efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 01-01-2010

C Name of organization

PROVERBS 1210 ANIMAL RESCUE & ADOPTION

As Filed Data -

DLN: 93492228006221

Open to Public

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Address change

Short 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) ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the

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

and ending 12-31-2010

Inspection

D Employer identification number

_		cnange	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	06-1792932		
_	ame ch	-	Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 279	E Telephone numb	er	
_	ntıal ret erminat		10 BOX 273	(615) 4	16-8373	3
_		d return	City or town, state or country, and ZIP + 4	F Group Exemptio	 n	
_		on pending	BURNS, TN 37029	Number 🟲		
		ting method •• N/A	▼ Cash Accrual Other (specify) ►	_		
				Check ► I i		rganization is not thedule B
J Tax	-Exem	pt status(check	only one)— 501(c)(3) 501(c)() ◀(Insert no) 4947(a)(1) or 527	(Form 990, 99		
\$5	0,000) A Form 990	nization is not a section 509(a)(3) supporting organization and its gross rec -EZ or Form 990 return is not required though Form 990-N (e-postcard) ma [,] o file a return, be sure to file a complete return			
L Add	l lines 5	5b, 6c, and 7b, to	line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, colu	ımn (B)	
more	,	Form 990 instead		▶ -\$		151,549
Pa	rt I	_	, Expenses, and Changes in Net Assets or Fund Balances (Se organization used Schedule O to respond to any question in this Part I	see the instruct	ons fo	or Part I)
	1	Contributions	s, gifts, grants, and similar amounts received		1	151,549
	2	Program serv	rice revenue including government fees and contracts		2	
	3	Membership	dues and assessments		3	
	4	Investmentı	ncome		4	
	5a	Gross amour	it from sale of assets other than inventory 5a			
활	ь	Less cost o	rother basis and sales expenses 5b	0		
Revenue	c	Gaın or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
<u>o</u>	6	Gaming and f	undraising events			
	a	Gross income fr	om gaming (attach Schedule G if greater than \$15,000)			
	b		e from fundraising events (not including \$ <u>0</u> of contributions from fundraising ine 1) (attach Schedule G if the sum of such gross income and contributions			
	C	Less direct	expenses from gaming and fundraising events 6c	0		
	d	Net income o	r (loss) from gaming and fundraising events (Add lines 6a and 6b and subtra	act line 6c)	6d	0
	7a	Gross sales	of inventory, less returns and allowances			
	Ь	Less cost of	goods sold	0		
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenu	ie (describe in Schedule O)		8	
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	-	9	151,549
	10	Grants and s	ımılar amounts paıd (lıst ın Schedule O)		10	
	11	Benefits paid	to or for members		11	
	12	Salaries, oth	er compensation, and employee benefits		12	25,000
es de de	13	Professional	fees and other payments to independent contractors		13	700
Expenses	14	Occupancy,	rent, utilities, and maintenance		14	6,730
Ä	15	Printing, pub	lications, postage, and shipping		15	777
	16	Other expens	ses (describe in Schedule O)		16	119,763
	17	Total expens	es. Add lines 10 through 16	<u> </u>	17	152,970
5	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)		18	-1,421
Stark.	19	Net assets o	r fund balances at beginning of year (from line 27, column (A)) (must agree v	vith		
NetA		end-of-year t	igure reported on prior year's return)		19	2,319
Ž	20	O ther change	es in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets o	r fund balances at end of year Combine lines 18 through 20	▶	21	898

Part II Balance Sheets Check if the organization used	Schedule O to respond to	any question in t	hıs Part II .			
(See the instruct	tions for Part II)		(A) Beginning o	ofyear		(B) End of year
22 Cash, savings, and investments .			. , , , ,	2,319	22	898
23 Land and buildings				,	23	
24 Other assets (describe in Schedule O) .				24	
25 Total assets				2,319	25	898
26 Total liabilities (describe in Schedule	0)			,	26	
27 Net assets or fund balances (line 27 of	f column (B) must agree wit	h line 21) .		2,319	27	898
Part III Statement of Program of Check if the organization used What is the organization's primary exempt Animal Rescue Describe what was achieved in carrying our describe the services provided, the number program title	Schedule O to respond to purpose? t the organization's exempt	any question in t	lear and concise	manner,	(c)(orga 494	Expenses quired for section 501 3) and 501(c)(4) anizations and section 7(a)(1) trusts, onal for others)
28 Prevent acts of cruelty to animals and h (Grants \$ 152,971) If thi	ouse animals until a new ho s amount includes foreign o		e ►	Г	28a	
30	s amount includes foreign o	· · · · · · · · · · · · · · · · · · ·		<u>г</u> г	29a 30a	
31 O ther program services (describe in Sc (Grants \$) If thi	hedule O) s amount includes foreign (grants, check her	· · · · ·	Ė	31a	
32 Total program service expenses (add line	es 28a through 31a) .			-	32	152,97
Part IV List of Officers, Directors, Tru Check if the organization used				See the ins	truction	s for Part IV)
	(b) Title and average	(c) Compensa		tributions	to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid enter -0)				account and other allowances
See Additional Data Table						

Ра	rt V	Other Information (Note the statement requirements in the instr	· –			
		Check if the organization used Schedule O to respond to any question in this	s Part V		Yes	No
33		e organization engage in any activity not previously reported to the IRS? If "Y ption of each activity in Schedule O	, .	33		No
34	of the a	iny significant changes made to the organizing or governing documents? If "Y amended documents if they reflect a change to the organization's name Othe ule O (see instructions)	rwise, explain the change on	34		No
35	others	organization had income from business activities, such as those reported on I), but not reported on Form 990-T, explain in Schedule O why the organization of the companization of the companizatio	n did not report the income on			
а		e organization have unrelated business gross income of \$1,000 or more or wa or 501(c)(6) organization subject to section 6033(e) notice, reporting, and p	* * * * * * * * * * * * * * * * * * * *	35a		No
ь	If "Yes	s," has it filed a tax return on Form 990-T for this year? (see instructions) .		35b		
36		e organization undergo a liquidation, dissolution, termination, or significant dis ar? If "Yes," complete applicable parts of Schedule N	•	36		No
37a	Enter an	nount of political expenditures, direct or indirect, as described in the instructions	37a			
b	Did the	e organization file Form 1120-POL for this year?		37b		No
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee	, or key employee or were			
	any su	ch loans made in a prior year and still outstanding at the end of the tax year o	overed by this return?	38a		No
ь	If "Yes	," complete Schedule L, Part II and enter the total amount involved .	38b			
39		n 501(c)(7) organizations. Enter				
а		ion fees and capital contributions included on line 9	39a 0			
ь	Gross	receipts, included on line 9, for public use of club facilities	39b 0			
		ا <i>S01(c)(3) organizations .</i> Enter amount of tax imposed on the organization duri	ng the vear under			
		4911 ▶, section 4912 ▶, section 4955				
	transa reporte	or 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any sect oction during the year or did it engage in an excess benefit transaction in a price and on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, P	or year that has not been art I	40b		No
	dısqua	n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on org lified persons during the year under sections 4912, 4955, and 4958	-			
d		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reir zation	mbursed by the			
e		anizations. At any time during the tax year, was the organization a party to a p ction? If "Yes," complete Form 8886-T		40e		No
41		states with which a copy of this return is filed 🕨				
42a	The o	rganization's books are in care of 🏲 LAVONNE L REDFERRIN	Telephone no	► (61	5)347	-3765
	Locate	1851 GENTRY RD ed at ► BURNS, TN	ZIP + 4	3	7029	
Ь	Atany	time during the calendar year, did the organization have an interest in or a si	gnature or other authority		V	N-
		financial account in a foreign country (such as a bank account, securities acc	count, or other financial	42b	Yes	No
	accour	·		42B		No
		," enter the name of the foreign country				
	Financ	e instructions for exceptions and filing requirements for Form TD F 90-22.1, Re ial Accounts.				
С	Atany	time during the calendar year, did the organization maintain an office outside	of the US?	42c		Νo
	If "Yes	," enter the name of the foreign country 🕨				
		n 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 er the amount of tax-exempt interest received or accrued during the tax year				▶ Г
44-	D. d & b.	2 T6 "Vee" Feet 2000 much be a	amendated instand of		Yes	No
44a		e organization maintain any donor advised funds? <i>If "Yes", Form 990 must be c</i>	ompretea instead or			
	Form 9			44a		No
b		e organization operate one or more hospital facilities during the year? <i>If 'Yes,'</i> If of Form990-EZ	Form 990 must be completed	44b		No
c	Did the	e organization receive any payments for indoor tanning services during the ye	ar?	44c		No
d	If'Yes ın Sche	to line 44c, has the organization filed a Form 720 to report these payments? edule O	If 'No,' provide an explanation	44d		No

	Z (2010)							Page
							Yes	No
	related organization a controlle		_	fsection 51	2(b)(13)? <i>If</i>			
'Yes,'	Form 990 and Schedule R must be	completed instead of Forr	m990-EZ			45		Νo
	e organization receive any paym							
mean	ng of section 512(b)(13)? <i>If 'Ye</i>	s, Form 990 and Schedule	e K must de completea in:	stead of Form	1990-EZ	45a		No
	ie organization engage, directly (dates for public office? If "Yes,"	• * •	. •	ehalf of or ir	n opposition to			l
						46		No
Part VI	Section 501(c)(3) orga All section 501(c)(3) organ							stion
	47-49b and 52.	iizadons and section .	+5+7(a)(1) Hollexelli	pt charitab	ie trusts must	answ	er que	30011
	Check if the organization used	Schedule O to respond	to any question in this F	art VI .				<u>. ୮</u>
							Yes	No
7 Did th	ie organization engage in lobbyir	ng activities? If "Yes." co	omplete Schedule C. Pa	rt II		47		Νo
						48		No
Is the	organization a school described	in section 1/U(b)(1)(A)(II) / IT "Yes," complete s	cneaule E				No
a Did th	e organization make any transfe	rs to an exempt non-cha	arıtable related organıza	tion?		49a		NO
b If "Ye	s," was the related organization	a section 527 organizat	ion?			49b		No
) Comp	lete this table for the organization	on's five highest compen	sated employees (other	than officer	s. directors. trus	stees a	nd kev	
•	yees) who each received more t	•			, ,			
a) Name	and address of each employee	(b) Title and average	(-) 6	, , ,	tributions to	-	Expe	
pai	d more than \$100,000	hours per week devoted to position	(c) Compensation		benefit plans & compensation		ccount er allowa	
NE								
0(f) Tota	ıl number of other employees pa	ıd over \$100,000 .				•		
L Comp of cor	lete this table for the organization	on's five highest compen n Ifthere is none, enter	"None"	,				
L Comp of cor (a) Na	lete this table for the organization	on's five highest compen n Ifthere is none, enter	"None"	,	each received m		an \$10 Compen	
L Comp	lete this table for the organization	on's five highest compen n Ifthere is none, enter	"None"	,				
L Comp of cor (a) Na	lete this table for the organization	on's five highest compen n Ifthere is none, enter	"None"	,				
L Comp of cor (a) Na	lete this table for the organization	on's five highest compen n Ifthere is none, enter	"None"	,				
Comp of cor (a) Na	lete this table for the organization	on's five highest compen n Ifthere is none, enter	"None"	,				
Comp of cor (a) Na	lete this table for the organization	on's five highest compen n Ifthere is none, enter	"None"	,				
Comp of cor (a) Na	lete this table for the organization	on's five highest compen n Ifthere is none, enter	"None"	,				
Comp of cor (a) Na	lete this table for the organization	on's five highest compen n Ifthere is none, enter	"None"	,				
Comp of cor (a) Na	lete this table for the organization	on's five highest compen n Ifthere is none, enter	"None"	,				
Compoficor (a) Na ONE	lete this table for the organization of the organization from the organization of the	on's five highest compen If there is none, enter indent contractor paid mo	"None " pre than \$100,000 ing over \$100,000 .	(b) Type	e of service	(c) C	Compen	satio
Compofcor (a) Na NE	lete this table for the organization of the organization from the organization of the and address of each independent of the organization complete Sche	on's five highest compen If there is none, enter indent contractor paid months ontractors each receiving	"None " pre than \$100,000 ing over \$100,000 .	(b) Type	e of service	(c) C	Compen	satio
Compoficor (a) Na ONE	lete this table for the organization of the organization from the organization of the organization of the and address of each independent of the organization complete Schest attach a completed Schedule of the organization of the organization of the organization completed Schedule of the organization of the organization of the organization completed Schedule of the organization of the	on's five highest compentations of the second of the secon	"None " ore than \$100,000 ong over \$100,000 on 501(c)(3) organization	(b) Type	e of service	npt cha	eritable	trust
Compoficor (a) Na NE (d) Tota Did mus	lete this table for the organization of the organization from the organization of the and address of each independent of the organization complete Sche	on's five highest compent of there is none, enter indent contractor paid motor on tractors each receiving dule A? NOTE: All Section A	"None" ore than \$100,000 ong over \$100,000 on 501(c)(3) organization	(b) Type	of service	npt cha	aritable fes	trust No
Compoficor (a) Na NE (d) Tota Did mus	lete this table for the organization of the organization from the organization of the and address of each independent of the organization complete Schest attach a completed Schedule scies of perjury, I declare that I have	on's five highest compent of there is none, enter indent contractor paid motor on tractors each receiving dule A? NOTE: All Section A	"None" ore than \$100,000 ong over \$100,000 on 501(c)(3) organization	(b) Type	of service	npt cha	aritable fes	trust No
Compoficor (a) Na NE (d) Tota Did mus	lete this table for the organization of the organization from the organization of the and address of each independent of the organization complete Schest attach a completed Schedule scies of perjury, I declare that I have	on's five highest compent of there is none, enter indent contractor paid motor on tractors each receiving dule A? NOTE: All Section A	"None" ore than \$100,000 ong over \$100,000 on 501(c)(3) organization	(b) Type	of service	npt cha	aritable fes	trust No
. Compofcor (a) Na NE . (d) Tota . Did mus der penali wiedge a	lete this table for the organization pensation from the organization ame and address of each independent of the organization complete Schest attach a completed Schedule states of perjury, I declare that I have not belief, it is true, correct, and complete, it is true, correct, and complete it is true, correct.	on's five highest compent of there is none, enter indent contractor paid motor on tractors each receiving dule A? NOTE: All Section A	"None" ore than \$100,000 ong over \$100,000 on 501(c)(3) organization	(b) Type	7 (a)(1) nonexentatements, and to all information of	npt cha	aritable fes	trust No
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L Composition of control (a) Na ONE L(d) Total must be wised ge a cowledge a cowledge.	lete this table for the organization pensation from the organization are and address of each independent of the organization complete. Schest attach a completed Schedule sites of perjury, I declare that I have not belief, it is true, correct, and complete is the correct of the organization complete. It is true, correct, and complete is the correct of the correct of the organization complete is attached a complete of the correct of the co	on's five highest compentation of presentation	"None " ore than \$100,000 on 501(c)(3) organization con 501 (c) (d) organization con 501 (c)	ons and 494 ons and states and states based on a	7 (a)(1) nonexentatements, and to all information of	npt cha	aritable fes stof my prepare	trust No r has
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L Composition of control (a) Na ONE L(d) Total (a) Did (a) must be derived be a bowledge a bowledge. In the control (a) Did (b) Did	lete this table for the organization pensation from the organization arms and address of each independent of the organization complete. Scheet attach a completed Schedule at attach a completed Schedule and belief, it is true, correct, and complete states are the organization completed. ****** Signature of officer LAVONNE L REDFERRIN Executive in Type or print name and title Preparer's signature Ronald Weatherspoon Firm's name (or yours page & Assortiself-employed),	on's five highest compendent of If there is none, enterindent contractor paid model on the contractors each receiving dule A? NOTE: All Section A	"None " ore than \$100,000 on 501(c)(3) organization con 501 (c) (d) organization con 501 (c)	ons and 494 ons and states and states based on a	7 (a)(1) nonexentatements, and to all information of	npt cha	aritable fes stof my prepare	trusts No r has a
L Compoficor (a) Na ONE L(d) Tota Did mus	lete this table for the organization pensation from the organization are and address of each independent of the organization complete. Scheet attach a completed Schedule at attach a completed Schedule and belief, it is true, correct, and complete it is true, correct, and comple	on's five highest compendent of If there is none, enterindent contractor paid model on the contractors each receiving dule A? NOTE: All Section A	"None " ore than \$100,000 on 501(c)(3) organization con 501 (c) (d) organization con 501 (c)	ons and 494 ons and states and states based on a	of service 7 (a)(1) nonexen tatements, and to all information of 11-08-12 te Preparer's taxpay (See instructions)	npt cha the be which	aritable fes st of my prepare	trusts No r has a

Form 990-EZ (2010)

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE A

Name of the organization

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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.

PROVERBS 1210 ANIMAL RESCUE & ADOPTION

		0	06-1792932			
Pai	rt I	Reason for Public Charity Status (All organizations must complete this part	.) See ınstruc	tions		
The o	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)	_			
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1	L)(A)(i).			
2	\sqcap	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)				
3	\sqcap	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A))(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in sectio hospital's name, city, and state	n 170(b)(1)(A)	(iii). Ente	the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a go	vernmental unit	describe	d ın	
		section 170(b)(1)(A)(iv). (Complete Part II)				
6	\sqcap	A federal, state, or local government or governmental unit described in section 170(b)(1)(A	۱)(v).			
7	<u>\</u>	An organization that normally receives a substantial part of its support from a governmenta described in section 170(b)(1)(A)(vi) (Complete Part II)	l unit or from the	e general	public	
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)				
9		An organization that normally receives (1) more than 331/3% of its support from contributi	ons, membersh	ıp fees, ar	ıd gros	3 S
		receipts from activities related to its exempt functions—subject to certain exceptions, and	•		-	
		its support from gross investment income and unrelated business taxable income (less sec				
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part II	Ι)			
10	\vdash	An organization organized and operated exclusively to test for public safety. See section 50 !	9(a)(4).			
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the function one or more publicly supported organizations described in section 509(a)(1) or section 509 the box that describes the type of supporting organization and complete lines 11e through 1 a Type I b Type II c Type III - Functionally integrated	9(a)(2) See sec 11h	•	a)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by other than foundation managers and other than one or more publicly supported organization section 509(a)(2)	•	•	•	
f		If the organization received a written determination from the IRS that it is a Type I, Type II check this box	or Type III sup	porting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of t following persons?				
		(i) a person who directly or indirectly controls, either alone or together with persons describ	bed in (ii)		Yes	No
		and (III) below, the governing body of the the supported organization?		11g(i)		
		(ii) a family member of a person described in (i) above?		11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)		
h		Provide the following information about the supported organization(s)				

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) list your gove docume	e ion in ted in rning	organizat col (i) of	Did you notify the organization in col (i) of your col ((vi) Is the organization in col (i) organized in the US?	
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support	or garmzaaari i	and as quantity and		5154 25.51.7 p.1			<u>u. c 111./</u>
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual		26,496	104,247	121,092		151,549	403,384
2	grants ") Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to							0
4	the organization without charge Total. Add lines 1 through 3		26,496	104,247	121,092		151,549	403,384
5	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							0
	amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from line 4							403,384
S	ection B. Total Support	•					•	
Cal	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	010	(f) Total
7	A mounts from line 4		26,496	104,247	121,092		151,549	403,384
8	Gross income from interest,							
	dividends, payments received on							0
	securities loans, rents, royalties and income from similar sources							0
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							0
11	Total support (Add lines 7 through 10)							403,384
12	Gross receipts from related activities	s, etc (See instr	ructions)			12		
13	First Five Years If the Form 990 is f check this box and stop here	or the organizatio	on's first, second,	thırd, fourth, or fıf	th tax year as a	501(c)(3		ation, ► ✓
S	ection C. Computation of Pub	lic Support P	ercentage					
14	Public Support Percentage for 2010	(line 6 column (f	f) dıvıded by lıne 1	1 column (f))		14		0 %
15	Public Support Percentage for 2009	Schedule A, Par	t II, line 14			15		
16a	33 1/3% support test—2010. If the and stop here. The organization qua				ne 14 ıs 33 1/3%	or more	, check th	nis box
b	33 1/3% support test—2009. If the	-			a, and line 15 is 3	3 3 1/3%	or more, o	
17a	box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organization of the organ	-2010. If the orga ion meets the "fa	anization did not ch acts and circumsta	neck a box on line inces" test, chec	k this box and st	op here.	Explain	▶
h	<pre>in Part IV how the organization mee organization 10%-facts-and-circumstances test-</pre>			_				ed ▶□
	15 is 10% or more, and if the organ Explain in Part IV how the organizat supported organization	ızatıon meets the	facts and circum	nstances" test, c	heck this box and	stop he	ere.	▶ □
18	Private Foundation If the organizati	on dıd not check	a box on line 13, 1	l6a, 16b, 17a or	17b, check this	box and	see	<u>.</u>

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (f) Total (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part 13 Total support (Add lines 9, 10c, 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15

16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Additional Data

Software ID: 10000105

Software Version: 2010v3.2

EIN: 06-1792932

Name: PROVERBS 1210 ANIMAL RESCUE & ADOPTION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SAVANNA REDFERRIN PO BOX 279 BURNS,TN 37029	BOARD MEMBER 0	0		
BENITA HURST 117 W WAKEFIELD AVE SIKESTON, MO 63801	BOARD MEMBER 0	0		
DEBBIE MATTHEWS 607 MAYES ST COLUMBIA,TN 38401	BOARD MEMBER 0	0		
BROOKE ORGAIN 210 SCENIC DR DICKSON,TN 37055	BOARD MEMBER 0	0		
CLINT CROMWELL 2610 WOODLAWN DR NASHVILLE,TN 37212	BOARD MEMBER 0	0		
REKA BRAKE-LUMLEY 1240 CAMP RAVINE RD BURNS,TN 37029	Secretary 0	0		
LYMARI CROMWELL 2610 WOODLAWN DR NASHVILLE,TN 37212	BOARD MEMBER 0	0		
LAVONNE L REDFERRIN PO BOX 27 BURNS,TN 37029	Executive Direc 40 00	25,000		

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As Filed Data -

DLN: 93492228006221

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Name of the organization
PROVERBS 1210 ANIMAL RESCUE & ADOPTION

Employer identification number

06-1792932

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	Taxes & Licenses \$20

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	Trainer \$50

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 11	Other Expenses 11	Bank Fees \$112

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	Bedding Supplies \$226

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	Grooming \$788

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Supplies \$1687

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Food for Animals \$4969

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Medicine \$6503

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Contract Labor \$18719

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Veterinay fees \$30947

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Boarding \$49852

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1005	Other Expenses 1005	Travel \$4748

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$1142