

RF-C**Registration for
Charitable Organizations****Charitable Activities Section
Oregon Department of Justice**

1515 SW 5th Avenue, Suite 410
Portland, OR 97201-5451
E-Mail: charitable.activities@doj.state.or.us
Web site: http://www.doj.state.or.us

VOICE (971) 673-1880
TTY (800) 735-2900
FAX (971) 673-1882

Registration #:

1. Name

Write the organization's legal name.

Miss Gabriel Foundation**2. Contact Information**

Mailing Address:

CONFIDENTIALN/AN/ACity, State, Zip: Rogue River, Oregon, 97537

Phone:

CONFIDENTIALE- Mail: kimberly.howell@missgabriel.org

Fax:

(N/A) -Web site: www.missgabriel.org**3. Employer Identification Number**

Write the organization's employer identification number assigned by the Internal Revenue Service. If the EIN has not been applied for, write "N/A."

47 - 4966288**4. Date and State of Incorporation or Organization**

Write the date the organization incorporated and the state in which the organization was formed.

09/03/2015

Date of Incorporation or Organization

Oregon

State of Incorporation or Organization

5. Primary County of Operations

Write the name of the primary Oregon county in which the organization conducts charitable activities. If the organization conducts charitable activities in more than one county in Oregon, list the name of the county in which the most charitable activities are conducted. If charitable activities are conducted evenly across the state, write the county in which the headquarters of the organization is located.

Jackson County**6. Accounting Period**

Write the last month of the organization's accounting period:

August 31st 2016**7. Organization's Purpose**

Describe the charitable purpose of the organization in one or two sentences. The information is used to describe the organization in response to public inquiries.

At the Miss Gabriel Foundation our Mission is to give severely neglected dogs a place to heal and recover from the physical and emotional damage caused by severe neglect. We want severely neglected dogs who may otherwise be euthanized to get a second chance at life. We will provide 24 hour care under the medical treatment plan by a licensed veterinarian, with reevaluation as needed.

8. Beneficiaries

If the organization raises funds or intends to raise funds on behalf of another organization(s), list the name and address of the organization(s).

N/AN/A

9. Tax-Exempt Status

Check one of the boxes below which describes the organization's tax-exempt status application with the Internal Revenue Service. After review of an application for exempt status, the Internal Revenue Service will mail the applicant a "determination letter." The letter states the organization's tax-exempt status. **Please note** that an application for tax-exempt status is **different** than an application for an employer identification number.

- The organization holds IRS tax-exempt status. A copy of the IRS determination letter is attached to this registration form.
- The organization applied for tax-exempt status on 09/15/2015 but a determination letter has not been received from the IRS. A copy of the IRS determination letter will be sent to the Charitable Activities Section upon receipt.
- The organization has not applied for tax-exempt status. State the reason for not applying: _____

10. Fundraising

- Yes No Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon? If yes, write the name of the fund-raising firm(s) who conducts the campaign(s):

11. Charitable Gaming

- Yes No Does the organization conduct bingo, raffle or Monte Carlo event?

12. Individual to Contact with Questions

Provide contact information for the person to be contacted regarding this registration.

Name (First, Middle Initial, Last)	Position	Phone	Mailing Address
Kimberly M Howell	President	CONFIDENTIAL	CONFIDENTIAL Rogue River, Oregon, 97537

13. Key Officials

List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year. The Executive Director is considered to be a Key Employee. **Oregon public benefit corporations must have at least 3 directors.** Attach additional sheets if necessary.

Name (First, Middle Initial, Last)	Position	Phone	Mailing Address
Kimberly M Howell	President	CONFIDENTIAL	CONFIDENTIAL Rogue River, Oregon, 97537
Paul D Howell	Vice President	CONFIDENTIAL	CONFIDENTIAL Rogue River, Oregon, 97537
Christa C Howell	Secretary	541-582-1521	CONFIDENTIAL Rogue River, Oregon, 97537

Required Documents


14. Attach the following documents to this registration form. If a document is unavailable, attach an explanation.

- IRS determination letter, if applicable
- For corporations: Filed articles of incorporation, date stamped by the Secretary of State
- For associations: articles of association or other establishing document, signed and dated.
- Signed and dated bylaws

In addition to the required documentation, the organization may submit printed brochures, reports or newsletters. The material will be included in the public record for the organization and made available to public inspection.

Please Sign Here

Under penalties of perjury, I declare that I have examined this form, including any attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

⇒ 

Signature of Officer or Representative Name

09/16/2015

Date

Kimberly M Howell

Printed Name

President

Title