See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

CISND4S9N4

Part IX Statement of Functional Expenses KOFC FOUNDATION OF MISSISSIPPI

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1975			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	100			
13 Office expenses				
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	240			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a				
b				
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	2315			
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

KNIGHTS OF COLUMBUS
MAKING A DIFFERENCE FOR LIFE

2 Feb. 2010
Date

Office of the Supreme Advocate
PO Box 1670
New Haven, CT 06507

RE: Authorization to Apply for Federal Income
Tax Exemption Under Section 501(c)(8)

Worthy Supreme Advocate:

This authorizes you to apply for inclusion of our (council/assembly) in the Supreme Council's group exemption roster. Our (council/assembly) is a subordinate organization affiliated with and under the general supervision of the Supreme Council. If it is added to the group exemption, it will be exempt from federal income taxes under Internal Revenue Code Section 501(c)(8).

This authorization is given pursuant to Revenue Procedure 68-13.

George Kelly
Grand Knight/Faithful Navigator

Council/Assembly Name FR. SORIN COUNCIL

Council/Assembly No. 11995

Address 84105 BAYOU DR.

(Council's/Assembly's Federal
Employers Identification Number 64-0679570

Form **SS-4**

(Rev. December 1995)

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
Fr. R. J. Sorin West Harrison Council # 11995

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name
James Dubuisson

4a Mailing address (street address) (room, apt., or suite no.)
10071 Vidalia Rd

5a Business address (if different from address on lines 4a and 4b)
27590 W. Dubuisson Rd

4b City, state, and ZIP code
Pass Christian MS 39571

5b City, state, and ZIP code
Pass Christian MS 39571

6 County and state where principal business is located
Harrison

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶ 587-62-4988
James Dubuisson

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☒ Other nonprofit organization (specify) ▶ Frat. Benefit Soc. (enter GEN if applicable) ___
- ☐ Other (specify) ▶ Subordinate
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator-SSN ___
- ☐ Other corporation (specify) ▶ ___
- ☐ Personal service corp.
- ☐ Limited liability co.
- ☐ National Guard
- ☐ Trust
- ☐ Federal Government/military
- ☐ Farmers' cooperative
- ☐ Church or church-controlled organization

8b If a corporation, name the state or foreign country (if applicable) where incorporated | State | Foreign country

9 Reason for applying (Check only one box.)

- ☐ Started new business (specify) ▶ ___
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶ ___
- ☐ Banking purpose (specify) ▶ ___
- ☐ Changed type of organization (specify) ▶ ___
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶ ___
- ☒ Other (specify) ▶ Newly Chartered

10 Date business started or acquired (Mo., day, year) (See instructions.)
June 7, 1997

11 Closing month of accounting year (See instructions.)

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)* ▶

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)* ▶ | Nonagricultural | Agricultural | Household

14 Principal activity (See instructions.) ▶ Fraternal Benefit-Assisting the Less fortunate.

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.
☐ Business (wholesale) ☐ Public (retail) ☐ Other (specify) ▶ ☒ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (Mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
601-255-4119

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ▶ James Dubuisson Financial Secretary

Signature ▶ James Dubuisson Date ▶ 7/18/97

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying