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Par	t IX Statement of Functional Expense		FOUNDATION	OF MISSISSIPP	1
	Section 501(c)(3) and 50 All other organizations must complete co)1(c)(4) Organization	ns must complete	all columns.	(C) and (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D). (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. 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 8	Other salaries and wages Pension plan contributions (include section 401(k)	0			
9	and section 403(b) employer contributions)	0			
10 11	Payroll taxes	0			
b	Management	0			
d	Accounting	0			
f	Professional fundraising services. See Part IV, line 17 Investment management fees	0		The state of the s	
12	Other	100			
13 14 15	Office expenses	0			
16 17	Royalties	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	240			
22	Depreciation, depletion, and amortization	0			
23 24	Insurance				
	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 1	All other expenses	797=			
25 26	Total functional expenses. Add lines 1 through 24f 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	2315			



KNIGHTS OF COLUMBUS

MAKING A DIFFERENCE FOR LIFE

2 Fob,	20	0	
Date			

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

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.

Man	ngo Aldet
	ght/Faithful Navigates uncil/Assembly Name FR. SORIN COUNCIL
	uncil/Assembly No
Ad	dress 84105 BAYOU DR.
	(Council's/Assembly's Federal Employers Identification Number 64-0679570

Form	55-4				r identincatio			
(Rev.	Oscember 1995)	(For use by e	employers, corpora	rtions, pa n Individ	artnerships, trusts, est tuals, and others. See	ates, church instructions.)	es,	
Depart	tment of the Treesury				or your records.		OMB	No. 1545-0003
	1 Name of applicant	(Legal name) (Se						
. [A -		st Harriso	24	Council #	11995		
clearty	2 Trade name of but	siness (if different	t from name on line	1)	3 Executor, trustee, *c	are of name		
중			•			huisson		
	4a Mailing address (street address) (room, apt., or suite no.) 5a Business address (if different from an						s 4a and 4b)	
5	4b City, state, and ZIP code So City, state, and ZIP code					<u>s. Ed</u>		
ĝ	PASS Christ		39571	ľ	PASS Chris		ms 395	7/
5	6 County and state where principal business is located							
Please	HARRISON							
~	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) > 587-62-4988							2.4988
	Ames	_Dubus	SON					
8a	Type of entity (Check	only one box.) (S	iee instructions.)	☐ Est	tate (SSN of decedent)			
	Sole proprietor (SS	in)	<u> </u>	☐ Pla	ın administrator-SSN _			
	Partnership		onal service corp.		her corporation (specify)			
	REMIC	. =	ed liability co. "	Tru	ıst deral Government/milita		s' cooperative	mitad amanination
	State/local governs Other nonprofit org		onal Guard		Scace (enter GEN if a		ii di ciluicirconu	Oleo organization
	☐ Other (specify) ▶				subordinate.			
8b	If a corporation, name (if applicable) where in		eign country State	•		Foreign	n country	
9	Reason for applying (Check only one b	eox.)	☐ Ba	nking purpose (specify)	>		
	Started new busine	ess (specify) > _			anged type of organizat			
					rchased going business			_
	☐ Hired employees ☐ Created a pension	-1 (16 - +	-1.6		eated a trust (specify) >		/ /	
10	Date business started	or acquired (Mo.	, day, year) (See Ins	structions	s.) 11 Clos	ng month of	eccounting year (See Instructions.)
12	Date business started	or acquired (Mo.	, day, year) (See Ins 7 d or will be paid (Mo	structions o., day, y	rear). Note: If applicant	ng month of a	accounting year (See Instructions.)
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