



**Please note:** This form does not satisfy all potential requirements related to your dissolution. Please check with the Ohio Secretary of State and the IRS regarding any obligations you may have with them or any other regulatory body.

**1. General Information**

Name of charity	
Employer Identification Number (EIN)	Date of dissolution

**2. Contact Information**

Contact person's name	Phone number (cell)
E-mail address	Phone number (work)
Mailing address	Street address (if different)

**3. Books and Records**

Name of person who will retain the books and records of the charity for at least three years	
Mailing address of the book-/record-keeper	E-mail address
	Phone number

**4. IRS Status**

**Check all boxes that apply regarding your IRS exempt status**

The charity has 501(c)(3) tax exempt status

The charity has tax exempt status under another section of IRC 501(c) (e.g., 501(c)(4), 501(c)(6), 501(c)(8), 501(c)(19), etc.)

The charity has never obtained tax exempt status with the IRS

The charity's tax exempt status was revoked (please explain below)

## 5. Reason for Closing Charity

What is the main reason for closing your charity?

Fulfilled purpose

Merged with another charity

Name and EIN of charity \_\_\_\_\_

Funding problems

Lack of trustees, members, volunteers

Other (please explain below)

## 6. Financial Summary

Please provide the following information for the time period beginning with the first day of the fiscal year during which the dissolution occurred and ending on the date of the dissolution. For example, if the first day of your organization's fiscal year is June 1, 2015, and you dissolved on August 31, 2015, you would provide information for the time spanning these two dates.

a. Individual contributions, gifts, grants, and similar amounts received

b. All other revenue

c. Total revenue (sum of #6a and #6b)

d. Program service expenses

e. All other expenses

f. Total expenses (sum of #6d and #6e)

g. Total assets at date of dissolution

h. Total liabilities

## 7. Officers, Directors, and Trustees

Provide the names, addresses, and contact information of all officers, directors, trustees, and executive personnel of the charity during the time period specified in #6 above. Please use Attachment A to provide information for additional individuals.

Name	Title
E-mail address	Phone number
Mailing address	Street address (if different)
Name	Title
E-mail address	Phone number
Mailing address	Street address (if different)

## 7. Officers, Directors, and Trustees (continued from previous page)

Name	Title
E-mail address	Phone number
Mailing address	Street address (if different)

## 8. Meetings

How many times did the board of directors meet during the period specified in #6 above? \_\_\_\_\_

## 9. Conflict of Interest Policy

Does your charity have a conflict of interest policy?	<b>Yes</b>	<b>No</b>	
Is your charity following its conflict of interest policy in all actions related to its dissolution?	<b>Yes</b>	<b>No</b>	<b>N/A</b>

## 10. Solicitation

**For the time period specified in #6 above:**

Did your charity, on its own behalf, solicit Ohioans? (Note: "Solicit" means to request or a request directly or indirectly for money, property, financial assistance, or any other thing of value on the plea or representation that such money, property, financial assistance, or other thing of value or a portion of it will be used for a charitable purpose or will benefit a charitable organization.)	<b>Yes</b>	<b>No</b>
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Did you hire a professional solicitor? (Note: "Professional solicitor" means any person who, for compensation, performs on behalf of or for the benefit of a charitable organization any service in connection with which contributions are or will be solicited in this state by the compensated person or by any person it employs, procures, or otherwise engages directly or indirectly to solicit contributions.)	<b>Yes</b>	<b>No</b>
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Name of professional solicitor \_\_\_\_\_

## 11. Status of Assets

The charity has wound down its affairs and has no assets (skip to #13)

The charity has assets (please proceed to #12)

(Note: If the charity still has assets, its dissolution requirements with the Ohio Attorney General will not be fulfilled until the final accounting of the actual disposition of assets has been submitted to our office. In order to provide this information at a later date, please use the separate *Supplemental Final Disposition of Assets* form available on the Ohio Attorney General office's website.)

## 12. Description of Remaining Assets

If there are any remaining assets (including cash, property, and any other thing of value), please list the type of asset, name and address of proposed recipient, and value or estimated value. Please use Attachment B to provide information about additional assets.

Note: "Related party" means any officer, director, trustee, or volunteer of the charity, or immediate family member of any officer, director, trustee, or volunteer of the charity.

Description of Asset	Proposed Recipient's Name, Address, Phone, E-mail	Related Party?	Approximate Value
		Yes No	

## 13. Explanation of Actual Disposition of Assets

Explain how the organization disposed of any of the assets it owned as of the end of the last fiscal year that it no longer owns. Please list the type of asset, name and address of recipient, and value or estimated value. Please use Attachment C to provide information about additional assets.

Note: "Related party" means any officer, director, trustee, or volunteer of the charity, or immediate family member of any officer, director, trustee, or volunteer of the charity.

Description of Asset	Recipient's Name, Address, Phone, and E-mail	Related Party?	Approximate Value
		Yes No	

## 14. Additional Information

In the space below, provide any additional information about the dissolution that you wish to share. If there is nothing to add, please enter "N/A".

## 15. Certification

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true, correct, and complete to the best of my knowledge.

Signature	Typed or printed name	
Title	Phone number	E-mail address
Address	Date	

Please print then sign this document before returning it electronically or via mail.

### Ohio Attorney General, Charitable Law Section

150 East Gay Street, 23<sup>rd</sup> Floor

Columbus, OH 43215

Phone: (800) 282-0515 | Fax: (877) 690-1814

**Attachment A. Officers, Directors, and Trustees**

Provide the names, addresses, and contact information of all officers, directors, trustees, and executive personnel of the charity during the time period specified in #6 above.

Name	Title
E-mail address	Phone number
Mailing address	Street address (if different)
Name	Title
E-mail address	Phone number
Mailing address	Street address (if different)
Name	Title
E-mail address	Phone number
Mailing address	Street address (if different)
Name	Title
E-mail address	Phone number
Mailing address	Street address (if different)
Name	Title
E-mail address	Phone number
Mailing address	Street address (if different)

**Attachment A. Officers, Directors, and Trustees (continued from previous page)**

Provide the names, addresses, and contact information of all officers, directors, trustees, and executive personnel of the charity during the time period specified in #6 above.

Name	Title
E-mail address	Phone number
Mailing address	Street address (if different)
Name	Title
E-mail address	Phone number
Mailing address	Street address (if different)
Name	Title
E-mail address	Phone number
Mailing address	Street address (if different)
Name	Title
E-mail address	Phone number
Mailing address	Street address (if different)
Name	Title
E-mail address	Phone number
Mailing address	Street address (if different)

**Attachment B. Description of Remaining Assets**

If there are any remaining assets (including cash, property, and any other thing of value), please list the type of asset, name and address of proposed recipient, and value or estimated value.

Note: "Related party" means any officer, director, trustee, or volunteer of the charity, or immediate family member of any officer, director, trustee, or volunteer of the charity.

Description of Asset	Proposed Recipient's Name, Address, Phone, E-mail	Related Party?	Approximate Value
		Yes No	

