

501 C3 990 INFORMATION FORM FOR TAX YEAR 5/1/23 THROUGH 4/30/24. For Clubs/Districts with \$50,000 or more in GROSS RECEIPTS

Due: May 31, 2024

DISTRICT _____ **EIN Number** _____

If you do not know your EIN number, please call Mary Jo (814-241-8902) **DO NOT ENTER N/A**

CLUB or DISTRICT FULL NAME _____

PERMANENT CLUB ADDRESS (If you have one) _____

PRESIDENT or DIRECTOR _____

TREASURER _____

Contact Person _____

Contact Address _____

Contact Phone Number _____ **Contact E-Mail** _____

Receipts from Grants, Contributions and Dues:

Grants received from _____ \$ _____

Grants received from _____ \$ _____

Contributions _____ \$ _____

Membership Dues _____ \$ _____

Receipts from Program Services:

A program service is a major, usually on-going, objective of the organization. Keep in mind the GCFP objective is sharing interests in gardening, civic beautification, floral design, conservation of natural resources and environmental issues through local clubs. A club may have additional goals and objectives.

Receipts from Schools/Instructional Programs \$ _____

Receipts from Reservations/Entry Fees \$ _____

Receipts from Trip Reservations \$ _____

Receipts for civic projects \$ _____

Receipts for other community Program Services \$ _____

Receipts from monthly club meetings \$ _____

Receipts from special club meetings \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Expenditures for Program Services:

Schools/Instructional Programs \$ _____

Reservations/Entry Fees \$ _____

Trip Reservations \$ _____

Civic Projects \$ _____

Other Community Program Services \$ _____

Sale of plants, garden items, decorations, etc. \$ _____

Monthly club meetings \$ _____

Special Club Meetings \$ _____

Speaker Fees \$ _____

Memberships in other organizations \$ _____

Scholarships \$ _____

Contributions \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____
 Other _____ \$ _____
 Other _____ \$ _____

Receipts from Special Events:

A special event may be an activity such as sale of plants, garden items, decorations, dinners, dances, carnivals, raffles, bingo, other gaming activities, sale of merchandise not related to the club's purpose, etc. These events ARE NOT directly related to our organization goals and so are different from Program Services (see Program Services description above). Each event should have one line listed for total receipts and a related line should be listed for expenditures:

Event description _____ \$ _____
 Event description _____ \$ _____
 Event description _____ \$ _____
 Event description _____ \$ _____
 Event description _____ \$ _____
 Event description _____ \$ _____
 Event description _____ \$ _____
 Event description _____ \$ _____

Expenditures for Special Events:

Event descriptions _____ \$ _____
 Event descriptions _____ \$ _____
 Event descriptions _____ \$ _____
 Event descriptions _____ \$ _____
 Event descriptions _____ \$ _____
 Event descriptions _____ \$ _____
 Event descriptions _____ \$ _____
 Event descriptions _____ \$ _____

Scholarship Information:

Please provide a list of recipients, their addresses, and the amount of the scholarship given. Other information you would like to share on this form: Please attach to this report.

Recap:

Cash Balance in Treasure 5/1/23:

Combine checking, savings, CD's, and investments held by the club \$ _____

Total Receipts from all sources \$ _____

Less Total Expenditures for all activities/events \$ -(_____)

Cash Balance in Treasure 4/30/24:

Combine checking, savings, CD's, and investments held by the club \$ _____

Due to changes by the IRS, NGC has advised that gaming revenues be reported separately.

Please provide your Garden Club/District's details of revenues & expenses from gaming, such as 50/50, raffles, bingo, gaming activities this fiscal year (5/1/2023-4/30/2024).

_____ Gross Profits collected (minus) _____ Total Expenses = _____ TOTAL NET PROFITS

Under penalty of perjury, I declare that, to the best of my knowledge and belief, the information contained here is true, correct and complete.

Authorized Officer Signature

Title _____ Date _____

By submitting this form, you are authorizing the GCFP to include your organization in the group return prepared for you by the GCFP.

*Per IRS guidelines, it is the responsibility of an organization to issue a 1099 to any individual who is paid \$600 or more for services rendered.

PLEASE COMPLETE THE FOLLOWING 2023-2024 INFORMATION
ON YOUR OFFICERS, AND RETURN IT WITH YOUR 990 FORM TO:

Mary Jo Gardill
533 Luzerne Street
Johnstown, PA 15905-2324
814-241-8902 FAX 814-535-5029 mjgardill@gmail.com

CLUB NAME _____ DISTRICT _____

PRESIDENT NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____

VICE-PRESIDENT NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____

SECRETARY NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____

TREASURER NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____

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