CALIFORNIA FORM

Nonprofit Corporation 2017 Request for Pre-Dissolution Tax Abatement

3502

Was the organization ever tax-exempt with the California Franchise Tax Board? Was the organization ever tax-exempt with the Internal Revenue Service? Did the organization ever operate in California? If Yes, list the date the operations stopped in California (mm/dd/yyyyy) Will the organization continue to operate outside of California? If yes, STOP do not file this form Will the organization have any unusual circumstances? If yes, attach statement explaining circumstance. See instructions. Does the organization have any undistributed assets? Toes the organization have any undistributed assets? Toes the organization have any undistributed assets? Value of asset	Cal	ifornia Corporation nur	mber/California Secre	tary of State file number		FEIN						
City 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 Revenue & Taxation Code Section 23101? 1 Was the organization ever tax-exempt with the California Franchise Tax Board? 2 Was the organization ever tax-exempt with the Internal Revenue Service? 3 Yes 1 All of the organization ever operate in California? 4 Did the organization ever operate in California? If Yes, list the date the operations stopped in California? If yes, STOP do not file this form 5 Yes 1 All of the organization have any unusual circumstances? 6 Does the organization have any unusual circumstances? 7 Does the organization have any undistributed assets? 1 yes, list description and distribution plan, and value of assets. See instructions. Description and distribution plan Description and distribution plan Value of asset To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to	Nar	me of organization as	shown in the creating	document							'	
Name of representative to contact regarding additional requirements or information Representative's mailing address (guite, room, or PMB no.) City State ZIP code Questions 1 Are you currently doing business in California according to Revenue & Taxation Code Section 23101? . 1 Yes . 1 2 Was the organization ever tax-exempt with the California Franchise Tax Board?	Street address (suite, room, or PMB no.)							Telephone				
Representative's mailing address (suite, room, or PMB no.) City	City	/				Si				<u> </u>	1 1	
State ZIP code	Nar	me of representative to	contact regarding ad	ditional requirements or ir	nformation	mation Tel				. T .	1 1	
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7 Does the organization have any undistributed assets?	6	-	-						6	□ Yes	□ No	
B Did the organization distribute its assets?	7	Does the organization have any undistributed assets?										
8 Did the organization distribute its assets?												
If yes, list the description and value of the asset and the FEIN/SSN, name, telephone, and address of the recipient. See instructions. Description Value FEIN/SSN Name Telephone Address To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to		Description and distribution plan							Valu	Value of asset		
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To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov/forms and search for 1131. To request this notice by mail, call 800.852.5711. Under penalties of perjury, I hereby declare that I have		Description	Value	FEIN/SSN	Name	Tele	Telephone J			Address		
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examined this form and to the best of my knowledge and belief, it is true, correct, and complete. I understand that the information in this form may be shared with other California state agencies.	ftl	b.ca.gov/forms and camined this form a	d search for 1131. Indicate the desired to the best of my	o request this notice by knowledge and belief	y mail, call 800.852.5711	. Under penaltie	es of pe	rjury, Í hereby	decla	re that I ha	ve	
Signature of officer or director Title Date	_	Signature of office	er or director		-	Title						