# Endow Mississippi Program
# Application For 2023 Tax Credit

Applicant: Please fill out shaded sections and forward to your community foundation.

| Legal Name of Taxpayer | Federal EIN or SSN | Alliance File Number |
|---|---|---|
| | __ __ __ __ __ __ __ __ __ | __ __ __ __ - __ __ - __ __ __ |

| Street Address or Post Office Box Number | E-mail Address |
|---|---|
| | |

| City | County | State | Zip Code | Daytime Phone | Fax Number (optional) |
|---|---|---|---|---|---|
| | | | | | |

| Contact Person (if different from above) | Title | E-mail Address |
|---|---|---|
| | | |

Type of Taxpayer or Entity: ☐ Individual ☐ Estate ☐ Trust ☐ Corporation ☐ Limited Liability Partnership ☐ Limited Liability Partnership ☐ Other _____

| Date Application Received | Time Received | Amount of Endowment Gift | Amount of Tax Credit Requested |
|---|---|---|---|
| | ☐ AM ☐ PM | $ | $ |

| Name of Community Foundation Receiving Endowment Gift | Federal EIN | Daytme Phone |
|---|---|---|
| CREATE Foundation, Inc. | 23-7248582 | 662-844-8989 |

| Street Address or Post Office Box Number | Contact Person |
|---|---|
| P.O. Box 1053 | P.K. Thomas |

| City | County | State | Zip Code | E-mail Address |
|---|---|---|---|---|
| Tupelo | Lee | MS | 38802 | pk@createfoundation.com |

| Name of Fund Receiving Endowment Gift | Purpose of Fund Receiving Endowment Gift |
|---|---|
| | |

Certification of Taxpayer: Under penalties of perjury, I certify that I have examined this application, including all accompanying documents and statements, and to the best of my knowledge and belief, the facts and figures presented in this application are true and correct, and that I intend to make an endowment gift as described in this application.

By: _____ Date: _____ Printed Name _____
Signature of Taxpayer or Authorized Representative

Certification of Community Foundation: I hereby certify that our foundation is a qualified community foundation under the Endow Mississippi Program, that the donation listed above is being or will be made to a fund intended to exist in perpetuity that qualifies under the Program, that any funds generated from this endowment fund will be used for the benefit of a cause or causes within the state of Mississippi, and that the facts and figures presented in this application are true and correct. I agree that I will provide access to records relative to this application to the Alliance and MS Department of Revenue upon request.

By: _____ Date: _____ Printed Name _____
Chief Executive Officer or Designee

THIS APPLICATION HAS BEEN REVIEWED BY THE MISSISSIPPI ALLIANCE OF NONPROFITS AND PHILANTHROPY, AND THE ALLIANCE HEREBY
☐ APPROVES ☐ DOES NOT APPROVE THIS APPLICATION FOR AN ENDOW MISSISSIPPI TAX CREDIT.

By: _____ Date: _____ $_____
Sammy Moon, Executive Director — Amount of Tax Credit Awarded