

Dissolution of Organization

District: _____ County: _____

Name of Organization: _____

Date of Dissolution: _____ EIN of Organization: _____

President of Organization at time of Dissolution:

Name: _____

Address: _____

Phone #: _____ E-mail: _____

In the event of dissolution of an organization (club or county), after settling all outstanding accounts, the club or county shall distribute its assets to an organization(s) that has qualified for exemption under Section 501 (c)(3) of the Internal Revenue Code, i.e. 4-H, other charitable organizations, etc. The Chair shall notify TEEA Treasurer of the Dissolution.

Balance in bank checking account: \$ _____

Balance in other account(s) i.e. CDs \$ _____

Cash on hand: \$ _____

Organization(s) and amount(s) donated to:

Organization President:

_____ Date: _____

County Chair:

_____ Date: _____

District Director:

_____ Date: _____

Sign and make 4 copies to send to District Director, TEEA Treasurer, TEEA President and TEEA 990 Consultant. Keep Original in County files.