TAXABLE YEAR **2015**

Nonprofit Corporation Request for Pre-Dissolution Tax Abatement

CALIFORNIA FORM **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