

PRIVATE FOUNDATION PAYMENTS TO CHARITABLE ORGANIZATIONS

Name of Foundation: _____

Tax ID#: _____

Gifts have been made by the above-named foundation to the following charitable organizations:

Donee Information:

Organization Name: _____

Tax ID#: _____

Address: _____

Amount Given: \$ _____ Date of Gift \$ _____

Purpose of Gift: _____

Organization Name: _____

Tax ID#: _____

Address: _____

Amount Given: \$ _____ Date of Gift \$ _____

Purpose of Gift: _____

Organization Name: _____

Tax ID#: _____

Address: _____

Amount Given: \$ _____ Date of Gift \$ _____

Purpose of Gift: _____

Organization Name: _____

Tax ID#: _____

Address: _____

Amount Given: \$_____ Date of Gift \$_____

Purpose of Gift: _____

Organization Name: _____

Tax ID#: _____

Address: _____

Amount Given: \$_____ Date of Gift \$_____

Purpose of Gift: _____

Organization Name: _____

Tax ID#: _____

Address: _____

Amount Given: \$_____ Date of Gift \$_____

Purpose of Gift: _____

(Attach additional sheets if necessary)

I certify that the above-named foundation has made the gifts listed herein and that the organizations who received the gifts were qualified to receive them in accordance with applicable federal tax regulations.

Signed: _____ Date: _____

Title: _____

Please send the completed form to:

Lair Administration Services, L.L.C.

1701 N. Collins Blvd., Suite 220 Richardson, TX 75080

Phone: (972) 238-5770 Toll-free: (877) 238-5770 Fax: (972) 238-5865