

Nonprofit Corporation

2015 Request for Pre-Dissolution Tax Abatement

3502

California Corporation number/California Secretary of State file number

FEIN

Name of organization as shown in the creating document

Street address (suite, room, or PMB no.)

Telephone

City

State

ZIP code

Name of representative to contact regarding additional requirements or information

Telephone

Representative's mailing address (suite, room, or PMB no.)

City

State

ZIP code

Questions

- 1 Are you currently doing business in California according to R&TC Section 23101? 1 ☐ Yes ☐ No
- 2 Was the organization ever tax-exempt with the California Franchise Tax Board? 2 ☐ Yes ☐ No
- 3 Was the organization ever tax-exempt with the Internal Revenue Service? 3 ☐ Yes ☐ No
- 4 Did the organization ever operate in California? 4 ☐ Yes ☐ No
If Yes, list the date the operations stopped in California (mm/dd/yyyy) _____
- 5 Will the organization continue to operate outside of California? If yes, **STOP** do not file this form 5 ☐ Yes ☐ No
- 6 Does the organization have any undistributed assets? 6 ☐ Yes ☐ No
If yes, list description and value of assets

Description	Value of asset

- 7 Did the organization distribute its assets? 7 ☐ Yes ☐ No
If yes, list the description and value of the asset and the FEIN/SSN, name, telephone, and address of the recipient.

Description	Value	FEIN/SSN	Name	Telephone	Address

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Signature of officer, director, or authorized representative

Title

Date