

# Nonprofit Corporation Request for Pre-Dissolution Tax Abatement

## 2020

## 3502

California corporation number/California Secretary of State file number	FEIN
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Name of organization as shown in the creating document

Street address (suite, room, or PMB no.)	Telephone
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City	State	ZIP code
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Name of representative to contact regarding additional requirements or information	Telephone
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Representative's mailing address (suite, room, or PMB no.)

City	State	ZIP code
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### Questions

- 1 Are you currently doing business in California according to Revenue & Taxation Code 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 unusual circumstances? ..... 6  Yes  No  
If yes, attach statement explaining circumstance. See instructions.
- 7 Does the organization have any undistributed assets? ..... 7  Yes  No  
If yes, list description, distribution plan, and value of assets. See instructions.

Description and distribution plan	Value of asset

- 8 Did the organization distribute its assets? ..... 8  Yes  No  
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 [ftb.ca.gov/forms](http://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 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.

Signature of officer or director	Printed name	Title	Date
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