

501 C3 990 INFORMATION FORM FOR TAX YEAR 5/1/24 THROUGH 4/30/25. For Clubs/Districts with \$50,000 or more in GROSS RECEIPTS

Due: May 31, 2025

DISTRICT \_\_\_\_\_ EIN Number \_\_\_\_\_

If you do not know your EIN number, please call Lisa (814-243-4961) 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: \_\_\_\_\_ \$ \_\_\_\_\_

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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 5/1/24:**

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 4/30/25:**

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 (5/1/2024-4/30/2025).

\_\_\_\_\_ 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 2024-2025 INFORMATION  
ON YOUR OFFICERS, AND RETURN IT WITH YOUR 990 FORM TO:

Lisa Wagerer  
1526 Mary Drive  
Johnstown, PA 15905  
814-243-4961 lisa15905@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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