

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)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

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

2005
Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2005 calendar year, or tax year beginning 2005, and ending , 20

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: Bluebonnet Equine Humane Society. D Employer identification number: 84-1673775. E Telephone number: (888) 542-5163. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash, Accrual. Other (specify).

I Website: www.bluebonnetequine.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one): 501(c) (), 4947(a)(1) or 527.

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

Table with 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 24887.41, total expenses is 15296.02, and net assets at end of year is 14591.39.

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Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 41 of the instructions.)

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets (rescued horses awaiting adoption); Total assets; Total liabilities; Net assets or fund balances.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2005)

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Part III Statement of Program Service Accomplishments (See page 42 of the instructions.)	Expenses <small>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)</small>
What is the organization's primary exempt purpose? We rescue neglected and abused equines and rehabilitate Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	
28 We rescue neglected and abused equines and rehabilitate them in foster homes until they are adopted (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 7031.28
29 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)				
(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
Please see attached list				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 37a <u>0</u>		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	✓
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> <u>0</u> ; section 4912 <input type="checkbox"/> <u>0</u> ; section 4955 <input type="checkbox"/> <u>0</u>		
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	40b	✓
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> <u>0</u>		
d Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> <u>0</u>		

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41** List the states with which a copy of this return is filed. ▶ **Texas, Arkansas**
- 42a** The books are in care of ▶ **Ari Pettigrew, Treasurer** Telephone no. ▶ **(512) 292-3050**
 Located at ▶ **6516 Colton Bluff Springs Rd., Austin, TX** ZIP + 4 ▶ **78744**
- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
- | | Yes | No |
|------------|-----|----|
| 42b | | ✓ |
| 42c | | ✓ |
- If "Yes," enter the name of the foreign country: ▶ _____
 See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?
- If "Yes," enter the name of the foreign country: ▶ _____
- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here.
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

▶ *Ariana Pettigrew* Signature of officer Date **5-15-06**

▶ **Ariana Pettigrew, Treasurer** Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	EIN ▶	Phone no ▶ ()	

Bluebonnet Equine Humane Society
Board Member List

EIN 84-1673775

Jennifer Williams, Ph.D.	Ariana Pettigrew
Board President	Treasurer
6320 CR 390	6516 Colton Bluff Springs Rd.
Alvin, TX 77511	Austin, TX 78744
Regina Anderson	Loretta Pinnell
VP—Membership	VP—Equine Coordination
311 Martin Church Rd.	P. O. Box 919
Neiderwald, TX 78640	Rosharon, TX 77583
Jodi Luecke	Tina Shalmy
Secretary	Arkansas State Representative
4426 CR 114	670 Pinewood
Lincoln, TX 78948	Rison, AR 72542
Spencer Williams	Wendy Taylor
6320 CR 390	9914 CR 528
Alvin, TX 77511	Burleson, TX 76028
Sharon Martin-Holm, MD	Cat Ballew, OD
16197 CR 3111	12564 Chapel Rd.
Gladewater, TX 75647	Lorena, TX 76655
Gaye Patrick	Marianne Skarpa
3818 Zion Hill Rd.	P. O. Box 1562
Weatherford, TX 76088	Dayton, TX 77535
Joanne Terry	
14692 CR 318	
Navasota, TX 77868	