

**ATTORNEY-CLIENT PRIVILEGED
ATTORNEY WORK PRODUCT**

NEW FOUNDATION QUESTIONNAIRE

Instructions:

Please complete the attached Questionnaire as thoroughly as possible. If there are any questions where you are not sure of the answer, or where it is unclear what information is sought, please skip those. We will be able to schedule a call or a meeting to discuss. It is more important to return as much information as you can without delay.

Definitions:

Founder: The individual(s) or legal entity(ies) that initiate the establishment of the Foundation, contribute the initial assets, and set forth the Foundation's purpose, structure, and governance framework. The Founder may retain certain rights, including but not limited to, the power to amend the Foundation's governing documents, appoint or remove board members, and oversee the fulfillment of the Foundation's mission. The Founder's rights and obligations shall be subject to applicable laws and the Foundation's governing documents.

Beneficiaries: refer to the individuals, groups, or entities that are eligible to receive support, aid, or benefits from the Foundation in accordance with its stated purpose and objectives. The Beneficiaries may include, but are not limited to, specific persons, communities, nonprofit organizations, educational institutions, or other entities that align with the Foundation's mission. The selection, scope, and extent of benefits provided to the Beneficiaries shall be determined by the Foundation's governing body in accordance with the Foundation Rules and applicable laws.

Council or Board Members: refers to the governing body of the Foundation responsible for overseeing its operations, ensuring compliance with its purpose, and managing its assets and activities in accordance with the Foundation Rules and applicable laws. The Council or Board shall have the authority to establish policies, make strategic decisions, appoint key officers, and oversee the distribution of the Foundation's resources. The composition, powers, and duties of the Council/Board shall be as set forth in the Foundation's governing documents.

Enforcer: is the individual or entity appointed to ensure that the Foundation operates in accordance with its stated purpose, governing documents, and applicable laws. The Enforcer's role is to oversee the actions of the Foundation's Council or Board, ensuring compliance with the Founder's intent and the Foundation's objectives. The Enforcer may have the authority to review decisions, challenge actions that are inconsistent with the Foundation's rules, add or remove Council or Board members, and to take necessary measures to uphold the Foundation's mission. The rights, duties, and appointment process of the Enforcer shall be as set out in the Foundation's Rules and relevant legal provisions.

Marital Status

___ Single.

___ Married

Are you contemplating marriage? _____

Name of Prospective Spouse _____

Name of Spouse _____

Date and Place of Marriage _____

Domicile at Time of Marriage _____

Pre or Post Nuptial Agreements? _____

___ Separated.

Date of Separation _____

Please complete "Married" section above.

___ Divorced. Name of Former Spouse _____

Current Address _____

Date and Place of Divorce _____

Alimony _____ Child Support _____

Estate obligations _____

___ Divorced. Name of Former Spouse _____

Current Address _____

Date and Place of Divorce _____

Alimony _____ Child Support _____

Estate obligations _____

___ Widowed. Name of Deceased Spouse _____ Date of Birth _____

___ Other. Please explain _____

Employment

Occupation _____ Position _____ Self Employed? _____

Employer/Firm Name _____ How long with current employer? _____

Entity Address _____

Entity Telephone _____ Entity Fax _____

What hours can you be reached at this number? _____

Military Service: from _____ To _____

Branch _____ Grade/Serial Number _____

Information about Spouse

Spouse's Name _____

Home Address _____

House ____ Condo ____ Other _____ Okay to send mail? _____

Home Telephone _____ When available at this number? _____

Social Security Number _____

Nicknames/Aliases _____

Has name been changed by court proceeding? _____

Date of Birth _____ Age _____ Place of Birth _____

Adopted? _____ Date and Place of Adoption _____

U.S. Citizen? _____ Naturalized? (give date) _____

Citizen of another country? _____

Prior Marriage: Former Spouse Name _____

Current Address _____

How Marriage Terminated _____

Date and Place of Termination _____

Alimony _____ Child Support _____

Estate Obligations _____

Occupation _____ Position _____ Self Employed? _____

Employer/Firm Name _____ How long with current employer? _____

Entity Address

Entity Telephone _____ Can be reached from _____ to _____

Military Service: From _____ to _____

Branch _____ Grade/Serial No. _____

Significant Health Problems? _____

Experience with money management or investment? _____

If Founder is an Entity or Entities, for each please provide the following information:

Name of Entity: _____

Address: _____

Telephone: _____

Description of Entity:

Do you own 100%? _____

If not you, then who is/are the owner(s)?

How titled? _____ Partner/Age: _____ % _____

Partner/Age: _____ % _____ Partner/Age: _____ % _____ Buy/Sell

Agreements? _____ Funded? _____

How Valued? _____ Value of Entity, if:

Buying: \$ _____ Selling: \$ _____

Full Appraisal: \$ _____

Type of Entity: _____ C-Corp _____ S-Corp _____ Single-Member LLC _____ Multi-Member LLC

_____ Professional Corp _____ Sole Proprietorship

_____ Other (Specify): _____

Number of Employees: _____ Union? Y _____ N _____

Are there key people who could take over the entity in the event of the owner's death? _____

If yes, have preparations been made for such an event? _____ Is

If you are the owner, is your spouse active in the Entity? _____ Your children? _____

Would your spouse be able to run the Entity as effectively as you in the event of your death? _____

Existing Judgments

Amount: _____ Date: _____

Existing / Threatened Litigation:

Expansion Plans:

Any plans for Sale or IPO:

**SECTION TWO: INFORMATION ABOUT BENEFICIARIES OF THE
FOUNDATION**

For each Beneficiary that is a Natural Person, please provide the following information:

1. Person's Name _____
Nicknames/Aliases _____ Soc.Sec.# _____
Date of Birth _____ If a child, your natural child? ____ stepchild? ____ adopted? ____
Home Address _____
Home Telephone _____ Occupation _____ Self-Employed? ____
Employer/Firm Name _____ Telephone _____
Entity Address _____
Marital Status _____ Name of Spouse _____
List name/ages of issue _____

2. Person's Name _____
Nicknames/Aliases _____ Soc.Sec.# _____
Date of Birth _____ If a child, your natural child? ____ stepchild? ____ adopted? ____
Home Address _____
Home Telephone _____ Occupation _____ Self-Employed? ____
Employer/Firm Name _____ Telephone _____
Entity Address _____
Marital Status _____ Name of Spouse _____
List name/ages of issue _____

3. Person's Name _____
Nicknames/Aliases _____ Soc.Sec.# _____
Date of Birth _____ If a child, your natural child? ____ stepchild? ____ adopted? ____
Home Address _____
Home Telephone _____ Occupation _____ Self-Employed? ____
Employer/Firm Name _____ Telephone _____
Entity Address _____
Marital Status _____ Name of Spouse _____
List name/ages of issue _____

4. Person's Name _____
Nicknames/Aliases _____ Soc.Sec.# _____
Date of Birth _____ If a child, your natural child? ____ stepchild? ____ adopted? ____
Home Address _____
Home Telephone _____ Occupation _____ Self-Employed? ____
Employer/Firm Name _____ Telephone _____
Entity Address _____
Marital Status _____ Name of Spouse _____
List name/ages of issue _____

Please explain if any beneficiary is separated, divorced, physically or mentally handicapped: _____

For each beneficiary that is an Entity, please provide the following information

Name of Entity: _____

Address: _____

Telephone: _____

Description of Entity:

Do you own 100%? _____

If not you, then who is/are the owner(s)?

How titled? _____

Partner/Age: _____ % _____

Partner/Age: _____ % _____

Partner/Age: _____ % _____

Buy/Sell Agreements? _____ Funded? _____

How Valued? _____

Value of Entity, if:

Buying: \$ _____ Selling: \$ _____

Full Appraisal: \$ _____

Type of Entity: _____ C-Corp _____ S-Corp _____ Single-Member LLC _____ Multi-Member LLC

_____ Professional Corp _____ Sole Proprietorship

_____ Other (Specify): _____

Number of Employees: _____ Union? Y _____ N _____

Are there key people who could take over the entity in the event of the owner's death? _____

If yes, have preparations been made for such an event? _____ Is

If you are the owner, is your spouse active in the Entity? _____ Your children? _____

Would your spouse be able to run the Entity as effectively as you in the event of your death? _____

Existing Judgments

Amount: _____ Date: _____

Existing / Threatened Litigation:

Expansion Plans:

Any plans for Sale or IPO:



SECTION THREE: LAWSUITS AND OTHER THIRD-PARTY CLAIMS

For each Founder:

A. Provide details regarding past or pending civil (tortuous or contractual) or criminal proceedings against Founder or Founder’s spouse:

B. Provide details regarding potential civil (tortuous or contractual) or criminal proceedings against Founder or Founder’s spouse:

C. Provide details regarding past, present or contemplated bankruptcy proceedings involving Founder or Founder’s spouse or any corporation, partnership or other entity in which Founder or Founder’s spouse owns, directly or indirectly, a 10% or greater equity interest:

D. Provide details regarding pending or potential civil claims or causes of action against third parties by Founder or spouse (tortuous or contractual):

E. Founder’s or spouse’s reasonably anticipated borrowing needs or borrowing plans, personally or through Entity/profession:

F. Provide details on loans or other indebtedness. Include such items as notes to banks, loans on life insurance, accounts owed to other persons, charitable pledges, taxes, auto, credit cards, lines of credit, equipment or auto or building leases:



SECTION FOUR: STRUCTURE OF FOUNDATION

SECTION 1: GENERAL INFORMATION

1. **Proposed Name of the Foundation:**
2. **Alternative Names (if primary name is unavailable):**
3. **Primary Purpose/Mission Statement:**
4. **Type of Foundation:**
 - Public Charity
 - Private Foundation
 - Operating Foundation
 - Other (Specify): _____
5. **Primary Activities and Programs:**
6. **Intended Beneficiaries (e.g., Self, Family, charity, education, healthcare, arts, environment, etc.):**
7. **Desired Start Date:**

SECTION 2: ORGANIZATIONAL STRUCTURE

1. **Legal Structure Preference:**
 - Nonprofit Corporation
 - Trust
 - Unincorporated Association
 - Other: _____
2. **Jurisdiction of Incorporation (happy to discuss pros and cons of various jurisdictions based on purpose of the Foundation):**
3. **Registered Office Address:**
4. **Mailing Address (if different):**
5. **Primary Contact Person:**
 - Name: _____
 - Email: _____
 - Phone: _____

SECTION 3: BOARD / TRUSTEES

List of Proposed Directors or Trustees (Minimum Required by Law depends on jurisdiction):

For each please provide:

Full Name | Address | Phone | Email | Role (Chair, Treasurer, etc.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Will there be honorary board members or advisory committees? (Y/N)

- o If yes, describe their roles: _____

SECTION 4: ENFORCER

Will there be an Enforcer (recommended)? (Y/N)

If so, for each please provide, Full Name, Address, and Phone:

If the Enforcer is an Entity, please provide the Full Name, Address, and Phone for all Officers, Directors, Managers, or Authorized Signatories:

SECTION 5: GOVERNANCE & OPERATIONS

- 1. **Will the foundation have members? (Y/N)**
- 2. **How will decisions be made?**
 - Majority vote of board
 - Consensus
 - Other: _____

3. **Planned Frequency of Board Meetings:**
4. **Will the foundation have employees? (Y/N)**

If yes, list key positions: _____

SECTION 6: TAX-EXEMPT STATUS & COMPLIANCE

1. **Will the foundation seek 501(c)(3) tax-exempt status? (Y/N)**
2. **Planned Sources of Funding:**

- Private Donations
- Grants
- Fundraising Events
- Endowments
- Other: _____

1. **Estimated Initial Funding Amount:**
2. **Will the foundation apply for state tax exemptions? (Y/N)**
3. **Will the foundation engage in lobbying or political activities? (Y/N)**

SECTION 7: FINANCIAL & BANKING DETAILS

1. **Initial Budget & Financial Projections (if available):**
2. **Planned Banking Institution:**
3. **Who will have signing authority on the foundation's bank account?**
4. **Will the foundation require an inPerson auditor? (Y/N)**

SECTION 8: LEGAL & REGULATORY COMPLIANCE

1. **Will the foundation enter into contracts with third parties? (Y/N)**
2. **Does the foundation plan to acquire or lease property? (Y/N)**
3. **Does the foundation plan to engage in international activities? (Y/N)**
4. **Any known legal risks or concerns?**

SECTION 9: DISSOLUTION PLAN

What will happen to the foundation's assets if it is dissolved?

- Transferred to another nonprofit
- Donated to a specific cause
- Other: _____

SECTION 10: ADDITIONAL NOTES OR SPECIAL REQUESTS

Any additional information or special requests?: