

e-Postcard for Tax-Exempt Organizations (990-N)

For the 2023 calendar year, or tax year beginning _____, and ending _____

Organization

Name EQUINE ESCAPE		Federal EIN 81-2712515
Doing Business As EQUINE ESCAPE		Website Address
Street 5880 BRIGHAM RD		Room/Suite
City Goodrich	State MI	Zip Code 48438
Foreign Country	Foreign Province	Foreign Zip

Principal Officer of Organization

Name RACHAEL GILMOUR	Check here if Officer is a business <input type="checkbox"/>	SSN or EIN XXXXXX
Street 5880 BRIGHAM RD		Room/Suite
City Goodrich	State MI	Zip Code 48438
Foreign Country		

Organization's annual gross receipts are still normally \$50,000 or less

If applicable, organization is terminating (going out of business)

Electronic Filings only

The following questions should be answered in the context of the **FEDERAL** return being electronically filed.
 Responses for state efiles are below.

Check ("x") this column to see more information, when available.

Name of signing officer or fiduciary . . . RACHAEL GILMOUR
 Check ("X") if foreign officer and does not have a SSN/TIN
OR
 Check ("X") if officer opts not to provide SSN/ITIN
OR
 Enter SSN/EIN of signing officer or fiduciary

Form family applicability

1065	1120/F	1120S	990	1041
Y	Y	Y	Y	Y

Total Income from Prior Year return

Y	Y	Y		Y
Y	Y	Y		
	Y	Y		
Y	Y	Y		
Y	Y	Y		
				Y
Y	Y	Y		Y
	Y	Y		Y

If claiming deduction for Salary & Wages on current year return, mark this box and enter the **COUNT** of original W2's reported to SSA for this tax year

If claiming Compensation of Officers on current year return, mark this box and enter the number of officers

Parent Company Name
 Parent Company EIN

Business's Primary Physical Address:
 Street _____
 Line 2 _____
 City _____ St _____ Zip _____
 Country _____ Province _____ Postal Code _____

Grantor Name
 Grantor SSN

Indicate which, if any, of the following forms this entity is required to file.
 720 990 1042
 940 941 943 944 945

Were estimated tax payments made for this entity towards the current tax year's liability?
 Yes No

Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.

First Payment, regardless of quarter or date paid.

Method Direct Debit/ACH Cash Check EFTPS

Amount paid with first quarter
 Date payment was requested to be debited
 For Cash payments, date cash was deposited. For Check payments, date on check.
 Last 4 digits of account number for Direct Debit/ACH or EFTPS payment
 EFTPS Confirmation Number

Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.

Last Payment, regardless of quarter or date paid.

Do NOT use if only one estimated payment was made.
 Method Direct Debit/ACH Cash Check EFTPS

Amount of last payment
 Date payment was requested to be debited
 For Cash payments, date cash was deposited. For Check payments, date on check.
 Last 4 digits of account number for Direct Debit/ACH or EFTPS payment
 EFTPS Confirmation Number

Main Information Worksheet

This return is currently for: 990-N.

If you would like to change forms, please go to Add Forms and manually choose a Signature Form to replace the 990-N.

Demographic Information (990-N)

Filing information for the calendar year 2023 or other tax year beginning _____, and ending _____

Name and Identification Number

Name of Organization/Foundation
EQUINE ESCAPE
Fed ID Number
81-2712515

DBA Name
EQUINE ESCAPE

Address

In Care Of (if applicable)
First Name M.I. Last Name Suffix
c/o
Street Address Apt, Suite or Unit Unit Type
5880 BRIGHAM RD
P.O. Box (if applicable) Private Mailbox Number
P.O. Box PMB
ZIP Code City or town State
48438 Goodrich MI
Foreign Province Foreign Country Foreign Zip
Foreign Phone Number

- Name change Address change Display Prior Address details below
 Initial return Final return

Date Business Started/Incorporated
(State Use Only)

Year of Formation

State of Legal Domicile
MI

Foreign Country of Legal Domicile

Principal Business Activity and Professional Activity Codes for (990-N)

Principal Business Activity Code

Select a principal activity category: _____

AND

Select a principal activity: _____

OR

Please enter appropriate business activity code here. _____

Officer/Authorized Signer Information

Choose a Signer (check one box):

- Check if Officer is Authorized Signer. Check to assign a different Authorized Signer.

Choose a State Contact (check one box):

- Check if Officer is State Contact. Check to assign a different State Contact.

First Name or Business Name M.I. Last Name Suffix
RACHAEL GILMOUR

Officer SSN
XXXXXXXXXX

Street Address Apt, Suite or Unit Unit Type
5880 BRIGHAM RD
P.O. Box, if applicable Private Mailbox Number

P.O. Box	PMB		
ZIP Code	City		State
48438	Goodrich		MI
Foreign Province	Foreign Country		Foreign Zip
Title			Email
Member			
Phone number	Secondary Number	Foreign Phone Number	Fax Number
(810) 287-0519			

Signature

Date signed

Third Party Designee

Check if the IRS may discuss this return with the preparer

No

If the state return allows a third party designee other than the paid preparer, manually change the designee information below

Designee's First Name	M.I.	Last Name	Suffix
Joseph	M	Havrilla	
Phone number	Personal identification number (PIN)		
(810) 630-6409	XXXX		

Options Information

52-53 Week Tax Year

State Information Worksheet
