Form **1023-EZ**

Department of the Treasury

Internal Revenue Service

(Rev. June 2014)

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

OMB No. 1545-0056

Do not enter Social Security numbers on this form as it will be made public.

Note: If exempt status is approved, this application will be open for public inspection.

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

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

Part I	Identification of Applica	nt									
1a	Full Name of Organization										
	NEW ENGLAND CICHLID ASSICIATI					_					
b Mailing Address (number, street, and room/suite). If a P.O. box, 340 MIDDLEFIELD ST			If a P.O. box, s	ee instruction	c City MIDDLETOWN				d State CT	State e Zip code + 4 06457-3569	
2	2Employer Identification Number 81-35061163Month Tax Year End 07			Is (MM) 4 Person to Contact if More Information is N THOMAS KOBA				is Needed			
5 Contact Telephone Number 860-395-8350				6 Fax Number (optional)				7 User Fee Submitted \$275.00			
8	List the names, titles, and mailing addr	esses of vol	r officers, di	rectors, and	or trus	stees. (If you have i	more	than five, see			
First Na	^{me:} THOMAS		Last Name:	КОВА				Title: TREA	ASURER		
Street A	Address: 340 MIDDLEFIELD ST			^{City:} MI	DDLET	IOWN	Sta	^{te:} CT	Zipo	code + 4: 06457-3569	
First Na	^{me:} PETER		Last Name:	GEORG	E				SIDENT		
Street A	Address: 22 SOUTH MAIN ST			City: PE	FERSH	IAM	Sta	^{te:} MA	Zipo	code + 4: 01366-9755	
First Na	^{me:} MICHAEL		Last Name:	LIU				Title: VICE	PRESIDE	NT	
Street A	Address: 4 ALLEN PL			^{City:} NC	RTHA	MPTON	Sta	^{te:} MA	Zipo	code + 4: 01060-3016	
First Na	^{me:} JAMES		Last Name:	KENNIS	TON			Title: SECF	RETARY		
Street A	Address: 35 MAYFIELD TERR			^{City:} EA	ST LYN	ME	Sta	^{te:} CT	Zipo	code + 4: 06333-1327	
First Na	^{me:} ROLAND		Last Name:	MANDL	.ER			Title: AT L	ARGE DIR	ECTOR	
Street A	Address: 121 ROCKY HILL RD	I		^{City:} HA	DLEY		Sta	^{te:} MA	Zipo	code + 4: 01035-9598	
9a	Organization's Website (if available):								I		
b	Organization's Email (optional):										
Part II											
1	To file this form, you must be a corpora			_		rust. Select the b	ox fo	r the type of or	ganization		
	Corporation O Unincorp			⊖ Tri							
2	(See the instructions for an explanation of the instructions)		0 0		2	0	onals	tructure indica	ated above		
3	Date incorporated if a corporation, or f	formed if oth	ner than a co	prporation (N	MDD	YYYY):	(08262016			
4	State of Incorporation or other formati	ion: Co	nnecticut								
5	Section 501(c)(3) requires that your org	ganizing doo	cument mus	t limit your p	ourpos	es to one or more	exen	npt purposes w	ithin sectio	on 501(c)(3).	
	Check this box to attest that you	ır organizinç	g document	contains thi	s limita	ation.					
6	Section 501(c)(3) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.										
	Check this box to attest that your organizing document does not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.										
7	Section 501(c)(3) requires that your organizing document must provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.										
	Check this box to attest that you express dissolution provision in y dissolution provision.										

	23-EZ (Rev. 6-2014)				Page 2			
Part III	Your Specific Activit	ies						
1	Enter the appropriate 3-characte	er NTEE Code that best describes your activities (S	ee the instructions): D30					
2	To qualify for exemption as a sec checking the box or boxes below	ction 501(c)(3) organization, you must be organiz w, you attest that you are organized and operated	ed and operated exclusively to further one or mo l exclusively to further the purposes indicated. C	ore of the follo heck all that	owing purposes. By apply .			
	Charitable	Religious	Educational					
	Scientific	Literary	Testing for public safety					
	To foster national or interna	ational amateur sports competition	Prevention of cruelty to children or animals					
3	To qualify for exemption as a sec	ction 501(c)(3) organization, you must:						
	 Refrain from supporting or 	opposing candidates in political campaigns in an	y way.					
	 Ensure that your net earnin management employees, o 	gs do not inure in whole or in part to the benefit (or other insiders).	of private shareholders or individuals (that is, bo	ard members,	, officers, key			
	 Not further non-exempt put 	rposes (such as purposes that benefit private inte	rests) more than insubstantially.					
	Not be organized or operate	ed for the primary purpose of conducting a trade	or business that is not related to your exempt p	urpose(s).				
		nsubstantial part of your activities attempting to in xpenditure limitations outlined in section 501(h).	nfluence legislation or, if you made a section 507	(h) election, r	not normally make			
	 Not provide commercial-type 	pe insurance as a substantial part of your activitie	S.					
	Check this box to attest the	at you have not conducted and will not conduct a	activities that violate these prohibitions and rest	rictions.				
4	Do you or will you attempt to int (If yes, consider filing Form 5768	fluence legislation? B. See the instructions for more details.)		⊖ Yes	🕢 No			
5	Do you or will you pay compens (Refer to the instructions for a de	ation to any of your officers, directors, or trustees efinition of compensation.)	?	⊖ Yes	🕢 No			
6	Do you or will you donate funds	to or pay expenses for individual(s)?		◯ Yes	🕢 No			
7	5	vities or provide grants or other assistance to indiv		◯ Yes	🕢 No			
8		will you engage in financial transactions (for example, loans, payments, rents, etc.) with any of your officers, directors, , or any entities they own or control?						
9	Do you or will you have unrelate	ed business gross income of \$1,000 or more durin	g a tax year?	◯ Yes	🕢 No			
10	Do you or will you operate binge	o or other gaming activities?		◯ Yes	🕢 No			
11	Do you or will you provide disas	ter relief?		◯ Yes	🕢 No			

Part IV Foundation Classification

Part IV is designed to classify you as an organization that is either a private foundation or a public charity. Public charity status is a more favorable tax status than private foundation status.

- 1 If you qualify for public charity status, check the appropriate box (1a 1c below) and skip to Part V below.
 - a Select this box to attest that you normally receive at least one-third of your support from public sources or you normally receive at least 10 percent of your support from public sources and you have other characteristics of a publicly supported organization. Sections 509(a)(1) and 170(b)(1)(A)(vi).
 - b Select this box to attest that you normally receive more than one-third of your support from a combination of gifts, grants, contributions, membership fees, and gross receipts (from permitted sources) from activities related to your exempt functions and normally receive not more than one-third of your support from investment income and unrelated business taxable income. Section 509(a)(2).
 - c O Select this box to attest that you are operated for the benefit of a college or university that is owned or operated by a governmental unit. Sections 509(a)(1) and 170(b)(1)(A)(iv).
- 2 If you are not described in items 1a 1c above, you are a private foundation. As a private foundation, you are required by section 508(e) to have specific provisions in your organizing document, unless you rely on the operation of state law in the state in which you were formed to meet these requirements. These specific provisions require that you operate to avoid liability for private foundation excise taxes under sections 4941-4945.
 - Select this box to attest that your organizing document contains the provisions required by section 508(e) or that your organizing document does not need to include the provisions required by section 508(e) because you rely on the operation of state law in your particular state to meet the requirements of section 508(e). (See the instructions for explanation of the section 508(e) requirements.)

Form 1023-EZ (Rev. 6-2014)

Part V Reinstatement After Automatic Revocation

Complete this section only if you are applying for reinstatement of exemption after being automatically revoked for failure to file required annual returns or notices for three consecutive years, and you are applying for reinstatement under section 4 or 7 of Revenue Procedure 2014-11. (Check only one box.)

- 1 Check this box if you are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By checking this box, 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. (See the instructions for requirements.)
- 2 Check this box if you are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you are filling this application.

Part VI 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.

THOMAS KOBA

(Type name of signer)

TREASURER

(Date)

(Type	title or	authority	of signer)

09022016

Form 1023-EZ (Rev. 6-2014)