



**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 applicable; 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.

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 OR 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 and provide contact information): _____

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:

