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SCANNED JUL 1 0 2010

Form **990-EZ**

Department of the Treasury Internal Revenue Service

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)

Sponsoning organizations of donor advised funds 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

_	For the	2009 calone	dar voor	or tax year beginning $7/01/08$, and ending $6/30/09$					
^					D 5				
ᄚ		applicable	Please use IRS	C Name of organization	D En	Employer Identification number			
H		change	label or	MEYNG DICHODN COCTEMY	7	76-0043028			
Н	Name cl	-	print or	TEXAS BIGHORN SOCIETY					
Н	Initial ref		type. See	· · · · · · · · · · · · · · · · · · ·		elephone number			
Н	Termina	ition	Specific	P.O.BOX 59842		17-664-3131			
Н	Amende	ed return	Instruc-	City or town, state or country, and ZIP + 4	F Gr	oup Exemption			
Ш		ion pending	tions.	DALLAS TX 75229	Ni	ımber			
	Sec	tion 501(c)(3	. •	ations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting	method	Cash X Accrual			
_				pleted Schedule A (Form 990 or 990-EZ). Other (specify)					
ı	Websit			H Check ▶	ll if t	he organization is not Schedule B (Form 990,			
<u>J</u>	Organi								
K	Check	▶ ∐ if th	ne organi	ation is not a section 509(a)(3) supporting organization and its gross receipts are normally	not m	ore than \$25,000 A return			
	is not r	equired, but if	f the orga	nization chooses to file a return, be sure to file a complete return.					
<u>L</u>	Add line			to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	<u> </u>			
_ <u>F</u>	art I	Reven	<u>ue, Ex</u>	penses, and Changes in Net Assets or Fund Balances (See the instru	uction				
	1	Contributions,	gifts, grar	is, and similar amounts received	1	49,947			
	2	Program sei	rvice rev	nue including government fees and contracts	2				
	3	Membership	dues ar	d assessments See Statement 1	3	13,655			
	4	Investment i	income		4	4,991			
	5a	Gross amou	int from s	ale of assets other than inventory 5a					
	Ь			isis and sales expenses 5b	7				
	6			of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)					
ne				ties (complete applicable parts of Schedule G) If any amount is from gaming , check here					
Revenue	a	Gross reven							
æ		reported on	•	6a					
	b	•	•	s other than fundraising expenses 6b	╛				
	"		•	from special events and activities (Subtract line 6b from line 6a)	- 6c				
	7a			ory, less returns and allowances 7a 7		<u>'</u>			
	١.	Less cost o			ㅓ				
	þ		_	from sales of inventory (Subtract line 7b from line 7a)	→ 7c				
	C			ibe See Statement 2) 8	5,229			
	8				9				
_	9			nes 1, 2, 3, 4, 5c, 6c, 7c, and 8 nounts paid (attach schedule) See Statement 3	10				
	10				_				
	11	Benefits par		members PEOP	11				
nses	12	•		ensation, and employee benefits A other payments to independent contents	12				
ens	13			other payments to independent contractors	13				
Exper	14			ties, and maintenance , postage, and shipping ortho See Statement 4	14				
_	1	-		postage, and shipping full mail 19 2010 col	15	40.00			
	16			Cibe Bee Beatement) 16				
	17			lines 10 through 16	17				
Net Assets	18	•	•	the year (Subtract line 17 from line 9)	18				
As	19			ces at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return		400			
ě	20	-		assets or fund balances (attach explanation) See Statement 5	20				
				alances at end of year Combine lines 18 through 20	21				
_ <u>F</u>	Part II	Balan		ets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead	of Form				
			•	the instructions for Part II.) (A) Beginning of year		(B) End of year			
22	Cash,	savings, and	investme	nts <u>370,28</u>	6 22	301,133			
		and buildings			_ 23				
24	Other a	assets (descr	ibe 🕨	See Statement 6 3,20					
	Total a			373,48	_				
26	Total I	iabilities (des	scribe 🕨	See Statement 7	0 26				
<u>27</u>	Net as	sets or fund	balance	(line 27 of column (B) must agree with line 21) 373,48	6 27	309,829			
_						222 57			

DAA

60043028						
	BIGHORN SOCIETY		-0043028			Page 2
	ogram Service Accomplishments (See the instruc	tions for Part II		•	oenses
What is the organization's primary ex-	empt purpose?			h		l for 501(c)(3)
	ITH TEXAS PARKS & WILDLIFE					ganizations
	ng out the organization's exempt purposes. In					(a)(1) trusts;
describe the services provided, the nu	umber of persons benefited, or other relevant i	information for each	program title.		ptional f	or others)
28 THE ORGANIZATION PROVID	ES BOTH MANPOWER AND MATERIAL					
RESOURCES TO TEXAS PARK	S & WILDLIFE WHICH WAS USED TO					
MAINTAIN DESERT BIGHORN	SHEEP WITHIN THE STATE OF TEXAS		,	_, l		
(Grants \$ 93,55	8) If this amount includes foreign grants, cl	heck here		28a		<u>137,173</u>
29						
			•			
				_		
(Grants \$) If this amount includes foreign grants, ch	heck here		29a		
30				- 1		
(Grants \$) If this amount includes foreign grants, cl	heck here	> _	30a		
31 Other program services (attach se	chedule)			.		
(Grants\$) If this amount includes foreign grants, cl	heck here .	•	31a		
32 Total program service expenses	s (add lines 28a through 31a)			32		137,173
	ctors, Trustees, and Key Employees. List ea	sch one even if not	compensated. (See	the instru	ctions fo	r Part IV)
,		(b) Title and average	(c) Compensation	(d) Contrib	utions to	(e) Expense
(a)	Name and address	hours per week devoted to position	(If not paid, enter -0)	employee ben deferred com		account and other allowances
KATHY BOONE	LUBBOCK	TREASURER				
PO BOX 53145	TX 79408	3	اه		اه	0
TOMMY CARUTHERS	DENTON	DIRECTOR				
209 RIDGECREST CIRCLE	TX 76205	2	اها		٥	0
CHARLES WOLCOTT	HOUSTON	VPRESIDENT				
10 MARILANE STREET	TX 77007	3	ا		٥	0
DAVID WETZEL	IRVING	DIRECTOR				<u>-</u> _
230 IRBY LANE	TX 75061	2	اه		٥	0
JERRELL COBURN	FORT WORTH	DIRECTOR				<u>-</u>
	TX 76179	2	اه		٥	0
5010 W.J.BOAZ ROAD		PRESIDENT				
ROBERT JOSEPH	LUBBOCK TX 79408	5	}		0	٥
PO BOX 2603		SECRETARY			- 1	
BILL SCOTT	FORT WORTH	2			ام	0
4920 CANTON DRIVE	TX 76180	DIRECTOR				_
DON JURY	FORT WORTH	2			ار	0
2931 HALTOM RD	TX 76117	DIRECTOR	•			
LYNTON HOLLOWAY	FORT WORTH	DIRECTOR 2	0		۸	0
PO BOX 79577	TX 76179-0577	DIRECTOR	-			
CURT BROCKMANN	LUBBOCK	DIRECTOR 2			0	o
PO BOX 53145	TX 79408	DIRECTOR				
JACK BAUER	LUBBOCK	2	0		0	0
PO BOX 53145	TX 79408	DIRECTOR	+			
MARK KIELWASSER	DALLAS	ļ	0		0	o
4231 CEDARBRUSH DR	TX 75229	2			- 0	
					 	
•••						

		Yes No
Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		.
description of each activity	33	х
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	x
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		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,		
and proxy tax requirements?	35a	Х
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"		
complete applicable parts of Schedule N	36	x
37a Enter amount of political expenditures, direct or indirect, as described in the instr.	_	
b Did the organization file Form 1120-POL for this year?	37b	X
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		T
any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	x
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter	7	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities 39b	7	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	┦	
section 4911 ► , section 4912 ►		
b Section 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," complete Schedule		
	40b	l x
L, Part I	700	
c Enter amount of tax imposed on organization managers or disqualified persons during		
the year under sections 4912, 4955, and 4958	.	
d Enter amount of tax on line 40c reimbursed by the organization	.	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40-	x
transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed.	C 74	F 770
	6-/4	5-778
PO BOX 53145	.452	
	9453.	
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		Yes No
account)?	42b	X
If "Yes," enter the name of the foreign country	- [
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		
and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c	X
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		
	I	Yes No
AA Did the econstation maintain any depart advised funds? If "Vee " Form 900 must be completed instead of	,	1 1
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44	x
Form 990-EZ	44	X
	44	X

	n 990-EZ (2008) TEXAS BIGHORN SOCIETY Int VI Section 501(c)(3) organizations only. All section 50		5-0043028 ations must ar	swer question	s 46_40	Page 4
ra	and complete the tables for lines 50 and 51.	ricolo) organiz	ationo maoi ai	owor question	3 40 40	
6	Did the organization engage in direct or indirect political campaign activities of	n behalf of or in op	position to		Ye	s No
	candidates for public office? If "Yes," complete Schedule C, Part I				46	Х
7	Did the organization engage in lobbying activities? If "Yes," complete Schedu	le C, Part II	•	•	47	Х
8	Is the organization operating a school as described in section 170(b)(1)(A)(ii)	•	Schedule E		48	X
9a	Did the organization make any transfers to an exempt non-chantable related	organization?	•		49a	Х
b	If "Yes," was the related organization(s) a section 527 organization?				49b	
0	Complete this table for the five highest compensated employees (other than	officers, directors, ti	ustees and key en	ployees) who		
	each received more than \$100,000 of compensation from the organization. If	there is none, ente	r "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) Exp accour other allo	t and
None	e					
-						
otal	I number of other employees paid over \$100,000		•			
51	Complete this table for the five highest compensated independent contractor	s who each receive	d more than \$100,	000 of		
	compensation from the organization. If there is none, enter "None."					
				·		
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensation	חכ
No		1				
						
Catal	I number of other independent contractors each receiving over \$100,000 .	•			-	

Date

P.C.

STE.210, P.O.BOX 59842

& COMPANY,

LN.,

TX

75229

Check if

self-

5/10/10 employed ▶

► Yes No
Form 990-EZ (2008)

Preparer's Identifying Number (See instr.)

no ▶ 214-352-1117

▶ 26-0009628

P00098125

EIN

Phone

Here

Paid

Preparer's

Use Only

Type or print name and title

3198 ROYAL

DALLAS,

May the IRS discuss this return with the preparer shown above? See instructions

Preparer's

signature

Firm's name (or yours

address, and ZIP + 4

if self-employed),

SCHEDULE: A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

76-0043028

Department of the Treasury Internal Revenue Service Name of the organization

TEXAS BIGHORN SOCIETY

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pai	rt I	Reas	on for Public Charity	Status (All organizations	must c	omplet	e this _l	oart.) (see ir	struct	tions)		
he o	rga	nization is not	a private foundation because	e it is: (Please check only one o	rganızatio	on.)							
1	Ť			ociation of churches described in)(A)(i).						
2		A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E.)									
3				ce organization described in sec	tion 170(b)(1)(A)(i	ii). (Atta	ch Sche	dule H.)			
4		<u>-</u>	=	in conjunction with a hospital d							spital's name		
•		city, and state		,			` '		•		•	•	
5		•	•	of a college or university owned of	or operate	ed by a go	overnme	ntal unit	describ	ed in			
٠ ,		•	b)(1)(A)(iv). (Complete Part	•	or operace	ou by a g	3.0	That arm		, o			
6		-		overnmental unit described in se	action 17	0/b\/4\/A	14.4						
7	\dashv			substantial part of its support fro				rom the	genera	Loublic			
,		•	section 170(b)(1)(A)(vi). (Co		in a gove	minema	unit or t	ioni the	genera	i public			
. 1	\Box			70(b)(1)(A)(vi). (Complete Part	11.3								
8	¥	•			•	contributi		mhorch	n foor	and are			
9													
	receipts from activities 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												
		• •	•		-) IIOIII D	usiness	es			
			•	0, 1975. See section 509(a)(2).	-			/!		- >			
10	Н	•	•	exclusively to test for public safe	-			-		-			
11				exclusively for the benefit of, to p									
	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.												
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
	a Type I b Type II c Type III—Functionally Integrated d Type III—Other												
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified 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) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting												
f		_		mination from the IRS that it is	a Type I,	i ype ii, t	or Type	iii suppe	i ting				
		•	check this box	tion accepted any gift or contribu	ution from	any of th			•		•		ш
g		_		don accepted any girt of contribu	ution non	i arry or u	16						
		following per			th noros		ıbadın /					Yes	No
				ontrols, either alone or together v	willi persi	JIIS UESCI	inea iii (")			1100	162	NO
				f the supported organization?	• •				•		11g(i)		\vdash
			member of a person describ				•			•	11g(ii)		
_			· · · · · · · · · · · · · · · · · · ·	described in (i) or (ii) above?		•		•	•		[11g(iii)	I	
<u>h</u>		Provide the f	following information about t	he organizations the organizatio	n suppor	ts.			1			, .	
(i) N	lam	e of supported	(ii) EIN	(iii) Type of organization	(' '	organization		ou notify		s the	(vii) Amount o		
	org	anization		(described on lines 1–9 above or IRC section		sted in your document?	the organ	ization in	organızat (i) organı		supp	ort	
				(see instructions))	governing	document.		ort?	U				
					Yes	No	Yes	No	Yes	No			
							ļ		ļ				
									1				
		-											
[otal						I							

Page	2

Pa	it I Support Schedule for O	rganizations [escribed in S	ections 170(b))(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you che						
Sec	tion A. Public Support						
Cal	endar 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 lines 1-3						
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				<u> </u>	ll_	
	tion B. Total Support				1	,	
Cal	lendar 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 secunties 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	(and unot sustions)	<u>L</u>	L	ł	12	
12	Gross receipts from related activities, etc. First five years. If the Form 990 is for the				or on a northern 50:		
13			t, second, triird, io	urin, or min tax yea	ar as a section 50	1(0)(3)	▶ [
500	organization check this box and stop her tion C. Computation of Public Su		tage	··			
				(f))		14	%
14	Public support percentage for 2008 (line 6		•			•	
15	Public support percentage from 2007 Sch			12 and line 14 to		15	<u>%</u>
16a	33 1/3 % support test—2008. If the organ				33 1/3 % Of more,	CHECK THIS DOX	▶ [
	and stop here. The organization qualifies				45 :- 22 4/2 9/	mara abaak thia	
Ь	33 1/3 % support test—2007. If the organ				13 15 33 1/3 % 01 1	nore, check this	▶ [
	box and stop here. The organization qual				Sa and Chand Bar		
17a	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "f						. □
	organization meets the "facts-and-circums						
þ	10%-facts-and-circumstances test—200						
	more, and if the organization meets the "f						. ┌
	organization meets the "facts-and-circum:						
18	Private foundation, If the organization did	not check a box	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee instructions	▶ ∟

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support					-	
Cal	lendar 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")	58,662	38,435	48,001	62,635	63,602	271,335
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						
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	58,662	38,435	48,001	62,635	63,602	271,335
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 Add lines 7a and 7b					!	
8	Public support (Subtract line 7c from	58,662	38,435	48,001	62,635	63,602	
Ū	line 6)	30,002	30,133	10,001	02,702		271,335
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	58,662	38,435	48,001	62,635	63,602	271,335
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,412	8,306	16,571	12,619	4,991	49,899
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	7,412	8,306	16,571	12,619	4,991	49,899
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.)					5,229	5,229
13	Total support. (Add lines 9, 10c, 11, and 12)	66,074	46,741	64,572	75,254	73,822	326,463
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	, second, third, for	urth, or fifth tax yea	r as a section 501	(c)(3)	▶ [
Sec	ction C. Computation of Public Su		age				
15	Public support percentage for 2008 (line 8			 in (f))		15	83.1136 %
16	Public support percentage from 2007 Scho					16	87.7763 %
Sec	ction D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2008 (li	ine 10c, column (f)	divided by line 13	, column (f))		17	15.2847 %
18	Investment income percentage from 2007					18	12.2237 %
19a							
	17 is not more than 33 1/3 %, check this b	=	_				▶ <u>X</u>
b	33 1/3 % support tests—2007. If the orga line 18 is not more than 33 1/3 %, check the						▶ [

Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

Part III, Line 12 - Other Income Detail

\$

5,229

760043028 TEXAS BIGHORN SOCIETY

76-0043028

Federal Statements

FYE: 6/30/2009

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

			Amount				
MEMBERSHIP	DUES	\$_	13,655				
Total		\$	13,655				

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description		Amount
Description ISCELLANEOUS DVERTISING INCOME Total	\$	3,184
ADVERTISING INCOME		2,045
Total	\$	5,229

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RN SOC
IORN SOC
ORN SOC
IORN SOC
IORN SOC
IORN SOC

760043028 TEX/ 76-0043028 FYE: 6/30/2009

Federal Statements

•		Purpose	DESERT BIGHORN SHEEP							
ounts Paid	Date of Gift	FMV Explanation								
Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Class of Activity	Book Value Explanation	WLDLFE PRESERVATION							
, Line 10 - Grant	p noi	Book Value	WLDLF							
rm 990-EZ, Part l	Relationship to Organization	Noncash Contribution	501 (C) 3							
Statement 3 - Fo		Cash	l oo		93,558					
	Name and Address	Description of Property	TEXAS PARKS & WILDLIFE TX	Total	-					

760043028 TEXAS BIGHORN SOCIETY

76-0043028

Federal Statements

FYE: 6/30/2009

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount		
Expenses	\$		
MEMBERSHIP EXPENSE	15,822		
MISC EXPENSE	2,328		
ADVERTISING	300		
BANK CHARGES	295		
LIABILITY INSURANCE	4,300		
PRINTING	15,614		
AWARDS BANQUET	4,248		
Total	\$ 42,907		

Statement 5 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description		 Amount	
PY CORRECTION		\$ 400	
Total		\$ 400	

Statement 6 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
BRONZE CASTINGS	\$3,200	\$ 3,600
	3,200	3,600

Statement 7 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	 End of Year
Accounts Payable and Accrued Expenses	\$	\$ -5,096
		-5,096