

**Streamlined Application for Recognition of Exemption
Under Section 501(c)(3) of the Internal Revenue Code**

Do not enter Social Security numbers on this form as it will be made public.

Information about Form 1023-EZ and its separate instructions is at www.irs.gov/form1023

Note: If exempt status is approved, this application will be open for public inspection.

Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet in the current instructions, are eligible to apply for exemption using Form 1023-EZ, and have read and understand the requirements to be exempt under section 501(c)(3).

Part I Identification of Applicant

1a Full Name of Organization MISS GABRIEL FOUNDATION				
b Address (number, street, and room/suite). If a P.O. box, see instructions. 16808 FORD ROAD		c City ROGUE RIVER		d State OR
e Zip code + 4 97537-0000				
2 Employer Identification Number 47-4966288	3 Month Tax Year Ends (MM) 09		4 Person to Contact if More Information is Needed KIMBERLY M HOWELL	
5 Contact Telephone Number 541-450-7777		6 Fax Number (optional)		7 User Fee Submitted \$400.00
8 List the names, titles, and mailing addresses of your officers, directors, and/or trustees. (If you have more than five, see instructions.)				
First Name: KIMBERLY M		Last Name: HOWELL		Title: PRESIDENT
Street Address: 16808 FORD ROAD		City: ROGUE RIVER		State: OR Zip code + 4: 97537-0000
First Name: PAUL		Last Name: HOWELL		Title: VICE PRESIDENT
Street Address: 16808 FORD ROAD		City: ROGUE RIVER		State: OR Zip code + 4: 97537-0000
First Name: CHRISTA		Last Name: HOWELL		Title: SECRETARY
Street Address: 16808 FORD ROAD		City: ROGUE RIVER		State: OR Zip code + 4: 97537-0000
First Name:		Last Name:		Title:
Street Address:		City:		State: Zip code + 4:
First Name:		Last Name:		Title:
Street Address:		City:		State: Zip code + 4:
9a Organization's Website (if available): WWW.MISSGABRIEL.ORG				
b Organization's Email (optional): KIMBERLY.HOWELL@MISSGABRIEL.ORG				

Part II Organizational Structure

- To file this form, you must be a corporation, an unincorporated association, or a trust. **Check the box** for the type of organization.
 Corporation Unincorporated association Trust
- Check this box** to attest that you have the organizing document necessary for the organizational structure indicated above.
(See the instructions for an explanation of **necessary organizing documents**.)
- Date incorporated if a corporation, or formed if other than a corporation (MMDDYYYY): 09032015
- State of Incorporation or other formation: Oregon
- Section 501(c)(3) requires that your organizing document must limit your purposes to one or more exempt purposes within section 501(c)(3).
 Check this box to attest that your organizing document contains this limitation.
- Section 501(c)(3) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.
 Check this box to attest that your organizing document does not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.
- Section 501(c)(3) requires that your organizing document must provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.
 Check this box to attest that your organizing document contains the dissolution provision required under section 501(c)(3) or that you do not need an express dissolution provision in your organizing document because you rely on the operation of state law in the state in which you are formed for your dissolution provision.

Part V Reinstatement After Automatic Revocation

Complete this section only if you are applying for reinstatement of exemption after being automatically revoked for failure to file required annual returns or notices for three consecutive years, and you are applying for reinstatement under section 4 or 7 of Revenue Procedure 2014-11. (Check only one box.)

- 1 **Check this box** if you are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By checking this box, you attest that you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. (See the instructions for requirements.)
- 2 **Check this box** if you are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you are filling this application.

Part VI Signature

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, and to the best of my knowledge it is true, correct, and complete.

KIMBERLY M HOWELL

(Type name of signer)

PRESIDENT

(Type title or authority of signer)

09172015

(Date)