990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A F	or the	2009 calend	lar year, o	r tax year beginning		, 2009, aı	nd ending			, 20
B c	heck If	applicable	Please	C Name of organizationPROUD SPIRIT	HORSE RESCUE	INC			D E	mployer identification no
A	ddress	change	use IRS label or	Doing Business As					65-	1103738
] Na	ame ch	ange	print or	Number and street (or P O box if mail is	not delivered to street	address)	Roc	m/suite	E To	elephone number
ln	itıai ret	urn	type See	1210 POLK ROAD 48						
_ Te	erminat	ed	Specific Instruc-	City or town, state or country, and ZiP +	4				G G	ross receipts
Ar	mende	i return	tions	Mena, AR 71953						45,459
- - - -	pplicati	on pending	F Name	and address of principal officer						
							H(a) is this a g affiliates?	roup return	for Yes X No
I Ta	x-exer	npt status	X 501(c) (3) ◀ (insert no) 4947(a)(1) or	527		H(b		liates includ	
	ebsite			, , , , , , , , , , , , , , , , , , ,			· · · · · ·	if "No," at Group exe	tach a list (see instructions)
		organization X	Corporatio	n Trust Association Other		L Year of formati			of legal do	
Par		Summar		Trust Nessonation Cares		E rour or lorman	2000	III Otato	or logar do	Mone AR
	1			rganization's mission or most signific	ant activities	PREVENTION (OF CRIET	יע יייט ער	DOTO	
	1	Differry descri	IIDO UIO OI	gamzations mission of most signific	ant activities.	PREVENTION	OF CRUELI	.I 10 HO.	Koto	
A c G	ł								• • • • • • • • • • • • • • • • • • • •	
c G							· · · · · · · · · · · · · · · · · · ·			
) y		011-4-1-1				. 4 . 6 15	- 050/ -file			
,	2		_	f the organization discontinued its or					1 1	
n i	3		•	nbers of the governing body (Part VI	•				3	0
e n	4			nt voting members of the governing	* *				4	0
• c	5		•	oyees (Part V, line 2a)					5	0
B.	6			teers (estimate if necessary)					6	1
	7a	Total gross	unrelated	business revenue from Part VIII, col	umn (C), line 12.		• • • • •	• • • •	7a	0
	b	Net unrelate	ed busines	ss taxable income from Form 990-T,	line 34				7b	0
_								Prior Year		Current Year
R	8	Contribution	s and gra	nts (Part VIII, line 1h)	 .		•			45,459
٧	9	Program sei	rvice reve	nue (Part VIII, line 2g)						0
n	10	investment	income (P	art VIII, column (A), lines 3, 4, and 7	'd)					0
u	11	Other reven	ue (Part V	/III, column (A), lines 5, 6d, 8c, 9c, 1	0c, and 11e)					0
_	12		•	nes 8 through 11 (must equal Part V	•					45,459
	13			nounts paid (Part IX, column (A), line						0
	14			members (Part IX, column (A), line						0
E	15	•		ensation, employee benefits (Part IX,	-					0
p	1			ng fees (Part IX, column (A), line 11	• •	-				
n	1			enses (Part IX, column (D), line 25	5,	0	•		 -	
8	17			IX, column (A), lines 11a-11d, 11f-2	46					25 015
8	1	· ·	•	lines 13-17 (must equal Part IX, cold	•		•		···	25,815
	18 19			es. Subtract line 18 from line 12	RECEIV	FŊ].	•			25,815
	13	Revenue les	ss expens	es. Subtract me 18 from me 12.	445-04-1-1	13	•			19,644
Net Assets		-		18		181	Beginni	ng of Curre		End of Year
or	20			ine 16)	1 MAY 1 8 21	110 · Š ·	•	6,7	26	9,211
runa Bai-	21			(, line 26)		SE	•			0_
ances	22			lances. Subtract line 21 from line 20	و مر بنما محر الم	· · · · · · · · · · · · · · · · · · ·	•	6,7	26	9,211
Par	t II	Signatu			JIJUEN.	UT I	-4-4			
		and belief	iles of perjui	ry, I declare that I have examined this return ect, and complete. Declaration of preparer (o	encluding:accompany	sed on all informa	statements, α tion of which (no to the bea	stormy kno sany knowle	dge dge
Ci		/.\	N 0	18 01						11/10
Sign			\sim	INN						14.10
Here	•	Signaltu	ire of officer						Date	
		MELAI	NIE BOWI	ES, PRESIDENT				·		
		Type or	print name	and title						-
		Preparer's			Date		Check If	1	rer's identify	ng number
		signature	7				seif- employed ▶ [(See If	nstructions)	
Paid]	•		05-15	-2010				
Prepa				Stephen Ross Financials			EIN	•		
Use C	nry	Firm's name		400 Port ARthur AVenue				•		
		address, and					Dhore	no 5 470	-216 205	
May	he ID	S discuss this	return	Mena, AR 71953	instructions)		_	no \$479	-210-305	
	_			ith the preparer shown above? (see		• • • • • • •	····			. ☐ Yes X No
or P	rivacy	Act and Pap	Jerwork R	leduction Act Notice, see the separa	ite instructions.				EEA	Form 990 (2009)



Forn	m 990 (2009) PROUD SPIRIT HORSE RESCUE INC	65-1103738	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	PREVENTION OF CRUELTY TO HORSES		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	₹ No
	If "Yes," describe these new services on Schedule O.		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes	No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	f grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 25,815 including grants of \$) (Reve	INUE \$ 46.45	9)
	50+ HORSES CURRENTLY PROVIDED FOOD, WATER, SHELTER, VET SERVICES AND LAND TO GRAZE	10,13	<u>, </u>
	JOHN MONDAY CONCENTED LACE LACE LACE LACE LACE LACE LACE LACE		
		······································	
4b	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
			
		 	
		· ·-·-, · · ·, · · ··, · · ··,	
4c	(Code) (Expenses \$ including grants of \$) (Reve	nue \$)
		· · · · · · · · · · · · · · · · · · ·	
		 	
4d	. •		
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses 25,815		

Part IV

Form 990 (2009)

Checklist of Required Schedules No__ Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Х X 2 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," X Did the organization receive or hold a conservation easement, including easements to preserve open space, Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," X 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or Х Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 Х 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FiN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete 12 12 Х 12A Was the organization included in a consolidated, independent audited financial statement for the tax year? 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E........... X 13 X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance Х Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 Х X

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines Х 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?....... 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disgualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? X 27 Was the organization a party to a business transaction with one of the following parties, directly or indirectly (see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds, conditions, and exceptions) X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Х 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			l
	instructions)	1		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			ĺ
	this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country. >			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			l
	and Financial Accounts.			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	}	Ì	
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			i
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			İ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1		1 .
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			l
	required to file Form 8282?	7c		X
d	if "Yes," indicate the number of Forms 8282 filed during the year	i		İ
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		
_	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	76		v
	required?	7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			}
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		}
	organization, have excess business holdings at any time during the year?	-	-	
9	Sponsoring organizations maintaining donor advised funds.	0-		l
a	Did the organization make any taxable distributions under section 4966?	9a 9b		
b		3D		
10	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12			
b 44				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources against)	
b	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	İ	Í
· 4.a	Geodori Totti (all'intrinsi entre interesta de la constitución ming i otti oco in moderno com totti de el el el el el el el el el el el el el			

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

Part Vi

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	tion A. Governing Body and Management			
			Yes	No_
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the pnor Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a		Х
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	et ins organizations maining address: In rest, provide the numes and addresses in solicities (This Section B requests information about policies not required by the Internal			
	enue Code.)			
1/64	side Oode.)		Yes	No
105	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	.00		
b	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	i	
	· · · · · · · · · · · · · · · · · · ·	100		
11	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	11	х	
40-	must describe in Schedule O the process, if any, the organization uses to review the Form 990	12a	^	X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	128		
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	401		
	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40		
	describe in Schedule O how this is done	12c		77
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.			
а	The organization's CEO, Executive Director, or top management official?	15a		<u>X</u>
b	Other officers or key employees of the organization?	15b		<u>X</u> _
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	İ		
	the organization's exempt status with respect to such arrangements?	16b		X
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website 🔀 Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: MELANIE BOWLES (479)243-0339			
	• • • • • • • • • • • • • • • • • • • •	**		
	1210 POLK ROAD 48 Mena, AR 71953			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees; and former such persons.

Name and Title	Average hours per week	1 t d	l t			hat app		Reportable	Reportable	Estimated
	hours per week	dur I se V t c I e t d e o u o I r	n r s u t s i t e t u e t i o n a i		e m	Hce lom ghpl eeoy tse t e	F or m e r	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MELANIE BOWLES			_	-						
RESIDENT	20			X				0	0	0
TAMES BOWLES				ł						
VICE PRESIDENT	20	<u> </u>		X			ļ	0		
DR MARK DAVIS										
DIRECTOR		ļ	ļ	X			ļ	0		
		 					-		 	·
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	}						1			

Pa	rt VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	l Hig	jhes	t Com	pen	sated Employees	(continued)			
	(A)	(B)			(1	C)			(D)	(E)		(F)	
	Name and Title	Average hours per week	Posit I t d n r i d u r i s e t c i e t d e o u r a o l r	i t n r s u t s i t	O f f c e	K all K e y e m p l o y e e	that app H c m g mp h p l een y t se t e d	F o r	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estima amouni othe compens from t organiz and reli organiza		f ion on ed
												-	
						-							
					-								
						-							
			!										
						-							
_						-							
						-					 		
					-								
1b	Total								0	0			0
2	Total number of individuals (including but not limited	to those liste	ed abo	ve)	who	rec	eived	mor	e than \$100,000 ir	1			
	reportable compensation from the organization	.,								0		Yes	NI-
3	Did the organization list any former officer, director or											165	No
	employee on line 1a? If "Yes," complete Schedule J										3		<u> </u>
4	For any individual listed on line 1a, is the sum of report the organization and related organizations greater the	an \$150 ,000	? If "Y	es,'	cor	nple	te Sch						v
5	Individual							• •	tion for		4		X
5	services rendered to the organization? If "Yes," comp			-							5	}	x
Se	tion B. Independent Contractors								-,	·.··			
1	Complete this table for your five highest compensate compensation from the organization.	d independe	ent con	itrac	ctors	tha	t recei	ved	more than \$100,0	00 of			
	(A)								(B)			(C)	
	Name and business addres	s							Description of	services	Compe	ensation	1
									ļ				
2	Total number of independent contractors (including b	out not limite	d to th	086	jete	e be	bove) v	wh∩	received			-	
	more than \$100,000 in compensation from the organ		5		,,,,,,						w'.,	* 2 2 2	**

Par	t VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Cgo	a 1a	Federated campaigns 1a				· · · · · · · · · · · · · · · · · · ·	1
of t nfh	m .			_			
t t e				-			
i bgs	t	_		-	-		
uri	٠ .	Government grants (contributions) . 1e					
i n i		· · · / — —			,	_	
nsa	f	All other contributions, gifts, grants, and similar amounts not included above 1f	45,459				
s, r	١.		45,455	-~	,		
d d	٤	·				•	
				45,459			
		 	Business Code				
P S	R Za						
r e	e t						
gv	e C						
r i	n c	·	 				
m e	. 6	·					
		All other program service revenue					
		Total. Add lines 2a-2f			11. 11.		5 4 3
	3	Investment income (including dividends, interest, a other similar amounts)					
	4	Income from investment of tax-exempt bond proces					
	5	Royalties					
	-	(i) Real	(II) Personal		e "	, ,,	•
	62	Gross Rents	(ii) i ordenai		'	,	•
	1	Less: rental expenses		m * . /			
		·			1.	` ` `	. ,
		Rental income or (loss)		- 1 - '		*	•
		Net rental income or (loss)	(II) Other				
	, t	assets other than inventory Less: cost or other basis		= -48 - 1944 ₆		٠ ا	
0		and sales expenses		, A	-	ت بائے ہ	,
ť		Gain or (loss)		•	*	-	,
h	(l Net gain or (loss)					
r	8a	Gross income from fundraising			,	~	Ì
_		events (not including \$		·	' ' '		, .
R		of contributions reported on line 1c).		, , ,	`, '		
v		See Part IV, line 18		ع له' کی سا	*******	1	A
е	k	Less: direct expenses b		, ,,,,			-
n u		Net income or (loss) from fundraising events					
e	9a	Gross income from gaming activities		ه و د د د د د د د د د د د د د د د د د د	5 5 7 1 S		,
		See Part IV, line 19			,		_
	l k	Less: direct expenses b		v * ' ' ' ' ' '			
	- 1	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns and allowances		*			
							,
	i i	Less. cost of goods sold b			~ -		
		Net income or (loss) from sales of inventory					
			Business Code	,			
	11a		· · · · · · · · · · · · · · · · · · ·				
	(<u> </u>		
		All other revenue					3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	•	Total. Add lines 11a-11d	• • • • • •	ļ	-	· · · · · · · · · · · · · · · · · · ·	
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c	i,				
		9c, 10c, and 11e		45,459	0	0	0
			EEA	ı			Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Att other organizations must complete colum		arred to complete cost	mins (B), (C), and (B).	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.	Total Dipolisos	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified	·			
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)		· · · · · · · · · · · · · · · · · · ·		
•	and section 403(b) employer contributions)				
9	• • •				
	Other employee benefits				
10	Payroll taxes	·			
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17.				
f	Investment management fees				
g	Other				<u> </u>
12	Advertising and promotion	100	100		
13	Office expenses				· · · · · · · · · · · · · · · · · · ·
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel		,, <u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,131	2,131		
23	Insurance				
24	Other expenses Itemize expenses not				1
	covered above (Expenses grouped together		, .		-
	and labeled miscellaneous may not exceed	,			t=
	5% of total expenses shown on line 25 below.)			,	2 2000
а	SUPPLIES	4,668	4,668		
b	FEED& HAY	6,337	6,337		
c	VET & FARRIER	3,242	3,242		
d	CONTRACTORS	3,050	3,050		
e	REPAIRS & MAINTENANCE	5,827	5,827		····
f	All other expenses	460	460		
25	Total functional expenses. Add lines 1 through 24f	25,815	25,815	0	0
25 26	Joint Costs. Check here if following	23,613	43,013	9	<u> </u>
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation			1	

Form 990 (2009)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 6,726 9,211 2 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete A s s e t 6 7 7 Inventories for sale or use 8 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D. 10a b Less, accumulated depreciation 10b 10c 11 11 12 12 13 Investments - program-related. See Part IV, line 11........ 13 14 14 15 15 16 16 6,726 9,211 17 17 18 18 19 19 ī 20 20 ab 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 25 26 26 Organizations that follow SFAS 117, check here 🕨 💢 and complete iines 27 through 29, and lines 33 and 34. N F e 27 u 27 6.726 9.211 Л 28 28 d 29 A S 29 В Organizations that do not follow SFAS 117, check here S a I and complete lines 30 through 34. 8 ŧ а 30 30 n 31 31 32 0 e 32 Retained earnings, endowment, accumulated income, or other funds s 33 33 9,211 6,726 34 6,726 9,211

FOR	m 990 (2009) PROUD SPIRIT HORSE RESCUE INC	65-1103738			age 1
Pa	rt XI Financial Statements and Reporting				
				Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗌 Accrual 🗍 Other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			•	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a consolidated basis, separate basis, or both:		2d		1
	separate basis consolidated basis both consolidated and separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
_ b	If "Yes," did the organization undergo the required audit or audits?	<u> </u>	3b		

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

PRO	UD S	PIRIT HORSE RESC	CUE INC						65-13	103738			
Pa	rt I	Reason for	Public Charity	/ Status (All organiz	ations mu	st complete	e this part	.) See inst	ructions				
The	orga	nization is not a priva	ite foundation bec	ause it is: (For lines 1 th	rough 11,	check only	y one box)					
1		A church, convention	of churches, or a	ssociation of churches d	escribed i	n section 1	70(b)(1)(A)(i).					
2		A school described in	n section 170(b)(1	I)(A)(ii). (Attach Schedu	le E.)								
3		A hospital or a coope	erative hospital sei	vice organization descri	bed in sec	tion 170(b)(1)(A)(iii)).					
4		A medical research of	organization opera	ted in conjunction with a	hospital c	lescribed in	section '	170(b)(1)(A)(iii). Ent	er the hosp	oital's na	me,	
		city, and state.											
5		An organization ope	rated for the bene	fit of a college or univer	sity owne	d or operat	ed by a go	overnment	al unit des	scribed in			
		section 170(b)(1)(A)(iv). (Complete Pa	art II.)									
6		A federal, state, or lo	cal government or	governmental unit desc	ribed in se	ection 170	(b)(1)(A)(v	<i>(</i>).					
7		An organization that	normally receives	s a substantial part of its	support f	rom a gove	ernmental	unit or fro	m the gen	eral public			
		described in section	170(b)(1)(A)(vi).	(Complete Part II.)									
8		A community trust de	escribed in section	n 170(b)(1)(A)(vi). (Com	plete Part	11.)							
9	X	An organization that	normally receives	s: (1) more than 33 1/3%	of its sur	port from o	contributio	ns, memb	ership fee	es, and gro	ss		
		receipts from activiti	es related to its ex	cempt functions - subjec	t to certai	n exceptior	ns, and (2) no mor e	than 33 1/	/3% of its			
		support from gross i	nvestment income	and unrelated busines	s taxable i	ncome (les	ss section	511 tax) f	rom busin	esses			
		acquired by the orga	nızatıon after June	30, 1975. See section	509(a)(2).	(Complete	Part III.)						
10		An organization orga	inized and operate	d exclusively to test for	public safe	ty. See se	ction 509	(a)(4).					
11		An organization orga	anized and operat	ed exclusively for the be	enefit of, to	perform t	he functio	ns of, or to	carry out	the			
		purposes of one or n	nore publicly supp	orted organizations desc	лbed in se	ction 509(e	a)(1) or se	ction 509(a)(2). See	section			
		509(a)(3). Check the	box that describe	s the type of supporting	organızatı	on and com	iplete line	s 11e thro	ugh 11h.				
		a 🗌 Type I	b 📋 Тур			-Functiona			d [III-Other	•	
0		By checking this box	c, I certify that the	organization is not cont	rolled dire	ctly or indu	rectly by o	ne or mor	e disqualit	fied			
		persons other than f	oundation manage	ers and other than one	or more pu	iblicly supp	orted org	anizations	described	in section	1		
		509(a)(1) or section											
f		If the organization re	eceived a written o	letermination from the II	RS that it i	s a Type I,	Type II, o	or Type III	supporting	9			
		•						• • • • •	• • • • •	• • • • •	• • • •		••[]
g		Since August 17, 20	06, has the organ	ization accepted any git	t or contri	bution from	any of th	е					
		following persons?											
				y controls, either alone								Yes	No
				ly of the supported orga							11g(l)		
				cribed in (i) above?							11g(ii)		-
				on described in (i) or (ii)				• • • • •	• • • • •	• • • •	11g(iii	<u> </u>	J
<u>h</u>				it the organizations the					T		· · · · · · · · · · · · · · · · · · ·		
	(I) N	ame of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9	1	organization sted in your		ou notify nization in		Is the tion in col		Amoun upport	(01
				above or IRC section		document?		of your		zed in the S ?			
				(see instructions)	Vac	No	· · · · · · · ·	`					
					Yes	No	Yes	No	Yes	No			
					 					 			
									1				
					 					 	-		
								1					
					 	 	 	 	 	 			_
					1								
					 	 	-		-				
					1								
					 -			 		 			
					[1		1	•	}	1		

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PROUD SPIRIT HORSE RESCUE INC Schedule A (Form 990 or 990-EZ) 2009 65-1103738 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 . . Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV)..... 11 Total support. Add lines 7 through 10 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 %_ 15 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.....

10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

PROUD SPIRIT HORSE RESCUE INC 65-1103738 Page 3 Schedule A (Form 990 or 990-EZ) 2009 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 13,876 22,679 38,230 48,712 45,459 168,956 Gross receipts from admissions, merchandise, sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on ıts behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 13,876 22,679 38,230 48,712 45,459 168,956 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year Public support (Subtract line 7c from line 6) 168,956 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 13,876 22,679 38,230 48,712 45,459 168,956 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)...... Total support. (Add lines 9, 10c, 11, 13 168,956 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14

	Organization, check this box and stop here	<u></u>	 	
Sec	tion C. Computation of Public Support Percentage			
15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.00	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16		%
Se	tion D. Computation of Investment Income Percentage			
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0 00	%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18		%
	missened meanie becaused a name and a sure and a sure of the sure			

19a	33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<u> </u>
-----	---	----------

b	33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	L
20	Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	ſ

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990.

OMB No 1545-0047 2009

Open to Public Inspection

Name of the organization Employer Identification number PROUD SPIRIT HORSE RESCUE INC 65-1103738 01. Officer, directors, etc. family relationship (Part VI, line 2) PRESIDENT MELANIE BOWLES AND VICE PRESIDENT JAMES BOWLES ARE MARRIED 02. Governing body meeting documentation (Part VI, line 8a) All Governing Body meetings are informal without written notes 03 Committee meeting documentation (Part VI, line 8b) NO COMMITTEE MEETINGS 04. Form 990 governing body review (Part VI, line 11) GOVERNING BODY SUPPLIED FORM 990 BEFORE FILING 05. Governing documents, etc, available to public (Part VI, line 19) GENERALLY NOT MADE AVAILABLE TO THE PUBLIC

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury

	al Revenue Service (99)	See separate	e instructions.			our tax return			Sequence No. 67
Name	(s) shown on return			Business or activity to which this form relates				Identifying number	
PRO	OUD SPIRIT HORSE	RESCUE IN	IC	FOR	M 990	- 1			65-1103738
Pai	rt I Election To Expen	se Certain Pr	operty Und	er Sect	ion 179				· · · · · · · · · · · · · · · · · · ·
	Note: If you have any lis	ited property, com	plete Part V be	efore you	complete Par	rt I.			
1	Maximum amount. See the instru							1	
2	Total cost of section 179 propert	y placed in service	ce (see instruct	uons)				2	
3	Threshold cost of section 179 pr		•	•				3	
4	Reduction in limitation. Subtract			•				4	
5	Dollar limitation for tax year Sub								
	separately, see instructions					_		5	
	(a) Description o			1	usiness use on	l	cted cost		
6		· FF		<u> </u>		(0, 2.0			
						 			
7	Listed property. Enter the amour	nt from line 29			7				ì
8	Total elected cost of section 179							8	-
9	Tentative deduction. Enter the sn							9	
10	Carryover of disallowed deduction							10	
11	Business income limitation. Ente		-					11	
12	Section 179 expense deduction			•	•		-	12	0
	Carryover of disallowed deduction							12	
13	: Do not use Part II or Part III belo				12.				1, 1
Pa					iction (D		-40-4		\ (Cantt \
							stea pro	perty.	(See instructions.)
14	Special depreciation allowance f		•						
	dunng the tax year (see instructi	•						14	
15	Property subject to section 168(i							15	
16	Other depreciation (including AC						<u> </u>	16	2,131
Pa	t III MACRS Depreciat	ion (Do not in	clude listed pro	perty.) (S	ee instruction	ns.)			
				ection A				r	,
17	MACRS deductions for assets pl			-				17	L
18	If you are electing to group any	•	•	-		•	1		
	asset accounts, check here							L	
	Section B - Asset	· · · · · · · · · · · · · · · · · · ·			ar Using the	General Depre	eciation	Syste	m
	(a) Classification of property	assification of property year placed in (bus		preciation tment use uctions)	(d) Recovery period	(e) Convention	(f) Method		(g) Depreciation deduction
19 a	3-year property	_ t _ 1 5* *	·						
b	5-year property								
С	7-year property	J- · · · · ·							
d	10-year property								
е	15-year property]]		
f	20-year property								
g	25-year property				25 yrs.		S/L		
h	Residential rental				27 5 yrs.	MM	S/L		
	property				27 5 yrs.	MM	S/L		
i	Nonresidential real	1			39 yrs.	MM	S/L		
•	property		 		J	MM	S/L		
	Section C - Assets	Placed in Service	e During 2009	Tay Year	rilsing the A				tem
20.5	Class life	a ,	E During 2000	, ux icui	USIN IS THE P	Letting Dep			
	12-year	┥,			12 yrs	 	S/L S/L		
		, *			40 yrs.	NANA	S/L		
	40-year t IV Summary (see instr	uctions\			40 yrs.	MM		·	<u></u>
								24	
21	Listed property. Enter amount fr						a	21	
22	Total. Add amounts from line 12, and on the appropriate lines of y	_						22	2,131
23	For assets shown above and pla	iced in service du	ring the curren	ıt year, er					
	nortion of the basis attributable t	n section 263A c	nete		23	. [[*