



**STATE OF TENNESSEE
OFFICE OF THE ATTORNEY GENERAL
PUBLIC INTEREST DIVISION
P.O. BOX 20207 NASHVILLE, TENNESSEE 37202
TELEPHONE: (615) 741-5573**

NONPROFIT AFFIDAVIT

I, _____, after first being sworn, and now giving written notice to the Attorney General and Reporter of the dissolution as required by the Tennessee Nonprofit Corporation Act, Tenn. Code Ann. §§ 48-51-101 *et seq.*, do hereby depose and, upon personal knowledge, state as follows:

1. I am the _____ (insert your position with the nonprofit corporation) of _____ (the "Nonprofit").

The Nonprofit's **Tennessee Secretary of State Control Number** is: _____.

The Nonprofit's **Federal Employer Identification Number** is (if not applicable write "n/a"): _____.

2. On behalf of the Nonprofit, I attest that the Nonprofit intends to dissolve and requests approval for the proposed dissolution (the "Transaction"). I further attest that the reason the Nonprofit intends to dissolve is (briefly describe):¹ _____

3. I attest that the Transaction will be completed on: _____ (MM/DD/YYYY).

4. I attest that the Transaction involves (briefly describe any actions that have been or must be completed in the Transaction, *e.g.*, transferring Real Estate, selling personal property, etc.): _____

¹ **This Nonprofit Affidavit may only be used for simple dissolution transactions, *e.g.*, transactions without substantial transfers of assets or other complex issues. For complex dissolutions or other transactions, please fill out the appropriate complex Nonprofit Corporations Request For Information Packet located on the Tennessee Attorney General & Reporter website.**

5. I attest that the Transaction was brought before the board of directors and/or members upon proper vote, resolution, or by written consent, and was duly considered in accordance with the Nonprofit's charter and bylaws and in compliance with the Tennessee Nonprofit Corporation Act, Tenn. Code. Ann. §§ 48-51-101 *et seq.* **Provide a copy of such vote, resolution, or other documentation of this action to explain how the action was taken:**

6. At the time the Transaction was approved by the Nonprofit's board of directors and/or members, the total value of the Nonprofit's assets was: \$_____.

7. I attest that the following property (including real estate, personal property, cash and/or other items of value **BUT NOT** including ordinary operating expenses such as rent, utilities, etc.) was distributed by the Nonprofit in the last twelve (12) calendar months (attach additional pages if necessary): _____

8. I attest that the Nonprofit's assets will be distributed in accordance with the Nonprofit's charter and bylaws and in compliance with the Tennessee Nonprofit Corporation Act, Tenn. Code Ann. §§ 48-51-101 *et seq.*

9. The organization(s) or person(s) to whom the Nonprofit will transfer or convey any assets in connection with the Transaction is (**include the dollar value of each asset, point of contact, complete address**): _____

10. The following is the Nonprofit's mission statement (or other statement of the Nonprofit's purpose): _____

11. I attest that none of the directors and/or officers of the Nonprofit have any conflict of interest regarding the Transaction, including, but not limited to, financial interest, self-interest, or self-dealing.

CIRCLE ONE: YES NO

If you answered no, please identify the director(s) and/or officer(s) and explain:

12. I attest that none of the directors and/or officers of the Nonprofit are currently or were previously directors and/or officers of any entity that will benefit from the Transaction. **CIRCLE ONE: YES NO**

If you answered no, please identify the director(s) and/or officer(s) and explain:

13. I attest that none of the directors and/or officers of the Nonprofit plan to become directors and/or officers of any entity that will benefit from the Transaction.

CIRCLE ONE: YES NO

If you answered no, please identify the director(s) and/or officer(s) and explain:

14. Attached hereto are true and correct copies of the nonprofit’s charter, bylaws, any amendments, the most recent three (3) years’ annual reports filed with the Tennessee Secretary of State, and the most recent three (3) years’ tax returns (if applicable) filed with the Internal Revenue Service. **I UNDERSTAND THAT THE ATTORNEY GENERAL MAY REQUIRE ADDITIONAL DOCUMENTATION CONCERNING THE NONPROFIT AND THE TRANSACTION. IF SUBMITTING VIA EMAIL, MUST BE IN PDF FORMAT ORGANIZED BY DOCUMENT TYPE. INCOMPLETE AND IMPROPER SUBMISSIONS WILL BE RETURNED AND REQUIRED TO RESUBMIT.**

15. If additional information about the Transaction is required, the appropriate individual to contact is:

Name: _____ Title: _____

Complete Address: _____

Email: _____ Phone: _____

I, _____, certify upon personal knowledge and **under penalty of perjury** that this affidavit is true, accurate, and complete.

FURTHER AFFIANT SAITH NOT

Affiant’s Signature Date

Sworn and subscribed before me on this ____ day of _____, 20____.

Notary Public

My Commission expires: _____