You must complete the Form 1023-EZ Eligibility Worksheet in the Instructions for Form 1023-EZ to determine if you are eligible to file this form. Form 1023-EZ is filed electronically **only** on Pay.gov. Go to www.irs.gov/form1023ez for additional filing information.

Form 1023-EZ

(June 2014)

Department of the Treasury Internal Revenue Service

Streamlined Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 1023-EZ and its separate instructions is at www.irs.gov/form1023.

Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet in the current instructions, are eligible for exemption using Form 1023-EZ, and have read and understand the requirements to be exempt under section 501(c)(3).

OMB No. 1545-0056

Note: If exempt status is approved, this applican in will be open for public inc. shrion.

Part I Identification of Applica	nt			7.2	
1a Full Name of Organization	1. (1)		×	7 0,	
b Address (number, street, and room/suite	a). If a P.O. box, see instru	ctions. c City Clermon		State e Zip Code + 4 34712 - 1322	
2 Employer Identification Number 3 Month Tax Year Ends (MM) 593 457 113		4 Person to Contact if More Information is Ne ded Karen Kennen			
5 Contact Telephone Number 352-243-8793		6 Fax Number (optional)	a nen	7 User Fee Submitted	
8 List the names, titles, and mailing addres	ses of your officers, direc	tors, and/or trustees. (If you	have more bar fi	ve, see instructions.)	
First Name:	Last Name:		Title		
Karen	Kenne	-	O' President		
Street Address: 401 S. Lakesbere Dr	City: Minne		State:	Zip Code + 4: 34755=0174	
First Name:	Last Name:		Title:		
Dorotky	Girmsc	heid A	VICE	- President	
Street Address: 11242 Harder Rd	City: Clermo	. 6.0	State:	Zip Code + 4: 3 47) 1- 9489	
First Name:	Last Name:		Title;		
Sandi	tckste	2111	Secr	etary	
Street Address: 1039 Hidden Bluff	Clermo	NKO.	State:	Zip Code + 4: 34711-5987	
First Name:	Last Name:	Werg	Title:		
D waissa	Vande		180	asurer	
Street Address: 190 Crystal Lake	City:	n t	State:	Zip Code + 4: 3 47 1 1-2339	
First Name:	Last Name:		Title:		
Street Address:	City:		State:	Zip Code + 4:	
9 a Organization's Website (if available):	clerm	ontgardendul	- (4)		
b Organization's Email (optional):	CIC. 111	in regulation that	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part II Organizational Structure	8				
1 To file this form, you must be a oporat	tion, an unincorporated as	esociation or a trust Chack	the how for the tu	ne of organization	
	porated association	Trust	the box for the ty	pe or organization.	
2 Check this box to attest that you h	ave the organizing docum		zational structure	indicated above	
(See the instructions for an explanat	ion of necessary organiz	ring documents.)	24.10.141 01.0010.0		
3 Date incorporated if a contration, or fo	rmed if other than a corno	oration (MMDDYYYY): 69	8/1/1091		
3 Date incorporated if a corporation, or formed if other than a corporation (MMDDYYYY): <u>08/06/1976</u> 4 State of incorporation or other formation: <u>100: da</u>					
5 Section 501(c)(3) requires that your orga		nit your purposes to one or n	nore exempt purp	oses within section 501(c)(3).	
Check this tox o attest that your o					
6 Section 501(L)(1) requires that your organ your activities, in activities that in thems	inizing document must no	t expressly empower you to		e than as an insubstantial part of	
Check his box to attest that your open on your activities, in activities the	organizing document doe	s not expressly empower you	u to engage, other	wise than as an insubstantial	
	Section 501(c)(3) requires that your organizing document must provide that upon dissolution, your remaining assets be used exclusively for				

you are formed for your dissolution provision.

ation of state law.

n 501(c)(3) exempt purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by

Check this box to attest that your organizing document contains the dissolution provision required under section 501(c)(3) or that you do not need an express dissolution provision in your organizing document because you rely on the operation of state law in the state in which

Form 1023-EZ (6-2014)

Page 2

Pai	rt III Your Specific Activities						
1	Enter the appropriate 3-character NTEE Co	ode that best describes your activities	is (See the instructions): C42				
2			nized and operated exclusively to further one or more of an				
	following purposes. By checking the box or boxes below, you attest that you are organized and operated exclusively to further the purposes						
	indicated. Check all that apply.		O ₁				
	☐ Charitable	Religious					
	Scientific	☐ Literary	☐ Testing for public safety				
	☐ To foster national or international amat	eur sports competition	Prevention of cruelty to dail does not animals				
3	To qualify for exemption as a section 501(c)(3) organization, you must:						
	Refrain from supporting or opposing candidates in political campaigns in any way.						
	 Ensure that your net earnings do not inur officers, key management employees, or 	e in whole or in part to the benefit of other insiders).	f private shareholders or individual that is, board members,				
	 Not further non-exempt purposes (such a 						
	 Not be organized or operated for the print Not devote more than an insubstantial print normally make expenditures in excess of 	art of your activities attempting to infl	or business that is not related to your exempt purpose(s). fluence legislation or, if you made a section 501(h) election, not ection 501(h).				
	Not provide commercial-type insurance:	as a substantial part of your activities	s. ()				
	Check this box to attest that you have	not conducted and will not conduct	t activities that violate bese prohibitions and restrictions.				
4	Do you or will you attempt to influence leg	slation?					
	(If yes, consider filing Form 5768. See the	nstructions for more details.)					
5	Do you or will you pay compensation to ar		ees? . Yes 🛚 No				
	(Refer to the instructions for a definition of	compensation.)					
6	Do you or will you donate funds to or pay	expenses for individual(s)?					
7	7 Do you or will you conduct activities or pro United States?	vide grants or other assistance to in	div dua's) or organization(s) outside the				
8	B Do you or will you engage in financial trans directors, or trustees, or any entities they or		nts, vents, etc.) with any of your officers,				
9	Do you or will you have unrelated business	gross income of \$1,000 or prore ide	ring a tax year?				
10	Do you or will you operate bingo or other	jaming activities?					
_11	Do you or will you provide disaster relief?	<u> </u>					
Pa	art IV Foundation Classification	(O)					
Par	rt IV is designed to classify you as an	organization hatris either a pri	ivate foundation or a public charity. Public charity				
	tus is a more favorable tax status tha						
1	I If you qualify for public charity status, chec	k the appropriate box (1a - 1c belov	w) and skip to Part V below.				
	a Check this box to attest that you nor	nally reger a at least one-third of you	ur support from public sources or you normally receive at least 10				
	percent of your support from public so 170(b)(1)(A)(vi).	urces at 4 ou have other characters	istics of a publicly supported organization. Sections 509(a)(1) ar				
	membership fees, and gross receipt	m permitted sources) from activities	your support from a combination of gifts, grants, contributions, ies related to your exempt functions and normally receive not moness taxable income. Section 509(a)(2) .				
	Check this box to attest that you are Sections 509(a)(1) and 170(b)(174)(iv		or university that is owned or operated by a governmental unit.				
2			As a private foundation, you are required by section 508(e) to hav				
	specific provisions in your organizing d	ocument, unless you rely on the oper	ration of state law in the state in which you were formed to meet				
	these requirements These specific pro 4941-4945.	visions require that you operate to av	void liability for private foundation excise taxes under sections				
	does not need to include the provision	s required by section 508(e) because	isions required by section 508(e) or that your organizing docume e you rely on the operation of state law in your particular state to ion of the section 508(e) requirements.)				

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: DEC 042014

CLERMONT GARDEN CLUB
PO BOX 121322
CLERMONT, FL 34712-1322

Employer Identification Number: 59-3457113 DLN: 26053732003154 Contact Person: ID# 31954 CUSTOMER SERVICE Contact Telephone Number: (877) 829-5500 Accounting Period Ending: May 31 Public Charity Status: 509(a)(2) Form 990/990-EZ/990-N Required: Yes Effective Date of Exemption: November 26, 2014 Contribution Deductibility: Addendum Applies: No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.