABETH WOODS TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	BONNIE WYLLIE	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00540011
	Firm's name (or yours if self-employed), address, and ZIP + 4	LAPORTE APAC 111 VETERANS MEMORIAL BLVD SUITE 60 METAIRIE, LA 700054958			EIN 72-1088864
					Phone no (504) 835-5522

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

☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990EZ)

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

2011

Open to Public
Inspection

Name of the organization THE GARDEN STUDY CLUB OF NEW ORLEANS	Employer identification number 23-7004754
--	--

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 **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 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?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
Total									

Part II

Support Schedule for Organizations Described in IRC 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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2010 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2010. If the organization did not check the 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—2011. 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—2010. 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 IIISupport Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	16,545	15,830	17,045	16,010	16,630	82,060
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	157,034	159,077	121,885	155,757	134,661	728,414
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	173,579	174,907	138,930	171,767	151,291	810,474
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						0
bAmounts 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						0
cAdd lines 7a and 7b						0
8Public Support (Subtract line 7c from line 6)						810,474

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9Amounts from line 6	173,579	174,907	138,930	171,767	151,291	810,474
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	391	190	368	546	376	1,871
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	391	190	368	546	376	1,871
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		600	500	550	279	1,929
13Total support (Add lines 9, 10c, 11 and 12.)	173,970	175,697	139,798	172,863	151,946	814,274
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	99.530 %
16Public support percentage from 2010 Schedule A, Part III, line 15	16	99.540 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0.230 %
18Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.250 %
19a33 1/3% support tests—2011. 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"/>	
b33 1/3% support tests—2010. 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"/>	
20Private 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.** Supplemental Information. Complete this part to provide the explanation 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).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-7004754
Name: THE GARDEN STUDY CLUB OF NEW ORLEANS

Form 990-EZ, Special Condition Description:

Special Condition Description

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
KATE WERNER 1220 SECOND ST NEW ORLEANS, LA 70130	PRESIDENT 2 00	0	0	0
MARILEE HOVET 1220 SECOND ST NEW ORLEANS, LA 70130	VICE-PRESIDENT 2 00	0	0	0
ELIZABETH WOODS 1220 SECOND ST NEW ORLEANS, LA 70130	TREASURER 2 00	0	0	0
KATHERINE SAER 1220 SECOND ST NEW ORLEANS, LA 70130	RECORDING SECRETARY 2 00	0	0	0
KATE TUCKER 1220 SECOND ST NEW ORLEANS, LA 70130	CORRESPONDING SECRETARY 2 00	0	0	0
ELLEN BALL 1220 SECOND ST NEW ORLEANS, LA 70130	MEMBER AT LARGE 2 00	0	0	0
SUSAN GUNDLACH 1220 SECOND ST NEW ORLEANS, LA 70130	MEMBER AT LARGE 2 00	0	0	0
GWATHMEY GOMILA 1220 SECOND ST NEW ORLEANS, LA 70130	CHAIRMAN - ART IN BLOOM 2 00	0	0	0
CAROLINE CALHOUN 1220 SECOND ST NEW ORLEANS, LA 70130	VICE-CHAIRMAN - CALADIUMS 2 00	0	0	0
SUSU STALL 1220 SECOND ST NEW ORLEANS, LA 70130	PRESIDENT EX-OFFICIO 2 00	0	0	0
JULIE GEORGE 1220 SECOND ST NEW ORLEANS, LA 70130	GCA ANNUAL MEETING CO-CHAIR 2 00	0	0	0
ANNE REDD 1220 SECOND ST NEW ORLEANS, LA 70130	MEMBER AT LARGE 2 00	0	0	0

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

THE GARDEN STUDY CLUB OF NEW ORLEANS

Employer identification number

23-7004754

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 376
INCOME FROM SALES OF INVENTORY	FORM 990-EZ, PART I, LINE 7	INCOME GROSS RECEIPTS 129,656 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 16,703 GROSS PROFIT 112,953 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 0 MERCHANDISE PURCHASED 0 COST OF LABOR 0 MATERIALS AND SUPPLIES 16,703 OTHER COSTS 0 INVENTORY AT END OF YEAR 0 COST OF GOODS SOLD 16,703
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MISCELLANEOUS AMOUNT 279
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GARDEN RESTORATION AND MAINTENANCE GRANTEE NAME BEAUREGARD-KEYES HOUSE GRANTEE ADDRESS 1113 CHARTRES ST NEW ORLEANS, LA 70116 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 12,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GARDEN RESTORATION GRANTEE NAME HERMANN GRIMA/GALLIER HISTORIC HOUSES GRANTEE ADDRESS 820 ST LOUIS ST NEW ORLEANS, LA 70112 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 10,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GARDEN RESTORATION GRANTEE NAME LONGUE VUE HOUSE AND GARDENS GRANTEE ADDRESS 7 BAMBOO ROAD NEW ORLEANS, LA 70124 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 25,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GARDEN RESTORATION GRANTEE NAME NEW ORLEANS BOTANICAL GARDEN CITY PARK GRANTEE ADDRESS 1 PALM DRIVE NEW ORLEANS, LA 70124 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 25,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GARDEN RESTORATION - ZONE IX HORTICULTURE FUND PROJECT GRANTEE NAME NEW ORLEANS CITY PARK GRANTEE ADDRESS 1 PALM DRIVE NEW ORLEANS, LA 70124 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 3,036
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GARDEN RESTORATION GRANTEE NAME PROJECT LAZARUS GRANTEE ADDRESS PO BOX 3906 NEW ORLEANS, LA 70177 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 12,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GARDEN RESTORATION GRANTEE NAME COVENANT HOUSE GRANTEE ADDRESS 611 NORTH RAMPART STREET NEW ORLEANS, LA 70112 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 6,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GARDEN RESTORATION GRANTEE NAME NEW ORLEANS MUSEUM OF ART GRANTEE ADDRESS PO BOX 19123 NEW ORLEANS, LA 70179-0123 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 10,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GARDEN RESTORATION GRANTEE NAME LAFAYETTE SQUARE CONSERVANCY GRANTEE ADDRESS 625 ST CHARLES AVE, APT 5E NEW ORLEANS, LA 70131 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 3,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GARDEN RESTORATION GRANTEE NAME PARKWAY PARTNERS GRANTEE ADDRESS 1137 BARONNE STREET NEW ORLEANS, LA 70113 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 5,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GARDEN RESTORATION GRANTEE NAME SECOND HARVEST FOOD BANK GRANTEE ADDRESS 700 EDWARDS AVENUE NEW ORLEANS, LA 70113 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 8,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GARDEN RESTORATION GRANTEE NAME TRINITY EPISCOPAL CHURCH GRANTEE ADDRESS 1329 JACKSON AVENUE NEW ORLEANS, LA 70130 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 100 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 119,136
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION MEETINGS, CONVENTIONS, EDUCATION, ETC AMOUNT 13,280 DESCRIPTION GARDEN STUDY CLUB DUES AMOUNT 6,602 DESCRIPTION MISCELLANEOUS AMOUNT 245 TOTAL TO FORM 990-EZ, LINE 16 20,127

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: THE GARDEN STUDY CLUB OF NEW ORLEANS

EIN: 23-7004754

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.