Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2012

Open to Public Inspection

| Α | For the | e 2012 calend | ar year, or tax year beginning , and ending | T D | Employ | er identification number |
|----------|-----------------------------|--|---|-------------|--|--------------------------|
| В | Check if | applicable | C Name of organization | " | Linbio | |
| | Address | change | | | 11- | 3562026 |
| | Name chi | ange | MORICHES COMMUNITY CENTER INC. Room/suite | F | | ne number |
| | Initial retu | um | Number and street (or P O. box, if mail is not delivered to street address) | - | 631 | -878-3267 |
| | Terminate | ed | PO BOX 22 | | Name and Address of the Owner, where the Owner, which the | exemption |
| | Amended | d return | City or town, state or country, and ZIP + 4 | | Numbe | |
| | Application | on pending | CENTER MORICHES NY 11934 H Chi | eck > | | he organization is not |
| G | | nting Method: | Cash Accrual Other (specify) | uired t | A cond | Schedule B |
| 1 | | 55 S 57 | .MORICHESCOMMUNITICENTER.ORG | rm 99 |). 990-E | Z, or 990-PF). |
| 7 | Tax-ex | empt status (cl | | | | |
| K | Check | if the | organization is not a section 509(a)(3) supporting organization or a section 527 organization and its | ired (s | ee instr | uctions). But if |
| | not mo | ore than \$50,0 | 00. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required. | 111 00 (0 | | |
| | the org | ganization cho | oses to file a return, be sure to file a complete return. | | | |
| L | Add line | es 5b, 6c, and 7 | b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, | Toka esta | S | 114,017 |
| -8-4-9-A | THE RESIDENCE OF THE PARTY. | , column (B) bel | ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ | ctions | for Par | rt I) |
| | art I | Rever | ue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc | | SOV WINNER FIRMON | X |
| | | A CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. | if the organization used Schedule O to respond to any question in this Part I | | 1 | 70,336 |
| | 1 | | gifts, grants, and similar amounts received | | 2 | |
| | 2 | 2750 | vice revenue including government fees and contracts | | 3 | |
| | 3 | 100 | dues and assessments | | 4 | 468 |
| | 4 | Investment i | nt from sale of assets other than inventory | | | |
| | 5a | Gross amou | r other basis and sales expenses | | | |
| | 1 | Less: cost o | from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5c | |
| | C | | | | | |
| a. | 6 | Gaming and | fundraising events ne from gaming (attach Schedule G if greater than | | | |
| nue | a | | 6a | | | |
| ρVe | | \$15,000) | ne from fundraising events (not including \$ of contributions | | | |
| OZ. | . | from fundra | wine avents canonical on line 1) (attach Schedule G if the | 4 0 | | |
| | | eum of such | income and contributions exceeds \$15,000) | | | |
| | | I direct | expenses from gaming and fundraising events | 83 | | |
| | 4 | Net income | or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract | | | 18,730 |
| | | line 6c) | | | 6d | 10,730 |
| | 7a | Gross sales | of inventory, less returns and allowances | | | |
| | 1000 | less cost o | of goods sold | | 7c | |
| | | Gross profit | or (loss) from sales of inventory (Subtract line 7b from line 7a) | | R | |
| | 8 | Other rever | ue (describe in Schedule O) | | 9 | 89,534 |
| | 9 | Total rever | ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | 10 | |
| | 10 | | similar amounts paid (list in Schedule O) | . | 11 | |
| | 11 | Benefits pai | d to or for members | | 12 | |
| 0 | , 12 | Salaries, oth | er compensation, and employee benefits | | 13 | 39,442 |
| 900 | 13 | | fees and other payments to independent contractors | | 14 | |
| 9 | 14 | Occupancy, | rent, utilities, and maintenance | | 15 | |
| Ň | 15 | Printing, pub | lications, postage, and shipping | · · · · · · | 16 | 36,776 |
| | 16 | Other expen | ses (describe in Schedule O) | | 17 | 76,218 |
| | 17 | Total expen | ses. Add lines 10 through 16 | | 40 | 13.316 |
| | 18 | Excess or (de | eficit) for the year (Subtract line 17 from line 9) | 100 | 18 | |
| ets | 19 | Net assets or | fund balances at beginning of year (from line 27, column (A)) (must agree with | | | 60,831 |
| 55 | | | gure reported on prior year's return) | *** | 19 | 00/00 |
| et A | 20 | Other change | s in net assets or fund balances (explain in Schedule O) | | 20 | 74 147 |
| Ž | 24 | | fund balances at end of year. Combine lines 18 through 20 | . > | 21 | |

8868

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

| (Rev. January 20 | 13) | | ile e concepto | application for each return | | | | |
|--|--|---|----------------------|---|--|---------------------|------------------------------------|--------------------------------|
| Department of the | | | ne a separate | application for each return. | | | | ▶ X |
| Internal Revenue | Clin - For on Att | tomatic 3-Month Extension, comp | lete only Part | and check this box | | F.St. 55 | | |
| 2 | | william at (Alat Automatic) 3-Month | Extension, con | nplete only Fart in the Page | 2 of this form). | 000 | | |
| Do not com | plete Part II uni | less you have already been granted | an automatic 3- | MOUNT CYTCHES OF CALCALE | * | | | |
| | | La La Form OOGR if | vou need a 3-m | onth automatic extension of t | ime to file (6 mg | onths i | or | |
| | manufered to file E | Form 000 T) or an additional (not at | นอกาสแต่ จะแบบ | III CAICHOIGH OF | | | m | |
| poco to roque | et an avtancion | of time to file any of the forms listed | in Part For Part | II MIST THE EXCEPTION OF A | 2.5% | | | |
| Datum for Tra | nefere Accoriate | ed With Certain Personal Benefit Co | ontracts, which i | must be sent to the into in par | JO. 1011111111111111111111111111111111111 | | | |
| instructions). I | For more details | on the electronic filing of this form. | visit www.irs.go | Weffle and click off e-file for c | Maritico di Ison | oronis. | | W CONSERVE STR. THE HEAT PLANT |
| Part | Automatic | 3-Month Extension of Time | ne. Only sub | mit original (no copies i | iccaca. | | | |
| A corporation | required to file F | orm 990-T and requesting an auton | natic 6-month e | xtension - check this box and | 1 complete | | | |
| Part I only | e en so 8 tH 8 5 | e un a como versa o xere se se o o e co e estado e meno e meno Dell E EE | | Farm 7004 to room | act an extension | of tin | 1e | |
| All other corpo | rations (includin | ng 1120-C filers), partnerships, REM | IICs, and trusts | must use Form 7004 to requi | est all exterision | 101111 | | |
| to file income | tax returns. | | | | Enter filer's id | entify | ing number, s | ee instructions |
| | | | | | The state of the s | | tion number (E | |
| Type or | Name of exer | mpt organization or other filer, see in | nstructions. | | Lindioyonia | | | S * 0 |
| print | TAND TOTAL | TO COMMINITIES CENTIL | FD TNC | | 11-356 | 202 | 6 | |
| | | ES COMMUNITY CENT | | one | Social securi | | | |
| File by the | | et, and room or suite no. If a P.O. be | ox, see instructi | UIIS. | | | | |
| due date for filing your | PO BOX | post office, state, and ZIP code. For | r a foreign addre | ess see instructions. | | | | |
| return. See | | MORICHES | NY 11934 | | | | | |
| instructions. | | | | | | 100 | | 01 |
| Enter the Ret | urn code for the | return that this application is for (file | a separate app | lication for each return) | a kona noma konsa k noma E n | | | |
| Application | n | | Return | Application | | | | Return |
| Is For | | | Code | is For | | | | Code |
| The same and the same of the s | or Form 990-EZ | | 01 | Form 990-T (corporation) | 6_94999 | | | 07 |
| Form 990- | 경 : | | 02 | Form 1041-A | | | | 08 |
| September 2 and other property of the september 2 and 19 a | (individual) | | 03 | Form 4720 | | | | 10 |
| Form 990- | | | 04 | Form 5227 | | | | 11 |
| Form 990- | T (sec. 401(a) o | or 408(a) trust) | 05 | Form 8870 | | | | 12 |
| Form 990- | -T (trust other th | an above) | 06 | POINT 0070 | | | | |
| | | KATHLEEN JOHNSON 24 BEACHFERN ROAD | | | | | | |
| | lea mea in the core o | CENTER MORICHES | | | IN BOSIS COVER BOSIS WORD WITH | E RORGE NOTACIN | NY 119 | 34 |
| • Ine boo | ks are in the care o | | | CONTRACTOR NOTE OF COST OF COST OF COST BUILDING BUILDING TOST OF THE SUBJECT OF | ESSE OF 1955 NO. 112 | | | |
| Teleph | one No. > 6: | 31-878-3267 | FAX No | Note: $(g_{\phi})(g) = A \otimes A$ | to a solution to the | | | |
| • If the o | rganization does | not have an office or place of busine | ss in the United | States, check this box | | | gr where where we will be a second | |
| • If this is | s for a Group Re | turn, enter the organization's four digi | it Group Exempt | ion Number (GEN) | . If this is and attach | | | |
| for the who | ole group, check | this box | | neck this box | and allacin | | | |
| a list with the | he names and El | INs of all members the extension is for | or, | Form 990-T) extension of time | | | | |
| 1 I req | uest an automati | ic 3-month (6 months for a corporation of the file the exempt organization re | eturn for the ora: | anization named above. The ex | tension is | | | |
| | 일 - 발표되었는 이 : 100% - 15는 15일 - | 25 | etuiti ioi tile oigi | | | | | |
| The state of the s | e organization's | 171-07 1839 Add 10420 | | | | | | |
| | calendar year | 7 2012 01 | | | | | | |
| | 7 | and endin | ıα | | | | | |
| |] tax year begin | nning , and ending in line 1 is for less than 12 months, o | check reason: | Initial return Fi | nal return | | | |
| | | | | | | lko-rössnesste-til- | | |
| - 1011 | Change in accou | Form 990-BL, 990-PF, 990-T, 4720, | or 6069 enter | the tentative tax, less any | | | | |
| | | | , 0, 0000; 011101 ! | | | 3a | \$ | |
| The state of the s | The second secon | See instructions. Form 990-PF, 990-T, 4720, or 6069, | enter any refur | idable credits and | | | | |
| | | | | | | 3b | \$ | |
| Control of the Contro | A STATE OF THE PARTY OF THE PAR | s made. Include any prior year overp | | | | | | |
| | | line 3b from line 3a. Include your pa | 26 | ioriti, ii required, by doing | | 3c | S | |
| EFIPS | (Electronic Fede | eral Tax Payment System). See insti | LUCTIONS, | | | | | |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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| P | 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 | | 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 | | X |
| 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 | 34 | | X |
| 250 | change on Schedule O (see instructions) | 34 | | -56 |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | 35a | | X |
| b | activities (such as those reported on lines 2, 6a, and 7a, among others)? 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 | | |
| С | 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 | | X |
| 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 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | | | |
| | Did the organization file Form 1120-POL for this year? | 37b | A Table Car | <u> X</u> |
| 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 | | <u> </u> |
| 10 mm 1 m | If "Yes," complete Schedule L, Part II and enter the total amount involved | | | |
| 39 | Section 501(c)(7) organizations. Enter: | | | |
| a | | | | |
| 40a | Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the user under | | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit | | İ | |
| | 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 | | X |
| 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 | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c | | | |
| | reimbursed by the organization | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | | | • |
| 44 | THE RESERVED OF THE PERSON OF THE PERSON NAMED | 40e | | <u>~</u> |
| 41 42a | List the states with which a copy of this return is filed The organization's books are in care of KATHLEEN JOHNSON Telephone no. Telephone no. | 878 | -32 | 67 |
| 440 | 24 BEACHFERN ROAD | | | |
| | Located at ▶ CENTER MORICHES 1193 | 34 | DA-2 | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | Y | es | No |
| | | 12b | Danas and | X |
| | 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. | | | |
| С | At all the selections did the accomization maintain an office outside the U.S.2 | 2c | 814000 | X |
| • | If "Yes," enter the name of the foreign country: ▶ | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here | ACCRECATION RESIDENCE | > | - |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| | | Y | es | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | | |
| | completed instead of Form 990-EZ | 44a | | X |
| 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 | | X |
| C | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| | 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 | - | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | X |
| | 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 | Machine Agricia | X |
| AA | | rm 99 | 0-EZ | (2012) |

| | | MODICUEC | COMMUNITY | CENTER | INC | 11-3 | 562026 | | | P | age 4 |
|--|--|--|--|--|----------------------------|---|--|--|--------------|--|--|
| orm 990-E | Z (2012) | MORICHES | COLTACIATI | | , 2210 | | | | | Yes | No |
| 46 Did to ca | the organiza | ation engage, directly or public office? If "Ye | or indirectly, in politices," complete Schedul | al campaign e C, Part I | activities | on behalf of or in oppositi | on | | 46 | | X |
| Part V | A CONTRACTOR OF THE PARTY OF TH | AND THE RESERVE THE PARTY OF TH | | | stions 47- | 49b and 52, and com | plete the ta | ables for line | S | | |
| | 50 a | and 51 | ion used Schedule | O to respon | d to any | question in this Part \ | / | | 20 00 5 | Yes | No |
| | Che | CK II the organizati | on used ochedate | | (/-) alastio | n in effect during the tax | | | 47 | | x |
| 47 Did | the organiz | ation engage in lobby | ying activities or have | a section 501 | (n) electio | n in effect during the tax | e en y para e en e | The state of the s | 48 | | X |
| year | r? If "Yes," | complete Schedule C | ribed in section 170(b | \(1\(A\(ii\)? If | "Yes," com | Diolo | | | 1 40 | | X |
| 48 Is th49a Did | ie organizai the organiz | ation make any trans | sfers to an exempt nor | charitable it | sialou o 5° | ###################################### | energy of the latest terminal to | energy of the second of the | 491 | b | |
| b If "Y | es," was th | e related organization | n a section 527 organ | ization? | n and the second State | officers direct | ore trustees | and key | #13#360 ID | | |
| 50 Con | nplete this t | able for the organiza | tion's five highest com | V 1 5/522 | -lavage (c | ther than officers, un con | | | | | 4 |
| emp | loyees) wh | o each received mor | e than \$100,000 of co | mpensation | 10111 1110 0. | ganization. If there is not (c) Reportable | I (d) Hea | Ith benefits. | (e) Estima | ited amo | ount of |
| | | Name and title of each paid more than \$100 | employee | hours | Average | compensation | contribution | plans, and compensation | other co | mpensa | tion |
| NONE | | | | n (c. s. s. s.) | | | | | | | |
| * 5 52 * 5 52 5 | form a serie seed or | | | | | | | | | | |
| | | | | ASSET A 10 | | | | | | | |
| | | | | | | | | | | | |
| | | OR CURVE IN FURNISH MERSON IN THE MUNICIPAL RESIDENCE. | | | | | | | | | |
| | | | | | | | | | | | |
| f Tota | al number o | f other employees pa | tion's five highest con | nensated inc | lependent | contractors who each re- | ceived more | than | | | |
| 51 Con \$10 | 0,000 of co | mpensation from the | organization. If there | is none, ente | r "None." | contractors who each re | | | | | |
| (a |) Name and | address of each indep | endent contractor paid r | nore than \$100 | 0,000 | (b) Ty | pe of service | | (c) Comp | ensation | n |
| NONE | | | | \$2,000 \$2,000 00 000 10 000 00 0 | | | | | | | |
| | | TO ATTACK A TOWNS NOW HOW IN NOWING SOURCE SE SIZE SE | | * 100 * 100 * 100 * 1 | | e fifte self fil | | | | | |
| | | Q ANGER SON MONTH MISSES E SERVE MONTH | | \$5000 B 608 B 608 B 608 B | | | | | | | |
| | | A ROSER R COR & KORON BORON B ROSE B NOSES | | 2000 B OR 5000 B DE 2 5 | | | | | | | |
| | grand a ma a mana kon | | | | | | | | | | |
| d Tota | al number o | of other independent | contractors each rece | iving over \$10 | 00,000 | . , , , , | | | | | |
| 52 Did | the organiz | ation complete Sche | dule A? Note: All sect | tion 501(c)(3) | organizati | ons and 4947(a)(1) | | | X Ye | s | No |
| Under nen: | alties of nerit | iry I declare that I have | e examined this return, i | ncluding accor | npanying so | chedules and statements, a on of which preparer has ar | and to the bes | t of my knowleds | ge and belie | f, it is | |
| | | | | | | | | | | | |
| Sign | | nature of officer KATHLEEN A | . JOHNSON | | | DIRECTO | Date R | | | | |
| Here | | e or print name and title | . 0011110011 | | | | | | | | |
| | | preparer's name | | Preparer's sign | nature | | Date | | PTI | IN | and the second section of the section of t |
| Paid | | | | | | | | Check self-en | nalauad | 12500: | 1 1 |
| Preparer | | BANDUCCI BANDU | JCCI, KATZ | & FERF | RARIS | LLP | —————————————————————————————————————— | Firm's EIN | 11-3 | the state of the s | the State of the Local Division in which the |
| Jse Only | | P.O. | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | MAIN | TREET | | | 31-72 | | |
| May the IR | S discuss t | | eparer shown above? | | THE RESERVE OF THE PERSON. | | | Phone no. | | Yes | N |
| | | | | | | | ***** ******************************** | CONTRACT A CONTRACT RESIDENCE ACCUSES | | 90-F7 | |

Page 4

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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

Employer Identification number

2012

Open to Public
Inspection

11-3562026 MORICHES COMMUNITY Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. Type III-Functionally integrated Type I Type II Type III-Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons e other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). 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 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 supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (I) Name of supported (II) EIN (iv) is the organization (v) Did you notify (III) Type of organization (vi) is the (vii) Amount of monetary the organization in in col. (i) listed in your organization (described on lines 1-9 organization in col. support col. (i) of your (i) organized in the above or IRC section governing document? support? U.S.? (see Instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2012 MORICHES COMMUNITY CENTER INC.

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.)

| Se | ction A. Public Support | | | T | T (-1) 2011 | (e) 2012 | (f) Total |
|----------|---|---|--|--|---|---|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (0) 2012 | |
| 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. | | | | | | |
| Sec | tion B. Total Support | | | | 1 1 2 2 4 | (0) 2012 | (f) Total |
| Caler | idar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (1) 10101 |
| 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 | | | | | | |
| ra - | (Explain in Part IV.) Total support. Add lines 7 through 10 | | | | | | |
| 11 12 | Cross receipts from related activities, etc. (s | see instructions) | | grading grading growing schools strikens sto | | 12 | |
| 13 | First five years. If the Form 990 is for the o | rganization's first, | second, third, fourth | h, or fifth tax year a | s a section 501(c)(| 3) | |
| | organization, check this box and stop here | | | | | | |
| Sec | tion C. Computation of Public Su | pport Percent | age | | | | |
| 14 | Public support percentage for 2012 (line 6, o | column (f) divided b | y line 11, column (| f)) | | 14 | % |
| 4 82 | Dublic support percentage from 2011 Sched | Jule A. Part II, line 1 | 4 | | 4/00/ | 1. 45 | 7/6 |
| 16a | 33 1/3% support test-2012. If the organiz | ation did not check | the box on line 13 | , and line 14 is 33 | 1/3% or more, chec | KINIS | |
| | box and stop here. The organization qualific | es as a publicly sup | ported organizatio | n - 10a and line 15 i | o 22 1/2% or more | | |
| b | 33 1/3% support test—2011. If the organiz | ation did not check | a pox on line 13 o | r roa, and line roa | 5 33 1/3 /0 UI IIIUIE, | | |
| | check this box and stop here. The organiza | ation qualifies as a p | n did not chack a h | ov on line 13 16a | or 16h, and line 14 | | |
| | 10%-facts-and-circumstances test—2012 10% or more, and if the organization meets | the "facts-and-circu | ımstances" test, ch | neck this box and s | top here. Explain i | n | |
| b | 15 is 10% or more, and if the organization m Explain in Part IV how the organization meet supported organization | I. If the organization eets the "facts-and s the "facts-and-cir | n did not check a b -circumstances" te cumstances" test. | ox on line 13, 16a, st, check this box. The organization of | 16b, or 17a, and li and stop here. qualifies as a public | ne | |
| 8 | Private foundation. If the organization did n | ot check a box on | line 13, 16a, 16b, | 17a, or 17b, check | this box and see | | |
| _ | instructions | | MINISTER AND RESIDENCE OF ASSESSED ASSESSED. | | | B KONON K K KON K KONON KONONON K KON W | |
| | | | | APPARATOR THE DESCRIPTION OF THE PARAMETER AND T | | | |

Part II

Part III Support Schedule for Organizations Described in Section 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.)

| Sec | tion A. Public Support | | | | | | |
|-------|--|--------------------------|--|-----------------------|--|--|---------------|
| Caler | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 17,610 | 14,188 | 51,978 | 13,179 | 70,336 | 167,29 |
| 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 | 38,809 | 57,209 | 47,696 | 58,671 | 43,681 | 246,06 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 56,419 | 71,397 | 99,674 | 71,850 | 114,017 | 413,357 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 | E 202 | 26,707 | 36,722 | | | 68,75 |
| | or 1% of the amount on line 13 for the year | 5,323 | 26,707 | | | | 68,752 |
| 8 | Add lines 7a and 7b Public support (Subtract line 7c from line 6.) | | | | | | 344,605 |
| Sec | tion B. Total Support | | 9.35, 26.55 | | MARKET IS A | | |
| | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 | Amounts from line 6 | 56,419 | 71,397 | 99,674 | 71,850 | 114,017 | 413,357 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 913 | 472 | 209 | 177 | 468 | 2,239 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | 913 | 472 | 209 | 177 | 468 | 2,239 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 57,332 | 71,869 | 99,883 | | 114,485 | 415,596 |
| 14 | First five years. If the Form 990 is for the | | E ROM NE ROM DE MONORE ENGENERALISMONISTRATION | , or fifth tax year a | s a section 501(c)(3) |) | |
| Sec | tion C. Computation of Public Su | ipport Percenta | ge | | | | |
| 15 | Public support percentage for 2012 (line 8, | column (f) divided by | line 13, column (t |)) | * *** * *** * *** * * *** * * *** * * | 15 | 82.92% |
| 16 | Public support percentage from 2011 Sche | dule A, Part III, line 1 | entago | | | | 78.10% |
| Sec | tion D. Computation of Investme | ne 100 column (f) div | ided by line 13 co | lumn (f)) | | 17 | 4 0/ |
| 17 | Investment income percentage for 2012 (lin | Schedule A Part III. | ine 17 | 1011111 (17) | Sa e toa e eoros a rosox mesos a roxox s | 18 | 1 % |
| 18 | Investment income percentage from 2011 S 33 1/3% support tests—2012. If the organ | sization did not check | the box on line 14 | and line 15 is mo | ore than 33 1/3% ar | THE STATE OF THE POST OF THE STATE OF THE ST | 1 70 |
| 19a | 33 1/3% support tests—2012. If the organing is not more than 33 1/3%, check this box | x and stop here. The | organization qual | ifies as a publicly | supported organizati | ion | ► X |
| ¥ | 17 is not more than 33 1/3%, check this box 33 1/3% support tests—2011. If the organ | ization did not check | a box on line 14 c | r line 19a, and line | e 16 is more than 33 | 3 1/3%. and | AND A MINIS V |
| b | line 18 is not more than 33 1/3%, check this | box and stop here. | The organization | qualifies as a publ | icly supported organ | nization | |
| 20 | Private foundation. If the organization did | not check a box on li | ne 14, 19a, or 19b | , check this box a | nd see instructions | | |
| AV | 1 114 FILO 10 GITTON TO THE TOTAL OF THE TOTAL OT THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OT THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OT THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL OT THE TOT | | —————————————————————————————————————— | | | | |

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" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

2012 2012

Open to Public.

Employer identification number

Name of the organization 11-3562026 MORICHES COMMUNITY Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees No Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (vI) Amount paid to (iii) Did fund-(v) Amount paid to (or retained by) raiser have (or retained by) (Iv) Gross receipts (i) Name and address of individual custody or organization fundraiser listed in (II) Activity from activity control of or entity (fundraiser) col. (I) contributions? Yes No 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.

11-3562026

| | 281 | more than \$15 | vents. Complete if the organ, 000 of fundraising event cores receipts greater than \$5,000 or \$5, | ntributions and gross income | orm 990, Part IV, line on Form 990-EZ, lines | 18, or reported 3 1 and 6b. List |
|--------------|-------|---|---|--|--|---|
| | | CVCITES WITH GIC | (a) Event #1 OLYMPIC CAMP (event type) | (b) Event #2 5K RUN (event type) | (c) Other events 4 (total number) | (d) Total events (add col (a) through col. (c)) |
| Revenie | | 1 Gross receipts | 8,427 | 7,077 | 24,038 | 39,542 |
| | 3 | Less: Contributions Gross income (line 1 minus line 2) | 8,427 | 7,077 | 24,038 | 39,542 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| enses | 6 | Rent/facility costs | | | | |
| Direct Exper | 7 | Food and beverages | | | | |
| ä | 8 | | 6,341 | 2,751 | 11,905 | 20,997 |
| | | Other direct expenses Direct expense summary. | Add lines 4 through 9 in column (d) | 2,131 | | 20,997) |
| P | art | III Gaming. Comp | bine line 3, column (d), and line 10 lete if the organization answ n Form 990-EZ, line 6a. | ered "Yes" to Form 990, Par | rt IV, line 19, or reporte | 18,545 d more |
| enue | | than \$15,000 or | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Rev | 1 | Gross revenue | | | | |
| xpenses | | Cash prizes Noncash prizes | | | | |
| Direct E | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | 0/ | N/ | |
| | | Volunteer labor | Yes % No | Yes % No | Yes % | |
| | | | dd lines 2 through 5 in column (d) y. Combine line 1, column d, and lin | ne 7 | | |
| a | s the | r the state(s) in which the or e organization licensed to op o," explain: | ganization operates gaming activities erate gaming activities in each of the | es: nese states? | ********************* | Yes N |
| | | any of the organization's gas," explain: | aming licenses revoked, suspended | d or terminated during the tax year' | ? | Yes N |

| che | dule G (Form 990 or 990-EZ) 2012 | MORICHES | COMMUNITY | CENTER I | NC. | 11-3562026 | F | age 3 |
|------------------|--|--|--|---|--|---|-----------------------------|------------|
| 11 | Does the organization operate gaming a | activities with nonmer | nbers? | | | | Yes | N |
| 12 | Is the organization a grantor, beneficiar | y or trustee of a trust | | | | I INDIA D NOTED D TOTAL MARK A MARKE N | | |
| | formed to administer charitable gaming | ? | | 54 30 1039 - \$200034 - 804 - \$7 629 80 1500 | CHE NO NOTE OF THE RESIDENCE OF THE PROPERTY OF THE PERSON | | Yes | N |
| 13 | Indicate the percentage of gaming activ | rity operated in: | | | | | | |
| a | | XXX 024 774 N 851 12 | where the contract the | | TARRES Nadion 1 and 10 miles in the second | 13a | | % |
| b 14 | r ar outorde racinty | 化甲基苯甲基 化化二烷医异氮 | and a fine at the at the | ggan water was a night plant | 1 | 13b | | % |
| 1 ~ | Enter the name and address of the pers records: | son who prepares the | organization's gami | ng/special events | books and | | | |
| | Name > | | n KSa S | I N NOT IN AGREE NO SIGN NO MARKET N NORTH | * *** * *** * *** * *** * *** * | nomes no mor no nomes no nor no 2 higher 2 nongo a no | | |
| | Address > | | n sat in it Misselt is a si social e ear | SE TUSSEE SE GESE SE SERVICE DE ACQUES DE | TO FOR SOUND MORNING MY MORNING MORNING MO | nene ac ense a ensene a ensene a ensene a enseñ a E E | | |
| 5a | Does the organization have a contract version revenue? | vith a third party from | whom the organizat | ion receives gami | ng | | 1 1 | |
| b | If "Yes," enter the amount of gaming rev | renue received by the | organization | • | 2.5 | | Yes | No |
| | amount of gaming revenue retained by | | s organization - | • | and t | ne | | |
| | If "Yes," enter name and address of the | The state of the s | A CONTRACT RESIDENCE OF STREET | n ma a some a coma ^{cell} | | | | |
| | | 53 55 | | | | | | |
| | Name > | | NOTITE TOTAL ELECTRICAL BUILDING BUILDING BUILDING | * *** * * * * * * * * * * * * * * * * * | | | | |
| | Address | | NORCEON ROSCH EN ROSCH SK ROSCH SK ROSCH SK ROSCH SK | | The Experience space and a constant | комон и мон — вомож и вомом и вомож и вомож и Воб | | |
| 6 | Gaming manager information: | | | | | | | |
| | Name > | NOTES A SOURCE OF RESIDENCE SE SECOND SE SECOND SE | | | NOTES NOTES NOTES NOTES NOTES NOTES | | | |
| | Gaming manager compensation > \$ | | | | | | | |
| | Description of services provided | | | | | | | |
| | Director/officer Em | ployee | Independent contr | actor | | | | |
| 7 | Mandatory distributions: | | | | | | | |
| а | Is the organization required under state | law to make charitat | le distributions from | the gaming proces | eds to | | | |
| | retain the state gaming license? | | | | | | Yes | No |
| b | Enter the amount of distributions requir | ed under state law to | be distributed to other | er exempt organiza | ations or | | | |
| o and the second | spent in the organization's own exempt | The second secon | The second secon | | | | | 255 255 |
| Pal | t IV Supplemental Informa | d Part III lines 0 | nis part to provid | e the explanat | tions required by | Part I, line 2b, | | |
| | columns (iii) and (v), an part to provide any add | | | | u, as applicable | . Also complete this | 3 | |
| | | | | | | | | |
| | | | | | | | | |
| 8 81 | | | | | | | | |
| | | **** * *** * *** * *** * *** * * *** | | | | | * * * * * * * * * * | |
| | THE TENER SERVICE REPORT OF THE PROPERTY OF TH | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | or a green a man a man a man a men a men a force a constituent for the | ga seria a governora y kora a kora i seri | | | ** | | na na nanagon na apoto. | 9 8 . |
| | , a grant a grant a grant a grant a ser or a stories or element of the series of the s | | | | *************** | * | | |
| 5 5 SE | | | | | | | CONTRACT OF ACCRECATE VALUE | 9 20305 |
| * * * * * * | ****************** | THE RESERVE AND A SERVE AND A SERVE | **************** | * * * * * * * * * * * * * * * * * * | | * | ****** | * * * * * |
| TABLE D | | PROPERTY OF MEDICAL MEDICAL MEDICAL SELECTION OF MEDICAL SELECTION OF | THE THE PERSON OF THE PERSON OF THE PERSON AND ASSESSED. | * ** * * * * * * * * * * * * * * * * * | ******* | * | | Charles N |

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

2012

Employer identification number

11-3562026

Open to Public Inspection

MORICHES COMMUNITY CENTER INC. FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES DESCRIPTION EXPENSES 7,043 PROGRAMS 1,210 MISCELLANEOUS 258 OFFICE EXPENSE 12,100 RENT 2,973 36,776

| | SCHEDULE G (Form 990 or | | Fundraising Other Ever | nts | 2012 |
|-------------|--|--|------------------------|--|--------------------------------|
| | 990-EZ) | For calendar year 2012, or tax year | r beginning | , and ending | Employer Identification Number |
| N | ame | | | | 11-3562026 |
| | MORICHES CO | MMUNITY CENTER INC (a) Other event CAMP CREATIVITY | (b) Other event IGHL | (c) Other event MISC EVENTS (event type) | (d) Total other events |
| Revenue | 1 Gross receipts 2 Less: Charitable | (event type) 6,625 | (event type) 6,040 | 5 | , 985 24,038 |
| | contributions 3 Gross income (line 1 minus line 2) | 6,625 | 6,040 | 5 | ,985 24,038 |
| | 4 Cash prizes 5 Noncash prizes | | | | |
| Expenses | 6 Rent/facility costs | | | | |
| Direct Expe | 7 Food/beverages8 Entertainment | | | | |
| | 9 Other expenses | 5,284 | 4,910 | | 11,905 |

CLIENT COPY

| | Fo | rm 990 or | Fu | indraising Other Ev | ents . | 2012 |
|--------|-----|--------------------------------|---------------------------------------|---------------------|-----------------|---|
| | 990 | D-EZ) | For calendar year 2012, or tax year b | eginning | , and ending | |
| Na | ıme | | | | | Employer Identification Number |
| - | МО | RICHES COM | MUNITY CENTER INC. | | | 11-3562026 |
| | | | (a) Other event | (b) Other event | (c) Other event | an Total other events |
| | | | DODGEBALL | | | (d) Total other events (add col. (a) through |
| e | | | (event type) | (event type) | (event type) | col. (c)) |
| Reven | 1 | Gross receipts | 5,388 | | | |
| LL. | 2 | Less: Charitable contributions | | | | |
| | 3 | Gross income | | | | |
| | | (line 1 minus line 2) | 5,388 | | | |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| rses | 6 | Rent/facility costs | | | | |
| Expens | 7 | Food/beverages | | | | |
| Direct | 8 | Entertainment | | | | |
| 3 | 9_ | Other expenses | 1,711 | | | |

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Federal Statements

Schedule A, Part III, Line 1(e)

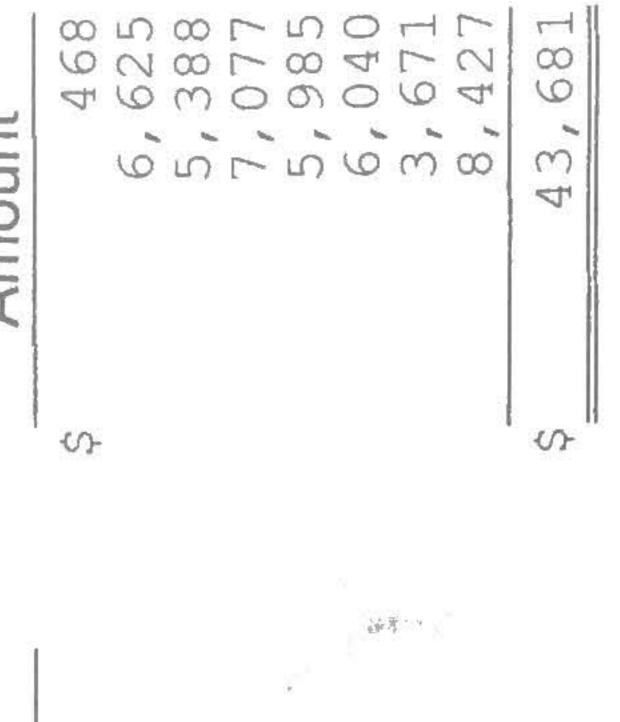
| Description | | | | |
|-------------|-------------------------------------|----|--|-------|
| | HOLIDAY DONATIONS SWEEZY / KNAPP | 70 | CHAMBER SANDY RELIEF TOWN OF BROOKHAVEN | TOTOT |

16,

Amount

Schedule A, Part III, Line 2(e)

| | | | Description | | |
|---------------------|---------|-----|-------------|------|-------------|
| TAXABLE INTEREST ON | SAVINGS | AND | TEMPORARY | CASH | INVESTMENTS |
| CAMP CREATIVITY | | | | | |
| DODGEBALL | | | | | |
| 5K RUN | | | | | |
| MISC EVENTS | | | | | |
| IGHL | | | | | |
| THEATRE CAMP | | | | | |
| OLYMPIC CAMP | | | | | |
| TOTAT, | | | | | |



11-3562026

Federal Statements

Schedule A, Part III, Line 7b - Excess Gross Receipts

| Donor Name | Total | Excess | |
|---------------|----------------------------------|--------|---------------------------|
| 2010 2009 | \$ 41,722 31,707 10,323 | \$ | 36,722 26,707 5,323 |
| 2008 TOTAL | \$ 83,752 | \$ | 68,752 |

CLIENT COPY

Form CHAR500

Annual Filing for Charitable Organizations

New York State Department of Law (Office of the Attorney General)
Charities Bureau - Registration Section

2012

| Article 7-A. EPTL and dua (replaces forms CHAR 497 | This form used for | | | | Open to Public Inspection | | |
|--|---|--|--|--|--|--|--|
| 1. General Inform | | | | | | | |
| a. For the fiscal year | beginning (mm/dd/y) | ууу) | and ending (mm/dd/yyyy) | | d. Fed employer ID no (EIN) | | |
| D. CIRCUA II applicable | Name of organization | | | | (##-################################## | | |
| for NYS: Address change | | | | | 11-3562026 | | |
| Name change | | | | | e. NY State registration no | | |
| Initial filing | MODICHES C | OMMUNITY CENTER | TNIC | | (##-##-##) 208905 | | |
| | | OMMONITI CENTER O box if mail not delivered to stree | | Room/suite | f. Telephone number | | |
| Amended filing | PO BOX 22 | | | | 631-878-3267 | | |
| NY registration | City or town, state or con | ountry and zip + 4 | g. Email | | | | |
| pending | CENTER MOR | 000 N.S. | 11934 | | | | |
| | | | | | | | |
| 2. Certification - T | wo Signatures R | Required | | | | | |
| We certify under pen | alties of perjury tha | at we reviewed this report, i | including all attachments, and to the be | est of our knowledge | and belief, they are true, | | |
| | | | lew York applicable to this report. | | | | |
| a. President or Autl | norized Officer | | | | | | |
| | | Signature | Printed Name | Title | Date | | |
| b. Chief Financial C | Officer or Treas. | | | | Data | | |
| | | Signature | Printed Name | Title | Date | | |
| Check □ NOTE: | if total contributions do and the contributions do | on (Article 7-A registrants artions from NY State (including relie organization did not engage a tring this fiscal year. claim this exemption if no PFR | esidents, foundations, corporations, government professional fund raiser (PFR) or fund raising or FRC was used and either: 1) it received | ng counsel (FRC) to soli an allocation from a fede | erated fund, | | |
| a. Article 7-A annual Check Substantia | if total contributions \$25,000 and the contributions du An organization may ay or incorporated coally all of its contributions du ally all of its contributions. | on (Article 7-A registrants artions from NY State (including relie organization did not engage a tring this fiscal year. claim this exemption if no PFR ommunity appeal and contributions from one government ager | esidents, foundations, corporations, government professional fund raiser (PFR) or fund raising or FRC was used and either: 1) it received ons from other sources did not exceed \$25,000 to which it submitted an annual report singularity. | an allocation from a federal (or allocation from a federal (or 2) it received all or milar to that required by | erated fund, or Article 7-A. | | |
| a. Article 7-A annual Check Substantia | if total contributions \$25,000 and the contributions du An organization may ay or incorporated coally all of its contributions du ally all of its contributions. | on (Article 7-A registrants artions from NY State (including relie organization did not engage a tring this fiscal year. claim this exemption if no PFR ommunity appeal and contributions from one government ager | esidents, foundations, corporations, government professional fund raiser (PFR) or fund raising or FRC was used and either: 1) it received ons from other sources did not exceed \$25,000 ncy to which it submitted an annual report single- | an allocation from a federal (or allocation from a federal (or 2) it received all or milar to that required by | erated fund, or Article 7-A. | | |
| a. Article 7-A annual Check Substantia b. EPTL annual re Check Spread of the Check S | if total contributions \$25,000 and the contributions du contributions du An organization may ally all of its contribution (EF) if gross receipts article 7-A registrants of temptions under both law temptions under both law temptions under both law temptions under both law | ions from NY State (including relicons from did not engage a claim this exemption if no PFR ommunity appeal and contributions from one government ager PTL registrants and dual registrants are registrants. | esidents, foundations, corporations, government professional fund raiser (PFR) or fund raising or FRC was used and either: 1) it received ons from other sources did not exceed \$25,000 to which it submitted an annual report singularity. | an allocation from a federal of the solution o | erated fund, or Article 7-A. fiscal year. | | |
| a. Article 7-A annual re Check □ NOTE: United W substanti b. EPTL annual re Check □ For EPTL or e) | if total contributions du \$25,000 and the contributions du An organization may ay or incorporated coally all of its contributions du port exemption (EF if gross receipts if gross receipts emptions under both tax and the contributions du port exemptions under both tax and the contributions during th | ions from NY State (including relie organization did not engage a uring this fiscal year. claim this exemption if no PFR ommunity appeal and contributions from one government agent and dual registrants are submit a fee, do not complete the submit a fee, do not complete the | esidents, foundations, corporations, government professional fund raiser (PFR) or fund raising or FRC was used and either: 1) it received one from other sources did not exceed \$25,000 may to which it submitted an annual report singular strants) assets (market value) did not exceed \$25,000 munder the one law under which they are registered information), part 2 (Certification) and part 3 (Annual following schedules and do not submit any attach | an allocation from a federal and any time during this and for dual registrants claim Report Examplian Information to this form. | erated fund, or Article 7-A. fiscal year. | | |
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6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments >>>

5. Fee instructions

.

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Article 7-A Calculate the Article 7-A filling fee using the table in part a below. The EPTL filling fee is \$0. EPTL Calculate the EPTL filling fee using the table in part b below. The Article 7-A filling fee is \$0. Dual Calculate both the Article 7-A and EPTL filling fees using the tables in parts a and b below. Add the Article 7-A and EPTL filling fees using the tables in parts a and b below. Add the Article 7-A and EPTL filling fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

| Total Support & Revenue | Article 7-A Fee |
|-------------------------|-----------------|
| more than \$250,000 | \$25 |
| up to \$250,000 * | \$10 |

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filling fee

| Net Worth at End of Year | EPTL Fee |
|--|----------|
| Less than \$50,000 | \$25 |
| \$50,000 or more, but less than \$250,000 | \$50 |
| \$250,000 or more, but less than \$1,000,000 | \$100 |
| \$1,000,000 or more, but less than \$10,000,000 | \$250 |
| \$10,000,000 or more, but less than \$50,000,000 | \$750 |
| \$50,000,000 or more | \$1500 |
| The state of the s | |

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

| CHECK the boxes for the documents you are attended | | | | | | |
|--|---|---|--|--|--|--|
| For All Filers | | | | | | |
| Filing Fee | | | | | | |
| X Single check or money order payable to "NYS Department of Law" | | | | | | |
| Copies of Internal Revenue Service Forms | | | | | | |
| IRS Form 990 | X IRS Form 990-EZ | IRS Form 990-PF | | | | |
| All required schedules (including Schedule B) | All required schedules (including Schedule B) | All required schedules (including Schedule B) | | | | |
| IRS Form 990-T | IR\$ Form 990-T | IRS Form 990-T | | | | |

| Additi | onal Article 7-A Document Attachment Requirement |
|--------|---|
| Inde | pendent Accountant's Report |
| | Audit Report (total support & revenue more than \$250,000) Review Report (total support & revenue \$100,001 to \$250,000) No Accountant's Report Required (total support & revenue not more than \$100,000) |
| | |

(Rev. January 2013)

FOR NY STATE PURPOSES ONLY

Application for Extension of Time To File an Exempt Organization Return

Eila a congrate application for each refurn

OMB No. 1545-1709

| Department of the | | File a | separate a | pplication for each return. | | | | |
|--|--|--|---------------------------------|--|---------------------------|-----------|--------------------|-------------------|
| • If you are | | tomatic 3-Month Extension, complete | only Part I | and check this box | | | N FI | X |
| * | 0 | ditional (Not Automatic) 3-Month Exte | | © 508 N 5: 0 50000 D 700 | | ¥1 | 7.7 | |
| | | ess you have already been granted an a | | | | 68. | | |
| | | | | | | | | |
| Electronic fil | ing (e-file). Yo | u can electronically file Form 8868 if you | need a 3-mo | onth automatic extension of time | to file (6 mon | iths to | Γ΄ | |
| | | Form 990-T), or an additional (not autom | | | | | | |
| | | of time to file any of the forms listed in P | | | | n | | |
| | | ted With Certain Personal Benefit Contra | | | | 500 | | |
| | | s on the electronic filing of this form, visit | | | | ofits. | | |
| Part | | c 3-Month Extension of Time. | | | | | | |
| | required to file | Form 990-T and requesting an automatic | 6-month ex | tension - check this box and cor | nplete | | | |
| Part I only | POR R RIGHR RECORD R REGION R | end in some of the more and an an end of the more and an end of the first of the fi | KONTON KIRKEN DER - KIRK K | THE STATE ASSESSMENT ASSESSMENT OF STATE OF STAT | 1988 - 1983 - 1984 - 1984 | | ESS NAME OF STREET | |
| | | ing 1120-C filers), partnerships, REMICs | , and trusts i | must use Form 7004 to request a | in extension | ot time | 2 | |
| to file income | tax returns. | | | | 227 1 2 9 | (18.1 | numbor | cae instructions |
| | | | | | | | | see instructions |
| Type or | Name of ex | empt organization or other filer, see instru | actions. | E | mployer iden | tificati | on number | (EIIA) OI |
| print | | | | | 1 2562 | 000 | | |
| | MORICI | HES COMMUNITY CENTER | INC. | and the second s | | 62026 | | |
| File by the | | reet, and room or suite no. If a P.O. box, s | see instruction | ons. S | ocial security | numi | per (22IA) | |
| due date for filing your | PO BOX | | | | | | | |
| return. See | 55000 | or post office, state, and ZIP code. For a fe | | 70 | | | | |
| instructions. | CENTE | R MORICHES NY | 11934 | | | | | |
| Enter the Ret | turn code for th | e return that this application is for (file a s | eparate app | lication for each return) | | | | 01 |
| Annlinatio | | | Poturn | Application | | | | Return |
| Applicatio | n | | Return Code | Application Is For | | | | Code |
| Is For | or Form 000 E7 | 7 | 01 | Form 990-T (corporation) | | - ,u | | 07 |
| | or Form 990-EZ | | 02 | Form 1041-A | | | | 08 |
| Form 4720 |) (individual) | | 03 | Form 4720 | | | | 09 |
| Form 990- | 1-12-13-14-14-14-14-14-14-14-14-14-14-14-14-14- | | 04 | Form 5227 | | | | 10 |
| | | or 408(a) trust) | 05 | Form 6069 | | | 11 | |
| | T (trust other th | | 06 | Form 8870 | | | | 12 |
| 1 01111 000 | 1 (El dot objet in | | | | | - | | |
| | | 24 BEACHFERN ROAD | | | | | | |
| The book | s are in the care | of CENTER MORICHES | | | | | NY | 11934 |
| 1110 000. | | | | THE REPORT OF THE PERSON OF THE PERSON WINDOWS WINDOWS WINDOWS WINDOWS OF THE PERSON WAS ASSESTED FOR THE PERSON WINDOWS WINDO | | 22 Y 23 Y | | |
| Telepho | ne No. > 6 | 31-878-3267 | FAX No | | | | | |
| 74 155 57 | 3. 0. 4. | not have an office or place of business in | the United | States, check this box | NOTE OF ALL SECTIONS | | | |
| • If this is | for a Group Re | turn, enter the organization's four digit Gre | oup Exempti | on Number (GEN) | . If this is | | | A factor was a se |
| for the whole | e group, check | this box . If it is for part of | the group, c | heck this box | ind attach | | | |
| | 330 O W W | INs of all members the extension is for. | | | | N E | | |
| 1 I requ | est an automat | ic 3-month (6 months for a corporation red | quired to file | Form 990-T) extension of time | | | Mr. alin | |
| until | 08/15/1 | 3 , to file the exempt organization return | for the orga | anization named above. The exter | nsion is | | | |
| for the | e organization's | return for: | | | | | | |
| ▶ X | calendar yea | r 2012 or | | | | | | |
| Southern Continues | | | | | | | | |
| | tax year begi | nning , and ending | NOTE AND IN COMPANY AND IN ADMI | | | | | |
| 2 If the t | ax year entered | in line 1 is for less than 12 months, chec | k reason: | Initial return Final | return | | | |
| Principal . | Change in acco | | | | | | | |
| and the second s | The second secon | r Form 990-BL, 990-PF, 990-T, 4720, or | 6069, enter | the tentative tax, less any | | | | |
| | e Property Control | . See instructions. | N. | | | 3a | \$ | |
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| estimated tax payments made. Include any prior year overpayment allowed as a credit. | | | | | \$ | | | |
| Annahaman parameter and property and propert | CARLO STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. | ct line 3b from line 3a. Include your paym | | . 19 THE THE THE TOTAL CONTROL OF THE | | | | |
| | | deral Tax Payment System). See instruc | | | | 3с | • | |
| | The state of the s | make an electronic fund withdrawal with | | 868, see Form 8453-EO and For | rm 8879-FO | - | vment insta | otione |
| WELLINIT. II Y | A MIN MOUNT IN | | | | | A NO | THERM HISHLI | CAROTIN |

Application for Exemption from Corporation Franchise Taxes by a Not-for-Profit Organization

| | Legal | name of corporation | | Employer identification | n number | For office use only |
|---|---------------------------|--|---|--|---|-------------------------|
| 63 | | | | | | |
| ame | MOF | RICHES COMMUNITY | | | | |
| ng n addr | Mailin | ig name (if different from legal r | | | | |
| Mailing name and address | C/O Numt | er and street or PO box | City | State ZIP code | A . | |
| 2 10 | Comment of the control of | BOX 22 | Only . | State Zii cook | | |
| | CEN | TER MORICHES | NY 11934 | | | |
| Princ | cipal bus | siness activity | | Date tax exemption cla | aimed from | For audit use only |
| Form | n of orga | anization (mark an X in the app | ropriate box) | Business/officer teleph | hone number | |
| | oration | X Association | Trust Other | 631-878-3267 | 7 | Taxable Exempt |
| 07- | of form -31-(| 00 | State or country of incorporation NEW YORK | | | |
| Indic | ate exa | ct name of the law under which | the entity was formed (general corpora | ation, not-for-profit, membersh | nip, etc.). Cite statutor | y provisions. |
| Feder | al retur | n was filed on (mark an X in o | ne): Form 990 Form 99 | 90-T Form 1120 | Other: | |
| | | hrough 7, mark an X in the | | | | Yes X No |
| | | | as a not-for-profit organization? | | EN E SCHOOL STATE IN MERCH SCHOOL IN MORNING | Yes No X |
| Ti | tle hold | | al stock? (If Yes, also mark an X in the ollective investment Oth | appropriate box below.) ner: | visca energe energe e vise e vist e e el | |
| | | 4-4- | the organization benefit any officer, | director, or member? | | Yes No X |
| | | To add MOUA | ns for exemption from federal income | | on) | Yes X No |
| | | p. You do not qualify as an | | | | |
| 5 D | id the e | entity apply for federal exemp | otion? | | | Yes X No |
| lf | Yes, in | dicate date of exemption | 07-31-00. Attach a copy of yo | | | Yes No X |
| | | | business activity at a location in Ne | | | m maker more a north to |
| | | | er Internal Revenue Code (IRC) sec | tion 401(a) and exempt from | m federal | Yes No X |
| D 1 | incom | e tax under IRC section 501 | ach office and other places of busin | ess (attach separate sheet if r | necessary). | |
| 8 L | Locati | | | Nature of activity | | |
| | LUCan | OTI | | | | |
| | | | | | | |
| 9 L | ist offic | ers, employees, agents, and | d representatives in New York State | Title | Uties (attach separate | sneet if necessary). |
| | Name | | | TITLE | Dutteo | |
| | SEL | STATEMENT 1 | | | | |
| 10 l | ist type | and use of real property ow | ned in New York State (attach separa | ate sheet if necessary). | | |
| | Туре | | | How used | | |
| - | | | | | | |
| L | | | | sheet if necessary) | | |
| 11 | Describe | e any New York State activiti | ies not shown above (attach separate | Sheet ii necessary). | | |
| L | | | | eet of my knowledge and b | olief true correct a | |
| Certi | fication | n: I certify that this application | on and any attachments are to the bon is a misdemeanor punishable und | 첫 15일 [16] - [16] [17] [17] [17] [17] [17] [17] [17] [17 | | |
| COLLIE | ACIC. VV | Printed name of authorized | person | Signature of authorized po | 50 min | icial title IRECTOR |
| Authorized KATHLEEN A. JOHNSON E-mail address of authorized person | | | Telephone | e number Date | | |
| person | | | | Preparer's PTIN or SSN | | |
| D | aid | Firm's name (or yours if self-BANDUCCI, KATZ | & FERRARIO TITE | Address | 11-348 | 7667 P01250011 |
| 1 | parer | Signature of individual prepa | iring this application | Address P.O. BOX 11 | | State ZIP code |
| | se | WILLIAM BANDUCC | .T | SAG HARBOR, | NY 11963 | |
| | nly | E-mail address of individual | preparing this application | THE PART OF THE PARTY OF THE PA | | ors NYTPRIN Date |

New York Statements

Statement 1 - Form CT-247, Question 9 - List Officers, Others

Name

KATHLEEN A. JOHNSON ANTHONY M. PARLATO, III LISA STEVENSON SANDERS ANTHONY M. PARLATO, JR

Title

DIRECTOR DIRECTOR TREASURER OPER DIRECTR

Duties

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

DEPARTMENT OF THE TREASURY

Date: APR - 8 2005

MORICHES COMMUNITY CENTER INC PO BOX 22 CENTER MORICHES, NY 11934-0022 Employer Identification Number:
11-3562026

DLN:
17053078728035

Contact Person:
MICHAEL J HANSON ID# 31127

Contact Telephone Number:
(877) 829-5500

Public Charity Status:

Dear Applicant:

Our letter dated JANUARY 2001, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

509(a)(2)

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading between 8:30 a.m. - 5:30 p.m. Eastern time.

Please keep this letter in your permanent records.

Sincerely yours,

Lois G. Lerner

Director, Exempt Organizations

Rulings and Agreements

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

Date:

WAN 22 2001

MORICKES COMMUNITY CENTER INC PO BOX 22 CENTER MORICHES, NY 11934

Employer Identification Number: 11-3562026 DLN: 17053364009030 Contact Person: TD# 31363 RICHARD K DOLFI Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Foundation.Status Classification: 509 (a) (1) Advance Ruling Period Begins: July 31, 2000 Advance Ruling Period Ends: December 31, 2004 Addendum Applies: No

Dear Applicant:

Based on information you supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue... Code as an organization described in section 501(c)(3).

Because you are a newly created organization, we are not now making a final determination of your foundation status under section 509(a) of the Code. However, we have determined that you can reasonably expect to be a publicly supported organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

Accordingly, during an advance ruling period you will be treated as a publicly supported organization, and not as a private foundation. This advance ruling period begins and ends on the dates shown above.

Within 90 days after the end of your advance ruling period, you must send us the information needed to determine whether you have met the requirements of the applicable support test during the advance ruling period. If you establish that you have been a publicly supported organization, we will classify you as a section 509(a)(1) or 509(a)(2) organization as long as you continue to meet the requirements of the applicable support test. If you do not meet the public support requirements during the advance ruling period, we will classify you as a private foundation for future periods. Also, if we classify you as a private foundation, we will treat you as a private foundation from your beginning date for purposes of section 507(d) and 4940.

Grantors and contributors may rely on our determination that you are not a private foundation until 90 days after the end of your advance ruling period. If you send us the required information within the 90 days, grantors and contributors may continue to rely on the advance determination until we make