



## Final Annual Report and Asset Disposition



**Do not submit this form until the trust/organization has distributed all of its assets in accordance with its creating documents or to another charitable trust/organization with a similar purpose.** The trust/organization's dissolution requirements with the Ohio Attorney General will not be fulfilled until the final accounting of the disposition of assets has been submitted to our office. **This form will not be processed if the trust/organization still has assets.**

### 1. General Information

Name of trust/organization

Employer Identification Number (EIN)

Date of dissolution

### 2. Reason for Closing Trust/Organization

What is the main reason for closing your trust/organization?

Fulfilled purpose

Merged with another trust/organization

Name and EIN of surviving trust/organization \_\_\_\_\_

Funding problems

Lack of trustees, members, volunteers

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

### 3. Financial Summary

Please provide the following information for the trust/organization's final year of operation. This may be a partial year if the trust/organization did not dissolve at the end of its fiscal year.

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

b. All other revenue

c. Total revenue (sum of #3a and #3b)

d. Program service expenses

e. All other expenses

f. Total expenses (sum of #3d and #3e)

g. Total assets at date of dissolution

h. Total liabilities

#### 4. Explanation of Disposition of Assets

Explain how the trust/organization disposed of its assets during its final year of operation. Please list the type of asset, name and address of recipient, and value or estimated value. Please attach additional sheets of paper if more space is needed. Note: "Related party" means any officer, director, trustee, or volunteer of the trust/organization, or immediate family member of any officer, director, trustee, or volunteer of the trust/organization.

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

#### 5. Officers, Directors, and Trustees

Provide the names, addresses, and contact information of the three most senior officers, directors, trustees, and/or executive personnel of the trust/organization during the time period specified in #3 above.

Name	Title
Email address	Phone number
Mailing address	Street address (if different)
Name	Title
Email address	Phone number
Mailing address	Street address (if different)
Name	Title
Email address	Phone number
Mailing address	Street address (if different)

## 6. IRS Status

Check all boxes that apply regarding your trust/organization's IRS exempt status

The trust/organization had 501(c)(3) tax exempt status

The trust/organization had tax exempt status under another section of IRC 501(c) (e.g., 501(c)(4), 501(c)(8), 501(c)(19), etc.)

The trust/organization never obtained tax exempt status with the IRS

The trust/organization's tax exempt status was revoked

## 7. Contact Information

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

## 8. Books and Records

If the keeper of books and records is the same person as in #7 above, check the box to the left and skip to #9 below

Name of person who will retain the books and records of the trust/organization for at least three years

Mailing address of the book-/record-keeper	Email address
	Phone number

## 9. 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	Title	
Typed or printed name	Date	Phone number
	Mailing address	
Email address		

Please return this form to [CharitableRegistration@OhioAGO.gov](mailto:CharitableRegistration@OhioAGO.gov)