

PRIVATE FOUNDATION DATA

Name of Foundation: _____

Date of Creation: _____

State of Creation: _____

Foundation Federal Tax ID#: _____

Foundation State ID# (if applicable): _____

Has the Foundation received its tax-exempt determination from the IRS? Yes No
(Please provide a copy to Lair Administration Services, LLC)

Has the Foundation registered with the appropriate Secretary of State? Yes No N/A
(Please provide a copy of any correspondence from State authorities to Lair Administration Services, LLC)

Type of Organization: (check applicable type)

Section 501(c)(3) tax-exempt private foundation _____

Section 4947(a)(1) nonexempt charitable trust _____

Other taxable private foundation _____

Is the Foundation: Non-operating Operating
(Please circle one)

Method of Accounting: Cash Accrual
(Please circle one)

Financial Advisor:

Name: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Legal Advisor:

Name: _____

Firm: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Board of Directors and Officers:

Name: _____

Position: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name: _____

Position: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name: _____

Position: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name: _____

Position: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name: _____

Position: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

(Attach additional sheets if necessary)

Custodial Account(s):

(1) Name of Institution: _____

Account #: _____

Are Fees/Distributions paid from this account? (*Circle one*) YES NO

(2) Name of Institution: _____

Account #: _____

Are Fees/Distributions paid from this account? (*Circle one*) YES NO

(3) Name of Institution: _____

Account #: _____

Are Fees/Distributions paid from this account? (*Circle one*) YES NO

(4) Name of Institution: _____

Account #: _____

Are Fees/Distributions paid from this account? (*Circle one*) YES NO

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