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Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No 1545-1150

2016

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning	July 1	, 2016, and ending	June 30, 2017																																																																																					
B Check if applicable	C The Winnetka Garden Club 877 Hill Road Winnetka, IL 60093-3928																																																																																							
		D Employer identification number	36-6089704																																																																																					
		E Telephone number	847-501-3965																																																																																					
		F Group Exemption Number	N/A																																																																																					
G Accounting Method:	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual	Other (specify) ►																																																																																					
I Website:	► N/A																																																																																							
J Tax-exempt status (check only one) —	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) ()	► (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																																																																					
K Form of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other																																																																																				
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	► \$ 59556.41																																																																																							
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"/>																																																																																								
<table border="1"> <tr> <td>1 Contributions, gifts, grants, and similar amounts received.</td> <td>1</td> <td>10473.00</td> </tr> <tr> <td>2 Program service revenue including government fees and contracts.</td> <td>2</td> <td>7149.80</td> </tr> <tr> <td>3 Membership dues and assessments</td> <td>3</td> <td>21098.30</td> </tr> <tr> <td>4 Investment income</td> <td>4</td> <td>0</td> </tr> <tr> <td>5a Gross amount from sale of assets other than inventory</td> <td>5a</td> <td>0</td> </tr> <tr> <td> b Less cost or other basis and sales expenses</td> <td>5b</td> <td>0</td> </tr> <tr> <td> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td>5c</td> <td>0</td> </tr> <tr> <td>6 Gaming and fundraising events</td> <td>6a</td> <td>of contributions</td> </tr> <tr> <td> a Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td>6b</td> <td>20835.31</td> </tr> <tr> <td> b Gross income from fundraising events (not including \$ 9100.00 from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td> <td>6c</td> <td>9808.75</td> </tr> <tr> <td> c Less: direct expenses from gaming and fundraising events</td> <td>6d</td> <td>11026.56</td> </tr> <tr> <td>7a Gross sales of inventory, less returns and allowances</td> <td>7a</td> <td>0</td> </tr> <tr> <td> b Less: cost of goods sold</td> <td>7b</td> <td>0</td> </tr> <tr> <td> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td>7c</td> <td>0</td> </tr> <tr> <td>8 Other revenue (describe in Schedule O)</td> <td>8</td> <td>0</td> </tr> <tr> <td>9 Total revenue. 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Combine lines 18 through 20</td> <td>21</td> <td>99829.91</td> </tr> </table>					1 Contributions, gifts, grants, and similar amounts received.	1	10473.00	2 Program service revenue including government fees and contracts.	2	7149.80	3 Membership dues and assessments	3	21098.30	4 Investment income	4	0	5a Gross amount from sale of assets other than inventory	5a	0	b Less cost or other basis and sales expenses	5b	0	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	6 Gaming and fundraising events	6a	of contributions	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	20835.31	b Gross income from fundraising events (not including \$ 9100.00 from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	9808.75	c Less: direct expenses from gaming and fundraising events	6d	11026.56	7a Gross sales of inventory, less returns and allowances	7a	0	b Less: cost of goods sold	7b	0	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	8 Other revenue (describe in Schedule O)	8	0	9 Total revenue. 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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

Winnetka Garden Club

Form 990-EZ (2016)

36-6089704

Page 2

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	102556.39	22 99829.91
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	102556.39	25 99829.91
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)	102556.39	27 99829.91

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 foster love of gardening*

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; optional for others)

28 <i>Contributions and per capita dues to conservation and beautification organizations and maintenance of civic plantings</i> <i>Hundreds benefit</i> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	10960.00
29 <i>Program, meetings and conferences to share ideas</i> <i>members benefit</i> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	22139.92
30 <i>Show off summer at Chicago Botanic Gardens</i> <i>Hundreds benefit</i> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	4582.44
31 Other program services (describe in Schedule O) <i>See Schedule O</i> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	14323.42
32 Total program service expenses (add lines 28a through 31a)	32	54005.80

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Betty McLean President	4	0	0	0
Mary Champaigne Vice Pres/Officer	2	0	0	0
Anne McCorman Recording Secretary	2	0	0	0
Mary Reynolds Corresponding Secretary	2	0	0	0
Barbara Hambleton Treasurer	2	0	0	0
Pam Westin Membership Chair	2	0	0	0
Carol Rasmus Program Chair	2	0	0	0
Judy Brule Communication Chair	2	0	0	0
Linda Walch Strategic Planning	2	0	0	0
Alicia Schmitt member-at-large	2	0	0	0
Keisha O'Connor Member-at-Large	2	0	0	0
Jill DeJerey Flower Show	2	0	0	0

Part V. Other Information (Note the Schedule A and personal benefit contract 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.	Yes	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	<input checked="" type="checkbox"/>		
35 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)?	35 a	<input checked="" type="checkbox"/>		
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.	35 b	<input checked="" type="checkbox"/>		
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.	35 c	<input checked="" type="checkbox"/>		
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	<input checked="" type="checkbox"/>		
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	<input type="checkbox"/>		
b	Did the organization file Form 1120-POL for this year?	37 b	<input checked="" type="checkbox"/>		
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?	38 a	<input checked="" type="checkbox"/>		
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	<input checked="" type="checkbox"/>		
39	Section 501(c)(7) organizations. Enter:	39 a	<input checked="" type="checkbox"/>		
a	Initiation fees and capital contributions included on line 9	39 b	<input checked="" type="checkbox"/>		
b	Gross receipts, included on line 9, for public use of club facilities	40 a	Enter amount of tax imposed on the organization during the year under:		
section 4911	<input type="checkbox"/>	section 4912	<input type="checkbox"/>	section 4955	<input type="checkbox"/>
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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.	40 b	<input checked="" type="checkbox"/>		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40 c	<input type="checkbox"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	40 d	<input type="checkbox"/>		
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	40 e	<input checked="" type="checkbox"/>		
41	List the states with which a copy of this return is filed	<u>IL, IN, WI</u>			

42 a	The organization's books are in care of	<u>Barbara Hambleton</u>	Telephone no.	<u>847-501-3965</u>
	Located at	<u>822 Hill Road, Winnetka, IL</u>	ZIP + 4	<u>60093-3928</u>
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	<input checked="" type="checkbox"/>	
If 'Yes,' enter the name of the foreign country:	<u></u>			
42 c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42 c	<input checked="" type="checkbox"/>	
If 'Yes,' enter the name of the foreign country:	<u></u>			

43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	<input type="checkbox"/>
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	44 a	<input checked="" type="checkbox"/>
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	44 b	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	44 c	<input checked="" type="checkbox"/>
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.	44 d	<input checked="" type="checkbox"/>
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a	<input checked="" type="checkbox"/>
b	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)	45 b	<input checked="" type="checkbox"/>

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

OMB No 1545-0047

2016

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

Name of the organization

The Winnetka Garden Club

Employer identification number

36-6089704

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 12, 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 (Form 990 or 990-EZ).)
 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
 10 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.)
 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 f Enter the number of supported organizations...
 g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Winnetka Garden Club

Part III. 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.).....						
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 2016 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test—2016. 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—2015. 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—2016. 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 VI 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—2015. 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 VI 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"/>

Winnetka Garden Club

36-6089704

Page 3

Schedule A (Form 990 or 990-EZ) 2016

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	17300	16692	29235	24912	31571	119710
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.	62547	30744	43590	20995	20835	178711
3 Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge.	0	0	0	0	0	0
6 Total. Add lines 1 through 5. ..	79847	47436	72825	45907	52406	298421
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0	0	0	0	0	0
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.	0	0	0	0	0	0
c Add lines 7a and 7b.	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6).						298421

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.	79847	47436	72825	45907	52406	298421
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	3	3	3	0	0	9
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	0	0	0	0	0	0
c Add lines 10a and 10b.	3	3	3	0	0	9
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).	3713	3435	4550	8814	7150	27662
13 Total support. (Add lines 9, 10c, 11, and 12).	83563	50871	77378	54721	59556	326092
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 2016 (line 8, column (f) divided by line 13, column (f)).	15	91.5 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	92.5 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)).	17	0 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	0 %
19a 33-1/3% support tests—2016. 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—2015. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

N/A

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c Substitutions only. Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI.

b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Page 3, Part III Line 12- other Income

	2012	2013	2014	2015	2016	Total
Program revenue	3385	3060	4550	8339	5734	25070
Books	328	375	0	415	1414	2592
Total	3713	3435	4550	8814	7150	27662

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.
- Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

Employer identification number

the Winnetka Garden Club

36-6089707

Form 990 EZ Page 2 Part III Line 31 - other
Program Services

Moffat Mail Program - beautifies a mail in Winnetka - hundreds benefit	\$ 3796.91
Awards to flower show participants - many benefit from the show	717.76
Benefit expenses for fund raiser	9808.75
	<u>\$ 14923.42</u>

Page 1 Part I Line 16 - other Expenses

Conferences	\$ 3349.12
Annual Meeting	2680.14
Programs & other meetings	11091.75
Insurance	18200
Awards	717.76
Moffat Mail	3796.91
Show of summer	4582.46
Member outreach and orientation	1824.59
Miscellaneous	90.97
Sales tax	1971.00
Boutique expenses	1117.43
Flower show	3197.30
Total	<u>\$ 34598.45</u>

Name of the organization

Employer identification number

The Winnetka Garden Club

36-6089707

Form 990 E2 Page 1 Part I Line 10 - Grants
 Garden Club of America

17 E 60th Street

New York NY 10022-1006 (Per capita) ^{divers} \$5460.00

Journey Care

405 Lake Zurich Road

Barrington IL 60010

1000.00

Alliance for the Great Lakes

N.W. State St

Chicago IL 60602

1500.00

Wetlands Initiative

53 W. Jackson Blvd #1015

Chicago IL 60604

2000.00

Chicago Botanic Garden

1000 Lake Cook Rd

Glenview IL 60022

1000.00

Open Lands Project

25 E Washington #1650

Chicago IL 60602

1000.00

Garfield Park Community Council

300 N Central Park Ave

Chicago IL 60624

1000.00

Total

\$ 12,960.00

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2016Open to Public
Inspection

Name of the organization

The Winnetka Garden Club

Employer identification number

36 608 9704

Part II Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Winnetka Garden Club

Schedule G (Form 990 or 990-EZ) 2016

36-6089704

Page 2

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

REVENUE		(a) Event #1 <u>Fall Benefit</u> (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts.....	29935.31			29935.31
	2 Less: Contributions	9100.00			9100.00
	3 Gross income (line 1 minus line 2)	20835.31			20835.31
DIRECT EXPENSES	4 Cash prizes.....	0			0
	5 Noncash prizes.....	0			0
	6 Rent/facility costs	0			0
	7 Food and beverages.....	6361.94			6361.94
	8 Entertainment	0			0
	9 Other direct expenses.....	3416.81			3416.81
	10 Direct expense summary. Add lines 4 through 9 in column (d)				9808.75
	11 Net income summary. Subtract line 10 from line 3, column (d)				1026.56

Part III **Gaming.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

N/A

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue.....				
DIRECT EXPENSES	2 Cash prizes.....				
	3 Noncash prizes.....				
	4 Rent/facility costs				
	5 Other direct expenses.....				
	6 Volunteer labor.....	Yes ____ % No	Yes ____ % No	Yes ____ % No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

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

b If 'No,' explain: _____

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

b If 'Yes,' explain: _____

Winnetka Garden Club
36-6089704

Page 3

Schedule G (Form 990 or 990-EZ) 2016

11 Does the organization conduct gaming activities with nonmembers? Yes No *N/A*

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If 'Yes,' enter name and address of the third party: _____

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV: Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions