Form 990

Department of the Treesury Internal Revenue Service

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)

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

OMB No. 1545-0047

2012

Open to Public Inspection

A	Fort	he 2012 calen	dar year, or tax	year begin	nning		, 201	12, and	ending	}		,			
В	Check	if applicable:	C Name of organ	ization TE	KAS BLUEE	BIRD SOC	CIETY				D Employ	er Identific	cation Numb	er	
	П	ddress change	Doing Business								74-	30158	82		
	\mathbf{H}	lame change			x if mail is not deli-	vered to street a	rtdr)		Room/su	iite	E Telepho				
	H			AND DESCRIPTION OF THE PARTY OF			,							,	
	H	nitial return	P.O. BOX					. 700	code + 4		(51,	2) 26	8-5678	5	
	T	erminated	City, town or or	ountry			Sta	ite ZIP	G0Ge + 4						
	A	mended relum	AUSTIN				T	X 78	3704		G Gross n	eceipts \$	36,.	170.	
	A	optication pending	F Name and add	ress of principa	l officer:				9	Ha) Is this a	a group return	for affiliate	s?	Yes	X No
			PAULINE TO	OM 332 LI	VE OAK DRIV	E MOUNTA	IN CITY	TX 78	3610		affiliates inclu affach a list. (a		inaci L	Yes	No
1	Tax	-exempt status	X 501(c)(3)	501(c) () - (in	sert no.)	4947(a)(1)	or	527	a raco,	angra a aor f	see manuu	men 15)		
J			w.texasbl		ociety	, ,	1		-	He) Group	exemption nu	mber -			
K	Fon	n of organization:	X Corporation	Trust	Association	Other >		L Year o	of Formatio			itate of lega	al domicile:	TX	
	rt I	Summar			1	1 40.00				200		Q.		444	
	1		be the organization	ion's missio	n or most sign	ificant activi	tios.	To an	road !	Dluchi	rds (and	other	c cawit	v-nac	etina
			coss Texas									-		-	
9			come were were table were trace when	series where these street of											
ğ			s in appr												
Governance	2		insects and										rue pr	neni	rus.
Š	3		x Lifthe									3			0
	4		dependent voting									4			8
8	5		of individuals e									5			0
Activities &	6		of volunteers (e				S					6			300
15	72		ed business reve									7a			0.
	•		business taxab									7b			0.
	-	14GE GITT CHOICE	Dusiliess taxab	te moone n	0111 0111 330	-1, INIC 04.				-	rior Year	10	Curre	-4 V	
	8	Contributions	and grants (Par	+ VIII line 1	b)					-		00	Curre		
9	9		ice revenue (Pa								15,2		····		687.
Revenue	10	_	come (Part VIII,							-	12,2				308.
9	11											6.			175.
_			e (Part VIII, colu								00.4	0.5			100
	12		- add lines 8 t							-	27,4	26.			170.
	13		milar amounts p	,											550.
	14	Benefits paid	to or for membe	ers (Part IX,	column (A), lir	ne 4)					2	00.			
40	15	Salaries, othe	r compensation	, employee	benefits (Part	IX, column	(A), lines 5-	10) .							
180	16 a	Professional f	fundraising fees	(Part IX, co	lumn (A), line	11e)									
Expenses	b	Total fundrais	ing expenses (F	Part IX. colu	mn (D), line 2!	5) >			0.		1 31 1 1		, ,	0	
m	<u>k</u>		es (Part IX, colu		2				-		23,7	2.0		7 E	7.07
	18									-					191.
			es. Add lines 13	4							23,9				741.
8 8	19	Revenue less	expenses. Sub	tract line 18	mom line 12			· · ·			3,5			-	429.
and or		_								Beginnin	ng of Currer		End o	f Yea	
Ball	1		Part X, line 16)								33,2	95.		33,	774.
Net A Fund	21	Total liabilities	s (Part X, line 26	i)							4	03.			453.
~ ti.	22	Net assets or	fund balances.	Subtract line	e 21 from line	20					32,8	92.		33,	321.
Pa	rt II	Signatur	re Block					1/11-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2							
Unde	er penal	ties of perjury, I dec	dare that I have exam	ined this return	, including accomp	anying schedule	es and stateme	nts, and I	to the best	of my knowl	edge and beli	ef, it is true	, correct, an	đ	
comp	olete. U	eclaration of prepart	er (other than officer)	is based on all	information of which	ch preparer has	any knowledge	÷.							
			Am	Ja C	10	um					le/	25	113		
Sig	ın	Signalu	re of officer	1			-		>1	Da	te /	_	1		
He		_	iNda	Crun	1. 15P	asuve	x It	Xas	SAL	neb?	rd <	SOCIO	ota		
		Type or	print name and title.			00000	10	1000							
-		Print/Type p	reparer's name		Preparer's signs	alung		Dat	te /	1	Check X	if P	TIN		
Pa	id	DONNA	R DAVIS,	CPA	Denis	K. Da	aurs !	11	6/25	1/3	self-employe	_	013598	106	
	io epar	-			ation of	Nonna	fit Oro	iani c	et ice	20	-ы строус	- 1E	01000	,00	
	e Or		_					jailiz	acioi	10	Firm's Fini b			0	
-3	- 01	Firm's addre	***************************************	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLU	Park Dr .	ste 120					Firm's EIN		279157		
			Austin				TX 787				Phone no.	(512)	381-		
May	the l	HS discuss this	s return with the	preparer st	nown above?	(see instruct	ions)						Yes	X	No

Form **990**

Department of the Treasury Internal Revenue Service **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)

(except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2012

Open to Public Inspection

Α	For t	he 2012 calen	dar year, or tax year beginning , 2012, and ending			,		
В	Check	if applicable:	C Name of organization TEXAS BLUEBIRD SOCIETY) Employ	er Identifica	ation Number	
	Па	ddress change	Doing Business As		74-3	301588	32	
	\vdash	ame change	Number and street (or P.O. box if mail is not delivered to street addr) Room/sui	te E	Telepho			
	H	itial return	P.O. BOX 40868		(513	2) 268	3-5678	
	H		City, town or country State ZIP code + 4		(312	2) 200	3070	
	-	erminated			• 0	- ,	26 170	
		mended return	AUSTIN TX 78704	(a) Is this a gr	Gross re		36,170.	
	ША	pplication pending		-				
			PAULINE TOM 332 LIVE OAK DRIVE MOUNTAIN CITY TX 78610	(b) Are all affi If 'No,' atta	liates includ ach a list. (s	ded? see instructio	ons) Yes No	
1	Tax	-exempt status	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527					
J	We	bsite: ► ww	w.texasbluebirdsociety	(c) Group exe	emption nur	mber -		
K	Form	n of organization:	X Corporation Trust Association Other ► L Year of Formation	: 2001	Ms	tate of legal	domicile: TX	
Pa	art I	Summar	v					
	1			Bluebird	ls (and	other	cavity-nesting	
a)			coss Texasone nestbox at a time" - through education; a					
Activities & Governance		nestboxe	s in appropriate habitat; and, sustaining and i	ncreas	ing t	heir	natural food	
E			insects and berries of native plants) while enjoying					
ove.	2	Check this bo						
Ö	3	Number of vo	ting members of the governing body (Part VI, line 1a)			3	8	
وي دي	4	Number of inc	dependent voting members of the governing body (Part VI, line 1b)			4	8	
ii.	5	Total number	of individuals employed in calendar year 2012 (Part V, line 2a)			5	0	
₹	6	Total number	of volunteers (estimate if necessary)		[6	300	
Ac	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12			7a	0.	
	b	Net unrelated	business taxable income from Form 990-T, line 34			7b		
				Pric	or Year		Current Year	
d)	8	Contributions	and grants (Part VIII, line 1h)		15,2	02.	19,687.	
Revenue	9	Program serv	ice revenue (Part VIII, line 2g)		12,2	18.	16,308.	
eve	10		come (Part VIII, column (A), lines 3, 4, and 7d)			6.	175.	
ď	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		27,4	26.	36,170.	
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)				550.	
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		2	00.		
	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)					
ses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)					
Expenses								
X	00000000		ing expenses (Part IX, column (D), line 25) ► 0.					
	17	and the same	es (Part IX, column (A), lines 11a-11d, 11f-24e)		23,7		35,191.	
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		23,9		35,741.	
	19	Revenue less	expenses. Subtract line 18 from line 12		3,5	07.	429.	
Net Assets of Fund Balances				Beginning	of Curren	t Year	End of Year	
Bala	20		Part X, line 16)		33,2	95.	33,774.	
et A	21	Total liabilities	s (Part X, line 26)		4	03.	453.	
ZJ	22	Net assets or	fund balances. Subtract line 21 from line 20	_	32,8	92.	33,321.	
Pa	rt II	Signatur	e Block	•				
-				of my knowled	ge and beli	ef. it is true.	correct, and	
com	plete. D	eclaration of prepare	elare that I have examined this return, including accompanying schedules and statements, and to the best or er (other than officer) is based on all information of which preparer has any knowledge.		9	,,		
•								
Sig	n	Signatu	re of officer	Date		***************************************		
He								
		Type or	print name and title.					
-		Print/Type p	reparer's name Preparer's signature	1 10	heck X	if PTI	N	
D			Neg / DXIVA (P) 6/26	1121		_	11250006	
Pa			It Billie, Cili		elf-employe	- IPC	1359806	
	epar				A CONTRACTOR OF THE CONTRACTOR			
US	e Or	Firm's addre			rm's EIN		791572	
			Austin TX 78754	Ph	none no.	(512)	381-1490	
May	y the I	RS discuss this	s return with the preparer shown above? (see instructions)				Yes X No	

Par	t III	Statement of Prog		-					
				any question in this Part III					. X
1	•	describe the organizatior							
				r_cavity-nesting	-,,				:
				a_time"through_e	education;_and	, the installat	lon_of_N	<u>lestWat</u>	ch'd
	See F	Form 990, Page 2, Part III,	Line 1 (continued)						
2	Did th	e organization undertake	any significant progr	am services during the year	which were not liste	ed on the prior			
		•					. Ye	s X	No
	If 'Yes	s,' describe these new serv	vices on Schedule O				Ш	ш	
3	Did th	e organization cease cond	ducting, or make sigr	nificant changes in how it co	nducts, any prograr	n services?	. Ye	s X	No
	If 'Yes	s,' describe these changes	on Schedule O.				—		
4	Section	on 501(c)(3) and 501(c)(4)	organizations and s	olishments for each of its thr ection 4947(a)(1) trusts are each program service reporte	required to report th	services, as measur ne amount of grants	ed by exper and allocation	nses. ons to	
4 a	(Code	e:) (Expenses	s \$ 10.	985. including grants of	\$	0.)(Revenue	\$	16,30	08.)
				lumber, and volun		nestboxes	·		,
				oirds. We give a					
	mem	ber who joins ir	n person (at	a festival booth	or event);	and, we			
				<u>orice, in order t</u>					
				spread "Bluebird	ls_Across_Te	xasone			
	<u>nes</u>	tbox at a time.'	' 						
4 b	Sym Par 8-pa acce	cation - We pres posium and Seaso ks & Wildlife's age newsletter 4 ept an electroni	sent two majon Kickoff). booklet, "Bid-times a yeald version.	156. including grants of or educational events of the pay for the pay luebirds in Texas ar, and mail it to we rent space at and a free nestbook.	rents each youblication "" We publ to members will select fes	ear (Summer of Texas ish an ho do not tivals where	\$		<u>0.</u>)
4 c	(Code	e:) (Expense:	s \$	including grants of	\$) (Revenue	\$)
4 d		program services. (Descr		r granta of the	0 \/5	vanua d		, ,	
4 -	(Expe			g grants of \$	U.)(Rev	venue Ş	().)	
40	iotal	program service expens	100 F	35,145.					

Form 990 (2012) TEXAS BLUEBIRD SOCIETY Part IV Checklist of Required Schedules

	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
I	b 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	11 b		Х
•	c 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	11 c		Х
•	d 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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
-	b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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 employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
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 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> 'Yes,' <i>complete Schedule R, Part V, line</i> 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> 'Yes,' <i>complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

BAA Form **990** (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

<u> </u>	Check if Schedule O contains a response to any question in this Part V					. П
	The second of th			<u> </u>	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1	-			
	(gambling) winnings to prize winners?			1 c	Х	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-					
	ments, filed for the calendar year ending with or within the year covered by this return	2 a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re		?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instruct					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3 a		X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O			3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial	ner auth	nority over, a	4 a		Х
h	If 'Yes,' enter the name of the foreign country:	ai accc	ount):	4 a		21
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance	rial Acc	counts			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.			5 b		X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			5 c		
				30		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and dissolicit any contributions that were not tax deductible as charitable contributions?	d the o	organization	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?	utions o	or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			0.5		
			do and			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly f services provided to the payor?	or goo	us and	7 a		Х
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? \dots			7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	t was r	equired to file	_		v
	Form 8282?	 L – .l		7 c		X
	If 'Yes,' indicate the number of Forms 8282 filed during the year		+0	7.		X
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef			7 e 7 f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co			/ 1		
	If the organization received a contribution of qualified intellectual property, did the organization file as required?			7 g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ Form 1098-C?	nization	n file a	7 h		Х
8						
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, have enholdings at any time during the year?	excess	business	8		
9	Sponsoring organizations maintaining donor advised funds.					
-	Did the organization make any taxable distributions under section 4966?			9 a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9 b		
	Section 501(c)(7) organizations. Enter:			J.J		
	Initiation fees and capital contributions included on Part VIII, line 12	10 a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b				
	Section 501(c)(12) organizations. Enter:	<u> </u>				
	Gross income from members or shareholders	11 a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11 b				
	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of F	1 1	041?	12 a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13 b				
	Enter the amount of reserves on hand	13 c				
	Did the organization receive any payments for indoor tanning services during the tax year?	· · · ·		14 a		X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedu			14 b		

Form 990 (2012) TEXAS BLUEBIRD SOCIETY 74-3015882 Page 6 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. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 8 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 8 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? Χ Did the organization make any significant changes to its governing documents X 5 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Χ 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body? . . 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8 a 8 b Х Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes Nο 10 a Χ b If 'Yes.' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?............. 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12 h X to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c Χ 13 X Х 14 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? Χ 15 a Χ 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Χ

Section C. Disclosure

LINDA CRUM

17	List the states with which a copy of this Form 990 is required to be filed ▶
	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.

THE WOODLANDS

Other (explain in Schedule O) Another's website X Upon request Own website

CRESCENT FALLS COURT

b If 'Yes,' did the organization follow 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 the

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

16 b

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

- 1 a 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.
- 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, if any. 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A) Name and Title	(B) Average hours per	one bo offic	x, unl	ess p	erson	more the is both r/trustee	an)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PAULINE TOM	20.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) JUDY HETHERINGTON SECRETARY	_4.00	Х		Х				0.	0.	0.
(3) KATY COUVILLION	20.00									
TREASURER	1	Х		Х				0.	0.	0.
(4) LINDA CRUM	20.00									
ASST TREASURER]]	Х		Х				0.	0.	0.
(5) CARYN BREWER	10.00									
BOARD MEMBER	1	Х						0.	0.	0.
(6) JIMMIE KONVICKA	3.00									
BOARD MEMBER		Х						0.	0.	0.
(7) DON_ LAWRENCE	<u>3.00</u>									
BOARD MEMBER		Χ						0.	0.	0.
(8) NANCY GLOVER	0.50									
BOARD MEMBER		Χ						0.	0.	0.
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										<u> </u>
(14)										

Part VII Section A. Officers, Directors, Trus	tees,	Key	Em	nplo	oye	es,	and	d Highest Con	npensated Emp	oyees	s (cor	nt)
(A) Name and title	Average hours per week	box	, unle cer ar	Pos heck ss pe	rson i directo	than o s both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amou	(F) timated nt of other	
	(list any hours for related organiza - tions below dotted line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	fro orga and	om the inization I related inization	
<u>(15)</u>												
<u>(16)</u>												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total							>	0.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							▶	0.	0.			
2 Total number of individuals (including but not limited t							eive			npensat	ion	0.
from the organization • 0											Yes	No
3 Did the organization list any former officer, director or on line 1a? If 'Yes,' complete Schedule J for such indi										. 3		X
4 For any individual listed on line 1a, is the sum of repo the organization and related organizations greater tha such individual	ın \$150,	000?	If 'Y	'es'	and com	othei plete	r coi Scl	mpensation from hedule J for		. 4		Х
5 Did any person listed on line 1a receive or accrue corfor services rendered to the organization? If 'Yes,' cor										. 5		Х
Section B. Independent Contractors	lindono	ndon	t oor	otro	otoro	that	roo	oived more than the	100 000 of			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.												
(A) Name and business address (B) Description of services					Compe	c) nsatio	n					
2 Total number of independent contractors (including be \$100,000 in compensation from the organization		nited	to th	ose	liste	ed ab	ove) who received mo	re than			
φ του, σου in compensation from the organization	0											

Form 990 (2012) TEXAS BLUEBIRD SOCIETY Part VIII Statement of Revenue

		Check if Schedule O contains a response to any question	in this Part VIII			
•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
E ONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b c d e f	Federated campaigns 1a Membership dues 1b 16,030. Fundraising events 1c Related organizations 1d Government grants (contributions) . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 3,657. Noncash contributions included in Ins 1a-1f: \$ Total. Add lines 1a-1f	19,687.			
N		Business Code				
	2 a	PRODUCT SALES 453000	12,444.	12,444.	0.	0.
PROGRAM SERVICE REVENUE	b c		3,864.	3,864.	0.	0.
띯	d					
A	_					
8	٠	All other program service revenue				
훘						
_		Total. Add lines 2a-2f	16,308.			
	3	Investment income (including dividends, interest and other similar amounts)	175.	0.	0.	175.
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	Gross rents				
		Less: rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses				
	С	Gain or (loss)				
		Net gain or (loss)				
OTHER REVENUE	8 a	Gross income from fundraising events (not including. \$ of contributions reported on line 1c).				
꿆		See Part IV, line 18 a				
쯟						
ㅎ		Less: direct expenses b				
_	С	Net income or (loss) from fundraising events ▶				
	9 a	Gross income from gaming activities. See Part IV, line 19 a				
	b	Less: direct expenses b				
	С	Net income or (loss) from gaming activities ▶				
		Gross sales of inventory, less returns and allowances				
	L					
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11 a					
	b					
	С					
	ų	All other revenue				
		Total. Add lines 11a-11d				
	12	Total revenue. See instructions	36 170	16 308	^	175

Form **990** (2012) TEXAS BLUEBIRD SOCIETY

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX									
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	550.	550.	g					
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	330.	3301						
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members								
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 accruals and contributions (include section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees):								
	Management								
	Legal								
	Accounting	595.	0.	595.	0.				
	Lobbying	393.	0.	393.	0.				
	Professional fundraising services. See Part IV, line 17								
	Investment management fees								
	Other. (If line 11q amt exceeds 10% of line 25, col-								
9	umn (A) amt, list line 11g expenses on Sch O)								
12	Advertising and promotion								
13	Office expenses	5,296.	5,296.	0.	0.				
14	Information technology	5,135.	5,135.	0.	0.				
15	Royalties								
16	Occupancy								
17	Travel								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	11,320.	11,320.	0.	0.				
20	Interest			•	•				
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance								
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
а	OFFICE SUPPLIES	622.	622.	0.	0.				
	BANK_FEES	800.	800.	0.	0.				
	VOLUNTEER GIFTS	150.	150.	0.	0.				
•	MTGGETT AMEGIG	288.	288.	0.	0.				
e	• All other expenses . SEE SCHEDULE O	10,985.	10,985.	0.	0.				
25	Total functional expenses. Add lines 1 through 24e	35,741.	35,146.	595.	0.				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following	55,7.11.	55,110.	333.	<u> </u>				

Page **11**

Part X Balance Sheet

		· · · · · · · · · · · · · · · · · · ·			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	20,817.	1	14,145.
	2	Savings and temporary cash investments	•	2	7,040.
	3	Pledges and grants receivable, net		3	,
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
A	7	Notes and loans receivable, net		7	
Š	8	Inventories for sale or use	12,478.	8	12,589.
ASSETS	9	Prepaid expenses and deferred charges	12,470.	9	12,309.
3	-	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10 b		10 c	
	11	Investments — publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	33,295.	16	33,774.
	17	Accounts payable and accrued expenses	403.	17	453.
	18	Grants payable		18	
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
I A	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
LIABILITIES	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
T	23	Secured mortgages and notes payable to unrelated third parties		23	
E S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	403.	26	453.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.			
Ą	27	Unrestricted net assets	32,892.	27	33,321.
Š	28	Temporarily restricted net assets	/	28	
ASSETS	29	Permanently restricted net assets		29	
Q R		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
F UND	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ļ	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALANCES	33	Total net assets or fund balances	32,892.	33	33,321.
Ĕ	34	Total liabilities and net assets/fund balances	33.295.	34	33,774.

BAA Form **990** (2012)

Par	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					🗀
1	1 Total revenue (must equal Part VIII, column (A), line 12)		1		36	,170.
2	2 Total expenses (must equal Part IX, column (A), line 25)		2		35	,741.
3	3 Revenue less expenses. Subtract line 2 from line 1		3			429.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4		32	,892.
5	5 Net unrealized gains (losses) on investments		5			
6	6 Donated services and use of facilities		6			
7	7 Investment expenses		7			
8	8 Prior period adjustments		8			
9	9 Other changes in net assets or fund balances (explain in Schedule O)		9			
10						
	column (B))		10		33	,321.
Par	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
					Ye	s No
1	1 Accounting method used to prepare the Form 990: Cash X Accrual Other			[
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2 a	2 a Were the organization's financial statements compiled or reviewed by an independent accountant? .			2	а	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or separate basis, consolidated basis, or both:	r reviewed on a				
	Separate basis Consolidated basis Both consolidated and separate basis					
b Were the organization's financial statements audited by an independent accountant?					b	Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis					
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?					С	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3 a 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?					а	Х
b	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3	b	

BAA Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection

Employer identification number

TEXAS BLUEBIRD SOCIETY 74-3015882 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type III - Non-functionally integrated Type I С d By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (i) Name of supported (ii) EIN (iv) Is the (vii) Amount of monetary (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in column (i) of your (vi) Is the organization in column (i) organization organization in olumn (i) listed in your governing document? organized in the (see instructions) support' Yes Yes No Yes No No (A) (B) (C) (D) (E) Total

Part II 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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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 amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organization for the	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ □
	tion C. Computation of Pu						
	Public support percentage for 2012		•				%
15	Public support percentage from 20	111 Schedule A, Pa	art II, line 14			15	%
16 a 33-1/3% support test − 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b 33-1/3% support test — 2011. 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							
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	-circumstances' tes	st, check this box a	ind stop here. Exp	lain in Part IV how	<i>'</i>
	o 10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and- circumstances' tes	-circumstances' tes t. The organization	st, check this box a qualifies as a pub	ind stop here. Exp licly supported org	lain in Part IV how anization	/ the ▶
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ons ▶

| 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							
Calendar year (or fiscal yr b		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
 Gifts, grants, cont and membership freceived. (Do not 	ributions ees include						
any 'unusùal gran		11,993.	13,003.	6,894.	15,202.	19,687.	66,779.
2 Gross receipts fro sions, merchandis services performe furnished in any a related to the orga tax-exempt purpo:	se sold or d, or facilities ctivity that is anization's	5,727.	13,153.	5,615.	12,218.	16,308.	53,021.
3 Gross receipts fro that are not an un or business under	m activities	37.2.1	15,155.	0,010.	12/1101	20,000	30,0221
 Tax revenues levi organization's ber either paid to or eits behalf The value of servi facilities furnished governmental unit organization without the control of t	nefit and expended on control or						
6 Total. Add lines 1 7 a Amounts included 2, and 3 received disqualified persor	on lines 1, from	17,720.	26,156.	12,509.	27,420.	35,995.	119,800.
b Amounts included and 3 received fro disqualified person exceed the greate 1% of the amount for the year	on lines 2 om other than ons that or of \$5,000 or on line 13						
c Add lines 7a and	7b						
8 Public support (7c from line 6.)							119,800.
Section B. Total S	upport						
Calendar year (or fiscal yr l	oeginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
 9 Amounts from line 10 a Gross income from dividends, paymer on securities loans royalties and incorrections. 	e 6 m interest,	17,720.	26,156.	12,509.	27,420.	35,995.	119,800.
Amounts from line Gross income fror dividends, paymer on securities loans	n interest, nts received s, rents, me from ss taxable on 511 esses		` '				
Amounts from line Toa Gross income fror dividends, paymer on securities loans royalties and incor similar sources b Unrelated busines income (less secti	e 6 m interest,	17,720.	26,156.	12,509.	27,420.	35,995.	119,800.
Amounts from line To a Gross income fror dividends, paymer on securities loans royalties and income similar sources b Unrelated busines income (less sectitaxes) from busine acquired after June	e 6	17,720.	26,156.	12,509.	27,420.	35,995. 175.	119,800.
9 Amounts from line 10 a Gross income fror dividends, paymer on securities loan- royalties and incor similar sources. b Unrelated busines income (less secti taxes) from busine acquired after Jun c Add lines 10a and 11 Net income from unre activities not included whether or not the bus	n interest, nts received s, rents, me from st taxable on 511 esses le 30, 1975 l 10b lated business in line 10b, siness is o not include he sale of plain in	17,720.	26,156.	12,509.	27,420.	35,995. 175.	119,800.
9 Amounts from line 10 a Gross income fror dividends, paymer on securities loans royalties and incor- similar sources. b Unrelated busines income (less secti- taxes) from busine acquired after Jun c Add lines 10a and 11 Net income from unre activities not included whether or not the bus regularly carried on 12 Other income. Do gain or loss from t capital assets (Ex	e 6	17,720.	26,156.	12,509. 6.	6.	35,995. 175.	203.
9 Amounts from line 10 a Gross income fror dividends, paymer on securities loans royalties and incor- similar sources. b Unrelated busines income (less secti- taxes) from busine acquired after Jun c Add lines 10a and 11 Net income from unre activities not included whether or not the bus regularly carried on 12 Other income. Do gain or loss from t capital assets (Ex Part IV.) 13 Total support. (Add 14 First five years. I organization, chec	n interest, nts received s, rents, me from st taxable on 511 esses e 30, 1975 10b 10b 10b 10b 10b 10b 10c	17,720. 11. 11. 17,731. s for the organizatio top here	26,156. 5. 5. 26,161. on's first, second, tr	12,509. 6. 12,515. ird, fourth, or fifth	27,420. 6. 27,426. tax year as a sect	35,995. 175. 175. 36,170. ion 501(c)(3)	203. 203.
9 Amounts from line 10 a Gross income fror dividends, paymer on securities loans royalties and incor- similar sources. b Unrelated busines income (less secti- taxes) from busine acquired after Jun c Add lines 10a and 11 Net income from unre activities not included whether or not the bus regularly carried on 12 Other income. Do gain or loss from t capital assets (Ex Part IV.) 13 Total support. (Add 14 First five years. I organization, chec	n interest, nts received s, rents, me from st taxable on 511 esses le 30, 1975 l 10b lated business in line 10b, siness is onot include he sale of plain in lns 9, 10c, 11, and 12.) f the Form 990 is k this box and s intation of Pu	17,720. 11. 11. 17,731. s for the organizatio top here	26,156. 5. 5. 26,161. on's first, second, tr	12,509. 6. 12,515. nird, fourth, or fifth	27,420. 6. 27,426. tax year as a sect	35,995. 175. 175. 36,170. ion 501(c)(3)	203. 203.
9 Amounts from line 10 a Gross income fror dividends, paymer on securities loans royalties and incol similar sources. b Unrelated busines income (less secti taxes) from busine acquired after Jun c Add lines 10a and 11 Net income from unre activities not included whether or not the bus regularly carried on 12 Other income. Do gain or loss from t capital assets (Ex Part IV.) 13 Total support. (Add 14 First five years. I organization, chece Section C. Compu	n interest, nts received s, rents, me from staxable on 511 esses e 30, 1975 10b lated business in line 10b, siness is onot include he sale of plain in lns 9, 10c, 11, and 12.) f the Form 990 is sk this box and s ltation of Pu reentage for 201.	17,720. 11. 11. 17,731. s for the organizatio top here blic Support P 2 (line 8, column (f)	26,156. 5. 5. 26,161. on's first, second, the second are devided by line 13,	12,509. 6. 12,515. hird, fourth, or fifth	27,420. 6. 27,426. tax year as a sect	35,995. 175. 175. 36,170. ion 501(c)(3) 	203. 203. 203. 120,003. ▶ □
9 Amounts from line 10 a Gross income fror dividends, paymer on securities loans royalties and incol similar sources. b Unrelated busines income (less secti taxes) from busine acquired after Jun c Add lines 10a and 11 Net income from unre activities not included whether or not the bus regularly carried on 12 Other income. Do gain or loss from t capital assets (Ex Part IV.) 13 Total support. (Add 14 First five years. I organization, che Section C. Compu 15 Public support per 16 Public support per	in interest, ints received s, rents, me from	17,720. 11. 11. 11. 11. So for the organization top here	26,156. 5. 5. 26,161. n's first, second, tr. ercentage divided by line 13, rt III, line 15	12,509. 6. 12,515. ird, fourth, or fifth	27,420. 6. 27,426. tax year as a sect	35,995. 175. 175. 36,170. ion 501(c)(3) 	119,800. 203. 203. 120,003.
9 Amounts from line 10 a Gross income fror dividends, paymer on securities loans royalties and incol similar sources. b Unrelated busines income (less sectitaxes) from busine acquired after Jun c Add lines 10a and 11 Net income from unre activities not included whether or not the bus regularly carried on 12 Other income. Do gain or loss from t capital assets (Ex Part IV.) 13 Total support. (Add 14 First five years. I organization, chec Section C. Compu 15 Public support per 16 Public support per Section D. Compu	n interest, nts received s, rents, me from st taxable on 511 esses e 30, 1975 10b lated business in line 10b, siness is onot include he sale of plain in lns 9, 10c, 11, and 12.) f the Form 990 is sk this box and s station of Pu ccentage for 201 ccentage from 20 station of Inv	17,720. 11. 11. 11. 11. S for the organization here	26,156. 5. 5. 26,161. n's first, second, trecentage divided by line 13, rt III, line 15 ne Percentage	12,509. 6. 12,515. ird, fourth, or fifth. column (f))	27,420. 6. 27,426. tax year as a sect	35,995. 175. 175. 36,170. ion 501(c)(3)	203. 203. 203. 120,003. ▶ □
9 Amounts from line 10 a Gross income fror dividends, paymer on securities loans royalties and incol similar sources. b Unrelated busines income (less sectitaxes) from busine acquired after Jun c Add lines 10a and 11 Net income from unre activities not included whether or not the bus regularly carried on 12 Other income. Do gain or loss from t capital assets (Ex Part IV.) 13 Total support. (Add 14 First five years. I organization, chec Section C. Compu 15 Public support per 16 Public support per Section D. Compu	n interest, nts received s, rents, me from st taxable on 511 esses e 30, 1975 10b lated business in line 10b, siness is onot include he sale of plain in lns 9, 10c, 11, and 12.) f the Form 990 is sk this box and s station of Pu ccentage for 201 ccentage from 20 station of Inv	17,720. 11. 11. 11. 11. So for the organization top here	26,156. 5. 5. 26,161. n's first, second, trecentage divided by line 13, rt III, line 15 ne Percentage	12,509. 6. 12,515. ird, fourth, or fifth. column (f))	27,420. 6. 27,426. tax year as a sect	35,995. 175. 175. 36,170. ion 501(c)(3)	203. 203. 203. 120,003. ▶ □
9 Amounts from line 10 a Gross income fror dividends, paymer on securities loans royalties and income similar sources. b Unrelated busines income (less sectitaxes) from busine acquired after Jun c Add lines 10a and 11 Net income from unre activities not included whether or not the bus regularly carried on 12 Other income. Do gain or loss from t capital assets (Ex Part IV.) 13 Total support. (Add 14 First five years. I organization, chec Section C. Compu 15 Public support per 16 Public support per 16 Section D. Compu 17 Investment income	in interest, ints received so, rents, me from	17,720. 11. 11. 11. 11. S for the organization here	26,156. 5. 5. 26,161. on's first, second, tr. cercentage divided by line 13. rt III, line 15. ne Percentage umn (f) divided by	12,509. 6. 6. 12,515. hird, fourth, or fifth column (f))	27,420. 6. 27,426. tax year as a sect.	35,995. 175. 175. 36,170. ion 501(c)(3)	119,800. 203. 203. 120,003. ▶ □ 99.83 %
9 Amounts from line 10 a Gross income fror dividends, paymer on securities loan- royalties and incor- similar sources. b Unrelated busines income (less secti- taxes) from busine acquired after Jun- c Add lines 10a and 11 Net income from unre- activities not included whether or not the bus- regularly carried on 12 Other income. Do- gain or loss from tapital assets (Ex- Part IV.) 13 Total support. (Add 14 First five years. I organization, checo- Section C. Compu- 15 Public support per 16 Public support per 17 Investment incom- 18 Investment incom- 19 a 33-1/3% support is not more than 3	in interest, ints received is, rents, me from	17,720. 11. 11. 11. 11. 11. So for the organization top here	26,156. 5. 5. 26,161. on's first, second, the second s	12,509. 6. 6. 12,515. hird, fourth, or fifth column (f)) column (f) x on line 14, and lion qualifies as a p	27,420. 6. 27,426. tax year as a sect	35,995. 175. 175. 36,170. ion 501(c)(3)	119,800. 203. 203. 120,003. ▶ □ 99.83 % % 0.17 % %
9 Amounts from line 10 a Gross income fror dividends, paymer on securities loans royalties and income similar sources. b Unrelated busines income (less sectitaxes) from busine acquired after Jun c Add lines 10a and 11 Net income from unre activities not included whether or not the bus regularly carried on 12 Other income. Do gain or loss from t capital assets (Ex Part IV.) 13 Total support. (Add 14 First five years. I organization, chec Section C. Compu 15 Public support per 16 Public support per 17 Investment incom 18 Investment incom 19 a 33-1/3% support is not more than 3 b 33-1/3% support	in interest, ints received is, rents, me from	17,720. 11. 11. 11. 11. 11. 11. s for the organizatio top here	26,156. 5. 5. 26,161. on's first, second, the context of the c	12,509. 6. 6. 12,515. irid, fourth, or fifth column (f)) column (f)) x on line 14, and lion qualifies as a pon line 14 or line 1 ganization qualifies	27,420. 6. 27,426. tax year as a sect	35,995. 175. 175. 36,170. ion 501(c)(3)	119,800. 203. 203. 120,003.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2012

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization		Employer identification number
TEXAS BLUEBIRD SOC	CIETY	74-3015882
Pt_VI,_Line_6	Texas Bluebird Society is a membership organizat	ion.
	Anyone may join by paying \$15 dues.	
Pt_VI,_Line_7a	All members are invited to participate in electi	ons of
	Board Members.	
Pt_VI,_Line_11b	In a Board Meeting prior to the filing deadline,	_the
	Board approved the submittal of the Form 990. E	ach
	Board Members received the 990 and supplemental	forms by
	_email	
Pt_VI,_Line_19	Per Board Decision on July 27,2011, (in addition	_to_making
	them available upon request) Texas Bluebird Soci	ety
	makes its governing documents, conflict of inter	est
	policy, and financial statements available throu	gh_our
	website, www.texasbluebirdsociety.org.	

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

nestboxes in appropriate habitat; and, sustaining and increasing their natural food supply (insects and berries of native plants) while enjoying the process and the bluebirds.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4d (continued)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code:	Description:	Other activities supporting the mission	
Expenses	9,004.		
Grants Of	0.		
Revenue.	0.		

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
NESTBOX CONSTRUCTION	6,275.	6,275.	0.	0.
NESTBOX DISPERSAL	2,477.	2,477.	0.	0.
NESTBOX STORAGE	1,140.	1,140.	0.	0.
NESTBOX RELATED EXPENSES	686.	686.	0.	0.
NESTBOX DELIVERY	154.	154.		
TRUEBLUE FRIEND EXPENSES	125.	125.	0.	0.
NESTS & EGGS PERMIT	128.	128.	0.	0.