

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

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form1023 for instructions and the latest information.**Note:** If exempt status is approved, this application will be open for public inspection.

Use the "?" buttons throughout this form for help in completing this application. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500.

If you cannot complete required responses within the textbox limits throughout this form, upload your additional narratives with the other required documents.

Part I Identification of Applicant

1a Full Name of Organization (exactly as it appears in your organizing document)				b Care of Name (if applicable)	
MALDEN COMMUNITY FUND COMMITTEE INC				MARIA LUISE	
c Mailing Address (Number, street and room/suite)		d City		e Country	
1410 EASTERN AVE		MALDEN		United States	
f State		g Zip Code + 4		h Foreign Province (or State)	
Massachusetts		02148		i Foreign Postal Code	
2 Employer Identification Number		3 Month Tax Year Ends		4 Person to Contact if More Information is Needed (officer, director, trustee, or authorized representative)	
84-3772801		JUNE		MARIA LUISE	
5 Contact Telephone Number		6 Fax Number (optional)		7 User Fee Submitted	
781-640-1320				\$600.00	

8 Organization's Website (if available):**9** List the names, titles, and mailing addresses of your officers, directors, and/or trustees.

First Name: MARIA	Last Name: LUISE	Title: PRESIDENT
Mailing Address: 1410 EASTERN AVE		City: MALDEN
State (or Province): MA		Zip Code (or Foreign Postal Code): 02148
First Name: DEBORAH	Last Name: BURKE	Title: TREASURER
Mailing Address: 15 AUTUMN LANE		City: READING
State (or Province): MA		Zip Code (or Foreign Postal Code): 01867
First Name: RONALD	Last Name: HOGAN	Title: CLERK
Mailing Address: 5 CEDAR MILL ROAD		City: SAUGUS
State (or Province): MA		Zip Code (or Foreign Postal Code): 01906
First Name: DEBORAH	Last Name: BURKE	Title: DIRECTOR
Mailing Address: 15 AUTUMN LANE		City: READING
State (or Province): MA		Zip Code (or Foreign Postal Code): 01867
First Name: RONALD	Last Name: HOGAN	Title: DIRECTOR
Mailing Address: 5 CEDAR MILL ROAD		City: SAUGUS
State (or Province): MA		Zip Code (or Foreign Postal Code): 01906

☐ Check here to add more officers, directors, and/or trustees.

MARIA LUISE, 1410 EASTERN AVE., MALDEN MA 02148 DIRECTOR

Part VIII Effective Date

In general, a determination letter recognizing exemption of an organization described in section 501(c)(3) is effective as of the date of formation of an organization if: (1) its purposes and activities prior to the date of the determination letter have been consistent with the requirements for exemption; and (2) it has filed an application for recognition of exemption within 27 months from the end of the month in which it was organized.

- 1 Are you submitting this application within 27 months of the end of the month in which you were legally formed? ☐ Yes ☒ No

If "No," complete Schedule E.

Part IX Annual Filing Requirements

If you fail to file a required information return or notice for three consecutive years, your exempt status will be automatically revoked.

- 1 Certain organizations are not required to file annual information returns or notices (Form 990, Form 990-EZ, or Form 990-N, e-Postcard). If you are granted tax-exemption, are you claiming to be excused from filing Form 990, Form 990-EZ, or Form 990-N? ☐ Yes ☒ No

If "Yes," are you claiming you are excepted from filing because you are:

- ☐ A church or association of churches
- ☐ An integrated auxiliary (such as a men's or women's organization, religious school, mission society, or religious group)
- ☐ A church-affiliated organization (other than a section 509(a)(3) organization) that is exclusively engaged in managing funds or maintaining retirement programs and is described in Revenue Procedure 96-10, 1996-1 C.B. 577
- ☐ A school below college level affiliated with a church or operated by a religious order
- ☐ A mission society (other than a section 509(a)(3) supporting organization) sponsored by, or affiliated with, one or more churches or church denominations, if more than half of the society's activities are conducted in, or directed at, persons in foreign countries
- ☐ An affiliate of a governmental unit that meets the requirements of Revenue Procedure 95-48, 1995-2 C.B. 418 (other than a section 509(a)(3) supporting organization)
- ☐ Other (describe)

Part X Signature

- ☒ I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, and to the best of my knowledge it is true, correct, and complete.

Maria Luise
(Type name of signer)

PRESIDENT
(Type title or authority of signer)

06/11/2024
(Date)

Schedule E. Effective Date

- 1** Are you applying for reinstatement of exemption after being automatically revoked for failure to file required returns or notices for three consecutive years? If "No," continue to Line 2. ☐ Yes ☒ No

- 1a** Revenue Procedure 2014-11, 2014-1 C.B. 411, provides procedures for reinstating your tax-exempt status. Select the section of Revenue Procedure 2014-11 under which you want us to consider your reinstatement request.

☐ Section 4. You are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By selecting this line, you attest that you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. Do not complete the rest of Schedule E.

☐ Section 5. You are seeking retroactive reinstatement under section 5 of Revenue Procedure 2014-11. By selecting this line, you attest that you meet the specified requirements of section 5, that you have filed required annual returns, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future.

Describe how you exercised ordinary business care and prudence in determining and attempting to comply with your filing requirements in at least one of the three years of revocation and the steps you have taken or will take to avoid or mitigate future failures to file timely returns or notices. Do not complete the rest of Schedule E.

☐ Section 6. You are seeking retroactive reinstatement under section 6 of Revenue Procedure 2014-11. By selecting this line, you attest that you meet the specified requirements of section 6, that you have filed required annual returns, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future.

Describe how you exercised ordinary business care and prudence in determining and attempting to comply with your filing requirements in each of the three years of revocation and the steps you have taken or will take to avoid or mitigate future failures to file timely returns or notices. Do not complete the rest of Schedule E.

☐ Section 7. You are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you are filing this application. Do not complete the rest of Schedule E.

- 2** Generally, if you did not file Form 1023 within 27 months of formation, the effective date of your exempt status will be the date you filed Form 1023 (submission date). Requests for an earlier effective date may be granted when there is evidence to establish you acted reasonably and in good faith and the grant of relief will not prejudice the interests of the government.

- ☐ Check this box if you accept the submission date as the effective date of your exempt status. Do not complete the rest of Schedule E.
- ☒ Check this box if you are requesting an earlier effective date than the submission date.

- 2a** Explain why you did not file Form 1023 within 27 months of formation, how you acted reasonably and in good faith, and how granting an earlier effective date will not prejudice the interests of the Government.

You may want to include the events that led to the failure to timely file Form 1023 and to the discovery of the failure, any reliance on the advice of a qualified tax professional and a description of the engagement and responsibilities of the professional as well as the extent to which you relied on the professional, a comparison of (1) what your aggregate tax liability would be if you had filed this application within the 27-month period with (2) what your aggregate liability would be if you were exempt as of your formation date, or any other information you believe will support your request for relief.

The organization was established on September 25, 2019. It was set up to receive funds from the City pursuant to an agreement with a neighboring casino and disburse them to worthwhile non-profits in the City. After initial setup, the pandemic (Covid) hit which changed the world causing a public health emergency. The application for Non-Profit status (Form 1123) for the entity got sidelined. With no bad intent, we failed to file the Form 1023 within the 27- month time frame as we intended to do. The mission of the organization remains and has always been a not-for-profit one, with the sole and clear purpose to award funds to local organizations. If the IRS does not provide for exempt status dating back to organization, the potential tax liability to the organization could approximate \$82,000 (excluding interest and penalties) through the June 30, 2023 filing. This would pose a hardship to community as a whole. We do not believe that granting this will pose a burden on IRS