

# CT-12

For Oregon Charities

## Charitable Activities Section Oregon Department of Justice

100 SW Market Street  
Portland, OR 97201-5702  
Email: charitable.activities@doj.state.or.us  
Website: http://www.doj.state.or.us

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

# 2020

### Section I. General Information

1.

**Cross Through Incorrect Items and Correct Here:**  
(See instructions for change of name or accounting period.)

Registration #: 60161

Organization Name: MG Equine Rescue &amp; Therapy

Address: 90161 Lakeview Dr

City, State, Zip: Eugene , OR 97402

Phone: (458) 210-4862 Fax:

Email: mgequinerescue@gmail.com

Period Beginning: 1/1/2020 Period Ending: 12/31/2020

Amended  
Report?

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements.  Yes  No
3. Is the organization a party to a contract with a fundraising firm that relates to solicitations in Oregon? If yes, write the name of the fundraising firm(s) here:  Yes  No
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions  Yes  No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination or revocation letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter.  Yes  No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.)  Yes  No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
Tiffany Gravelle	Director	458-210-4862	90161 lake view dr Eugene, OR 97402 tiffanygravelle1@gmail.com

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors for nonprofit public benefit corporations.)

(A) Name, mailing address, daytime phone number, and email address		(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name:	TIFFANY GRAVELLE	Authorized Representative	\$0.00
Address:	90161 lakeview dr Eugene , OR 97402	0 hrs	
Phone:	(458) 210-4862		
Email:	mgequinerescue@gmail.com		
Name:	Tiffany Gravelle		
Address:	90161 lake view dr Eugene, OR 97402	0 hrs	
Phone:	(458) 210-4862		
Email:	mgequinerescue@gmail.com		
Name:	Deanna Dodd		
Address:	3927c fm 1136 Orange, TX 77632	0 hrs	
Phone:	(940) 443-9131		
Email:	Mgequinerescue@gmail.com		

Name:	Dave Gravelle	Director	\$0.00
Address:	90161 lake view dr Eugene, OR 97402		
Phone:	972-342-5921	0 hrs	
Email:	mgequinerecue@gmail.com		

**Form Continued on Reverse Side**

## Section II. Fee Calculation

**9. Total Revenue**

(From Part I, Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; or see the CT-12 instructions for how to calculate total revenue. Attach explanation if Total Revenue is \$0.)

9. \$0.00

**10. Revenue Fee**

(See chart below. Minimum fee is \$20, even if total revenue is a negative amount.) The revenue fee is determined by the amount on line 9.

10. \$20.00

Amount on Line 9	Revenue Fee
\$0 - \$24,999	\$20
\$25,000 - \$49,999	\$50
\$50,000 - \$99,999	\$90
\$100,000 - \$249,999	\$150
\$250,000 - \$499,999	\$200
\$500,000 - \$999,999	\$300
\$1,000,000 or more	\$400

**11. Net Assets or Fund Balances at End of the Reporting Period**

(From Part I, Line 22 (end of year) on Form 990; Line 21 on Form 990-EZ; or Part III, Line 6 on Form 990-PF; or see the CT-12 instructions to calculate. Attach explanation if amount is \$0 or a negative number.)

11. \$500.00

**12. Net Fixed Assets Used to Conduct Charitable Activities**

(Generally, from Part X, Line 10c on Form 990; Line 23B and possibly 24B on Form 990-EZ; or Part II, Line 14b on Form 990-PF; or see the CT-12 instructions to calculate. See the CT-12 instructions if organization owns income-producing assets.)

12. \$0.00

**13. Amount Subject to Net Assets or Fund Balances Fee**

(Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)

13. \$500.00

**14. Net Assets or Fund Balances Fee**

(Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$2,000. Round cents to the nearest whole dollar.)

14. \$0.00

**15. Are you filing this report late?**

Yes  No

(If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)

15. \$100.00

**16. Total Amount Due**

(Add Lines 10, 14, and 15.)

16. \$120.00

Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$50,000 or more, or Net Assets or Fund Balances of \$100,000 or more, see the instructions. Such organizations may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy if available.

**Please Sign Here**

Under penalties of perjury, I declare that I am an officer/director of the organization. I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

s/Tiffany Gravelle

8/5/2022

Director

Signature of officer

Date

Title

Tiffany Gravelle

90161 lake view dr Eugene, OR 97402

Officer's name (printed)

Address

(458) 210-4862

Phone

**Paid Preparer's Use Only**

Preparer's signature

Date

Phone

Preparer's name (printed)

Address