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): ____________________
   ____________________________________________________
   ____________________________________________________

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.): ____________________
   ____________________________________________________
   ____________________________________________________

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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:

______________________________
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.

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

Name: ___________________________ Title: ___________________________
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: ____________________