

Form 990-EZ

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 06-01-2008, and ending 05-31-2009

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending.

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: BLUE BIRD AUXILIARY OF THE SOUTHWEST TEXAS METHODIST HOSPITAL. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 7700 FLOYD CURL DRIVE. City or town, state or country, and ZIP + 4: SAN ANTONIO, TX 78229.

D Employer identification number: 74-6035267. E Telephone number: (210) 575-4519. 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 [x] Other (specify).

I Website: HTTP://WWW.SABLUEBIRD.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): [x] 501(c)(3) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 813,033

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 9 columns: Line number, Description, Sub-column (5a, 5b, 6a, 6b, 7a, 7b), and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

Table with 4 columns: Line number, Description, (A) Beginning of year, and (B) End of year. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

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

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO BENEFIT OPERATIONS OF THE SOUTHWEST TEXAS METHODIST HOSPITAL			
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 Scholarships and grants were given to students furthering their education in the medical field and to organizations providing medical research in children's diseases (Grants \$ 231,996) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	231,996
29 The auxiliary provides volunteer services to thousands of patients and their families, and they assist employees of the hospital to provide a better environment for patients (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	19,590
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)		32	251,586

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(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
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		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		No
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		No
35 <i>If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T</i>			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
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? <i>If "Yes," complete applicable parts of Schedule N</i>	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a _____ 0			
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		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>501(c)(7) organizations.</i> 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 <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____ 0, section 4912 <input type="checkbox"/> _____ 0, section 4955 <input type="checkbox"/> _____ 0			
b <i>Section 501(c)(3) and (4) organizations.</i> 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? <i>If "Yes," complete Schedule L, Part I.</i>	40b		No
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____ 0			
d Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____ 0			
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No
41 List the states with which a copy of this return is filed <input type="checkbox"/> _____			
42a The books are in care of <input type="checkbox"/> Wendy Bro Pollard Telephone no <input type="checkbox"/> (210) 575-4072 7700 FLOYD CURL DRIVE Located at <input type="checkbox"/> SAN ANTONIO, TX ZIP + 4 <input type="checkbox"/> 78229			
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)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
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 <input type="checkbox"/> _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____			
44 Did the organization maintain any donor advised funds? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>	44		No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>	45		No

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
46 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		No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a Did the organization make any transfers to an exempt non-charitable related organization?		No
49b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Please Sign Here

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.

Signature of officer: ***** Date: 2010-01-21

Bob Rebmann President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's PTIN (See Gen Inst X): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: RANDY L WALKER CPA
7800 IH 10 WEST SUITE 505
SAN ANTONIO, TX 78230

EIN: _____ Phone no: (210) 366-9430

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part II Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 activities, etc (See instructions.)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the 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		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9, of, Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	42,524	42,694	46,662	67,859	38,572	238,311
2 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	817,837	760,584	804,117	798,148	754,309	3,934,995
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5	860,361	803,278	850,779	866,007	792,881	4,173,306
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						4,173,306

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	860,361	803,278	850,779	866,007	792,881	4,173,306
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,254	19,136	18,018	7,328	18,920	80,656
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	17,254	19,136	18,018	7,328	18,920	80,656
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,576	5,261	2,431	1,102	1,232	12,602
13 Total Support (Add lines 9, 10c, 11 and 12)						4,266,564
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	97.810 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	95.460 %

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	1.890 %
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	1.880 %

- 19a 33 1/3% Tests - 2008.** 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
- b 33 1/3% Tests - 2007.** 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
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part II **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 74-6035267
Name: BLUE BIRD AUXILIARY OF THE SOUTHWEST
 TEXAS METHODIST HOSPITAL

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
Bob Rebmann 7700 Floyd Curl Drive San Antonio, TX 78229	President 2 00	0	0	0
Lynelle Stigent 7700 Floyd Curl Drive san Antonio, TX 78229	1st Vice-President 1 00	0	0	0
Karen Patterson 7700 Floyd Curl Drive san Antonio, TX 78229	2nd Vice-President 1 00	0	0	0
Jane Greer 7700 Floyd Curl Drive san Antonio, TX 78229	3rd Vice-President 1 00	0	0	0
Carol Silvus 7700 Floyd Curl Drive san Antonio, TX 78229	4th Vice-President 1 00	0	0	0
Warren Alexander 7700 Floyd Curl Drive san Antonio, TX 78229	Treasurer 1 00	0	0	0
Beverly Rebmann 7700 Floyd Curl Drive san Antonio, TX 78229	Recording Secretary 1 00	0	0	0
Joyce Mann 7700 Floyd Curl Drive san Antonio, TX 78229	Corresponding Secretary 1 00	0	0	0
Duck Wilcox 7700 Floyd Curl Drive san Antonio, TX 78229	Parliamentarian 1 00	0	0	0
Conchita Lawson 7700 Floyd Curl Drive san Antonio, TX 78229	Chaplain 1 00	0	0	0
Marie Amass 7700 Floyd Curl Drive san Antonio, TX 78229	Member 1 00	0	0	0
Vicki Bartlett 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Celeste Casseb 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Carmen Chapa 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Dottie Fountain 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Marilyn Herrmann 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Ed Houser 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Beryl Lamm 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Ed Lamm 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Reg Little 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Sally Lundgren 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Joe Mustacchio 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Gail Mydlow 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Madeline Nagy 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Nancy Oehler 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Ann Payette 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Shirley Pickens 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Barbara Ringen 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Julie Schmidt 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Ann Smith 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Dick Smith 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Marilyn Traylor 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Dorothy Watson 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Jim Wolaver 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0
Joan Wurst 7700 Floyd Curl Drive san Antonio, TX 78229	member 1 00	0	0	0

TY 2008 Grants and Similar Amounts Paid Schedule

Name: BLUE BIRD AUXILIARY OF THE SOUTHWEST
 TEXAS METHODIST HOSPITAL

EIN: 74-6035267

Item No.	1
Class of Activity	Grant
Donee's Name	Shriners Hospitals for Children
Donee's Address	6977 Main Street Houston, TX 77030
Amount (FMV)	20,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-06

Item No.	2
Class of Activity	grant
Donee's Name	Spina Bifida Association of TX
Donee's Address	10615 Perrin Beitel San Antonio, TX 78247
Amount (FMV)	20,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-06

Item No.	3
Class of Activity	grant
Donee's Name	JDRF
Donee's Address	8700 Crownhill Blvd Ste 40 San Antonio, TX 78209
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-06

Item No.	4
Class of Activity	grant
Donee's Name	Kinetic Kids
Donee's Address	PO Box 690993 San Antonio, TX 78269
Amount (FMV)	7,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-06

Item No.	5
Class of Activity	grant
Donee's Name	Methodist Mission Home
Donee's Address	6487 Whitby San Antonio, TX 78240
Amount (FMV)	20,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-06

Item No.	6
Class of Activity	grant
Donee's Name	Children's Bereavement Center of South Texas
Donee's Address	332 W Craig Place san antonio, TX 78212
Amount (FMV)	25,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-06

Item No.	7
Class of Activity	grant
Donee's Name	any baby can
Donee's Address	217 howard san antonio, TX 78212
Amount (FMV)	20,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-04

Item No.	8
Class of Activity	grant
Donee's Name	friends of TAHV
Donee's Address	56 April Hill san antonio, TX 77356
Amount (FMV)	22,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-06

Item No.	9
Class of Activity	grant
Donee's Name	Military Family Relief Project
Donee's Address	2903 W Salinas san antonio, TX 78207
Amount (FMV)	20,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-06

Item No.	10
Class of Activity	grant
Donee's Name	returning heroes home
Donee's Address	PO Box 202194 dallas, TX 75320
Amount (FMV)	20,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-06

Item No.	11
Class of Activity	grant
Donee's Name	various
Donee's Address	
Amount (FMV)	23,496
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-06

Item No.	12
Class of Activity	Medical Field Tuition Scholarship
Donee's Name	Various
Donee's Address	
Amount (FMV)	24,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-09

TY 2008 Other Assets Schedule

Name: BLUE BIRD AUXILIARY OF THE SOUTHWEST
 TEXAS METHODIST HOSPITAL

EIN: 74-6035267

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable	2,669	2,639
Receivables form current and former officers	58,591	64,737
Inventory	60,701	60,751
Other Depreciable Assets	131,451	130,839

TY 2008 Other Changes in Net Assets Schedule

Name: BLUE BIRD AUXILIARY OF THE SOUTHWEST
 TEXAS METHODIST HOSPITAL

EIN: 74-6035267

Description	Amount
Unrealized Loss on Investments	-246,115

TY 2008 Other Expenses Schedule

Name: BLUE BIRD AUXILIARY OF THE SOUTHWEST
 TEXAS METHODIST HOSPITAL

EIN: 74-6035267

Description	Amount
Advertising	5,349
Office Expenses	28,002
Information Technology	14,135
Conferences and Meetings	20,243
Credit Card Fees	19,577
Courtesy Fund	16,383
Miscellaneous Expense	5,658
Equipment	4,200
Patient Support	3,207

TY 2008 Other Liabilities Schedule

Name: BLUE BIRD AUXILIARY OF THE SOUTHWEST
 TEXAS METHODIST HOSPITAL

EIN: 74-6035267

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable	16,154	11,146

TY 2008 Other Revenues Schedule

Name: BLUE BIRD AUXILIARY OF THE SOUTHWEST
 TEXAS METHODIST HOSPITAL

EIN: 74-6035267

Description	Amount
Miscellaneous Income	1,232