

STATE OF MINNESOTA

NOTICE OF INTENT TO DISSOLVE,  
MERGE, CONVERT, CONSOLIDATE, OR  
TRANSFER ASSETS

(Pursuant to Minn. Stat. § 317A.811)



**Mail To:**

Minnesota Attorney General's Office  
ATTN: Charities Division  
445 Minnesota Street, Suite 1200  
St. Paul, MN 55101

**SECTION A: Nonprofit Information**

Legal Name of Nonprofit Organization: \_\_\_\_\_

Nonprofit Organization's EIN: \_\_\_\_\_

Mailing Address	Physical Address
_____ Contact Person	_____ Contact Person
_____ Street Address	_____ Street Address
_____ City, State, and Zip Code	_____ City, State, and Zip Code
_____ Phone Number	_____ Phone Number

1. This form is to provide notice that the organization intends to:

- Dissolve    
 Merge    
 Consolidate    
 Convert    
 Transfer Assets

2. Describe the organization's charitable purpose:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is the organization exempt from taxation under Section 501(c)(3) of the Internal Revenue Code?

- Yes    
 No

4. Is the organization a private foundation under Section 509(a) of the Internal Revenue Code?

Yes       No

5. Under which of the following statutes is the nonprofit organized?

Minn. Stat. ch. 317A       Minn. Stat. ch. 322C       Other (list statute): \_\_\_\_\_

**SECTION B: Nonprofit's Assets and Liabilities**

6. Provide a list of assets owned or held by the nonprofit organization, as follows:

6a. Identify each bank or other financial institution at which the organization currently maintains an account(s), and the total balance of all accounts at each such bank and financial institution (attach a list if more space is needed):

- **NOTE:** The organization does **not** need to identify the account numbers for the bank accounts underlying its response to this question.

Bank Name	Total Balance of All Accounts at Bank

6b. List all other types of assets besides money owned or held by the nonprofit organization, as follows (attach a list if more space is needed):

Type of Assets	Dollar Value of Assets
Securities/Stocks/Bonds	
Real Property/Land/Buildings	
Personal Property/Furniture/Equipment	
Other (describe):	
Other (describe):	
Other (describe):	
Other (describe):	

6c. Identify whether the organization intends to convert any of the assets identified above into cash, and if so, describe the manner in which the assets will be sold. If the organization is not converting any assets into cash, state "none" (attach a more detailed explanation if more space is needed):

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7. List the organization's restricted assets, if any, and the specific purpose(s) for which the assets were received. If the organization holds no restricted assets, state "none" (attach a list if more space is needed):

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8. Describe the debts, obligations, and liabilities, if any, of the organization:

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9. State the anticipated expenses of the transaction for which the organization is providing notice, including any attorney fees:

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10. Identify the following information about each person or entity receiving any assets from the organization (attach a list if more space, or a more detailed explanation, is needed):

**Recipient #1**

Recipient Name and Address: \_\_\_\_\_

Recipient EIN Number: \_\_\_\_\_

Assets Recipient is Receiving: \_\_\_\_\_

Dollar Value of Assets: \_\_\_\_\_

Is Recipient of Assets Exempt Under Section 501(c)(3)?:      Yes      No

Identify the General Purpose/Mission of the Organization Receiving the Assets: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify Any Terms, Conditions, or Restrictions Imposed on Assets Transferred to Recipient: \_\_\_\_\_

\_\_\_\_\_

**Recipient #2**

Recipient Name and Address: \_\_\_\_\_

Recipient EIN Number: \_\_\_\_\_

Assets Recipient is Receiving: \_\_\_\_\_

Dollar Value of Assets: \_\_\_\_\_

Is Recipient of Assets Exempt Under Section 501(c)(3)?:      Yes      No

Identify the General Purpose/Mission of the Organization Receiving the Assets: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify Any Terms, Conditions, or Restrictions Imposed on Assets Transferred to Recipient: \_\_\_\_\_

\_\_\_\_\_

**SECTION C: Affirmation**

I, being first duly sworn, declare that I am authorized to submit this form on behalf of the nonprofit organization identified above in Section A pursuant to Minnesota Statutes section 317A.811, and certify that the information contained in this form, and any documents included with the form, are complete, true, and correct. I acknowledge that am required to notify the Minnesota Attorney General’s Office of any change in the information provided in this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title (please print)

\_\_\_\_\_  
Date

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public