### **PUBLIC INSPECTION COPY**

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	$\pm$ 2023 calendar year, or tax year beginning $$ JUN $$ $$ $$ $$ $$ $$ $$ $$ $$ and er	nding $ m M$	AY 31, 2024					
	heck if oplicable	C Name of organization		D Employer identific	cation number				
X	Addres	Blue Bird Foundation							
	Name change			74-60471	76				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Final return/	P.O. Box 66027		713-528-					
	termin ated			<b>G</b> Gross receipts \$	5,848,840.				
L	Ameno	Houston, IX //200		H(a) Is this a group return					
	Applic tion pendir	Finally and address of principal officer. Gay 10 Ransharig		for subordinates? Yes X No					
		same as C above		H(b) Are all subordinates in					
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527	1	list. See instructions				
	/ebsit		1. 1/2-22	H(c) Group exemptio					
	rt I	organization: X Corporation Trust Association Other  Summary	L Year	of formation: 1931 N	1 State of legal domicile: TX				
		Briefly describe the organization's mission or most significant activities: To ho	1d en	dowment ass	ets for and				
ce		provide financial support for the programs							
Governance		Check this box if the organization discontinued its operations or disposed							
ver				3	12				
ဇ္		Number of independent voting members of the governing body (Part VI, line 1b)			12				
ري مح		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0				
/itie		Total number of volunteers (estimate if necessary)			12				
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.				
				Prior Year	Current Year				
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		0.	0.				
enc		Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		594,362.	777,518.				
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		594,362.	777,518.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,700,000.	800,000.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	0.	<u> </u>	0.				
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		109,265.	105,675.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,809,265.	905,675.				
		Revenue less expenses. Subtract line 18 from line 12	_	10,214,903.	-128,157.				
or es				ginning of Current Year	End of Year				
ets	20	Total assets (Part X, line 16)		20,796,418.	23,082,244.				
Ass	21	Total liabilities (Part X, line 26)		10,045,051.	10,485,392.				
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		10,751,367.	12,596,852.				
	rt II	Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is				
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.					
		Electronically Filed Signature of officer		 Date					
Sigr				Date					
Her	9	Gayle Runshang, President Type or print name and title							
		Print/Type preparer's name Preparer's signature	T	Date Check	PTIN				
Paid		Barbara Murphy Barbara Murphy		4/11/25 of self-employ					
Prep		Firm's name Blazek & Vetterling			6-0269860				
Use		Firm's address 2900 Weslayan, Suite 200		TAIN SEIN 7					
	,	Houston, TX 77027		Phone no. 71	3-439-5739				
Mav	the IF	RS discuss this return with the preparer shown above? See instructions		,	X Yes No				

Form	1 990 (2023) Blue Bird Foundation	74-6047176	Page 2
Pai	rt III Statement of Program Service Accomplishments		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	Blue Bird Foundation holds endowment assets and provides	financial	
	support for the programs of The Blue Bird Circle.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$	ie \$	)
	The Blue Bird Foundation's purpose is to hold board-design		
	endowment funds to provide long-term financial support for		
	of the Blue Bird Circle. The Foundation's Board of Direct	ctors approv	es
	distributions to the Circle based on the funding needs of	the Circle	•
4b	(Code:) (Expenses \$	ue \$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenu	ie \$	)
	/ (LApprises 4		
ام 1⁄	Other program conject (Describe on Schedule O.)		
4d	Other program services (Describe on Schedule O.)	١	
4e	(Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses 800,000.	)	
-70	rotal program our viou expenses		

# Form 990 (2023) Blue Bird Foundation 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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	٣		
•	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		x
40				122
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	<i>1</i> 1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١		, v
_	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l	37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	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	11c		X
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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
_		_		_

# Form 990 (2023) Blue Bird Foundation Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete			
	Schedule J	23		X
24a	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		x
h	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			
	, ,	25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		<del></del>
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			\ <b>.</b> ,
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> X</u>
29	Did the organization receive more than \$25,000 in noncash 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? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		

Blue Bird Foundation 74-6047176 Page 5 Form 990 (2023) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Х Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O.

b	<b>b</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	13b					
С	Enter the amount of reserves on hand	13c					
14a	4a Did the organization receive any payments for indoor tanning services during the tax year?						
b	<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O						
15	5 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?						
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		_X_	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.						
332005	5 12-21-23			Form	990	(2023)	

Form 990 (2023)

Blue Bird Foundation

74-6047176

Page
Part VI 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 on Schedule O. See instructions.			
_	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		_ <u>X</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			7.7
	persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40		40	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b 40-	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	-22	
С	on Schedule O how this was done	12c	х	
13	On Schedule O now this was done  Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	iou		
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Gayle Runshang - 713-528-0470			
	P.O. Box 66027 Houston TX 77266			

#### Form 990 (2023)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

X Check this box if neither the organization no	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		Cer ar	d a director/		( usite)		from	from related	other
	(list any hours for	lirecto						the organization	organizations	compensation from the
	related	96 Or (	stee			satec		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	n bei		1099-NEC)		and related
	below	idual	tution	ъ.	Key employee	est co loyee	Je.	<u> </u>		organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Form			
(1) Gayle Runshang	5.00									
President	0.00	Х		Х				0.	0.	0.
(2) Robert Vestewig	1.00									
Vice President	0.00	Х		Х				0.	0.	0.
(3) Amy Nelson	1.00									
Secretary	0.00	Х		Х				0.	0.	0.
(4) Karen Gibbons	1.00									
Treasurer	0.00	Х		Х				0.	0.	0.
(5) J. Christian Baker, III	1.00									
Board Member	0.00	Х						0.	0.	0.
(6) Sally Barber	1.00									
Board Member	26.00	Х						0.	0.	0.
(7) Gail Branca	1.00									
Board Member	10.00	Х						0.	0.	0.
(8) Mary Gannon	1.00									
Board Member	0.00	Х						0.	0.	0.
(9) Trish Greaser	1.00									
Board Member	29.00	Х						0.	0.	0.
(10) Annette Griffith	1.00									
Board Member	12.00	Х						0.	0.	0.
(11) Craig Klaasmeyer	1.00									
Board Member	0.00	Х						0.	0.	0.
(12) Deb Korkmas	1.00									
Board Member	25.00	Х						0.	0.	0.
			l			1				

332007 12-21-23 Form **990** (2023)

Form 990 (2023) Blue Biro	l Founda	ti	on						74-60	471	.76	Page 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	loye	es,	and	l Hig	jhes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box,	Pos (do not check box, unless pe officer and a			than o s both	an	( <b>D</b> ) Reportable compensation from	(E) Reportable compensation from related	on amou		ated nt of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		compensation	
1b Subtotal c Total from continuation sheets to Part VII								0.		0.		0.
. =							•	0.		0.		0.
Total number of individuals (including but no compensation from the organization	ot limited to the	ose I	iste	d ab	ove)	) who	re	eceived more than \$100,	000 of reportable	!	Tal	0
3 Did the organization list any <b>former</b> officer,											Ye	s No X
<ul> <li>line 1a? If "Yes," complete Schedule J for su</li> <li>For any individual listed on line 1a, is the su</li> <li>and related organizations greater than \$150</li> </ul>	m of reportable	e cor	mpe	nsat	tion	and	oth	ner compensation from t	ne organization		4	X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com.	ccrue compen	satio	n fr	om a	any	unre	late	ed organization or individ	dual for services		5	X
Section B. Independent Contractors											•	•
Complete this table for your five highest cor the organization. Report compensation for t	· ·	-							•	ensati	on from	
(A) Name and business	address	NO	NE	<u> </u>				(B) Description of s	ervices	Co	(C) ompensa	tion
Total number of independent contractors (ir \$100,000 of compensation from the organize)	•	ot lim	nited	l to t	thos		ed	above) who received mo	ore than			

Form 990 (2023) Blue Bird Foundation
Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue		( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
ર છ	1 a	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts	 k	b Membership dues 1b					
ନ୍ଦ୍ର ପ୍ର		c Fundraising events 1c					
ifts		d Related organizations 1d					
nila nila		e Government grants (contributions)					
Sir	f	f All other contributions, gifts, grants, and					
ber her		similar amounts not included above 1f					
햦		g Noncash contributions included in lines 1a-1f					
Son	ŀ	h Total. Add lines 1a-1f					
			Business Code				
ø	2 8	a					
ķ		b					
Ser		c					
an Sve		d					
Program Service Revenue	•	e					
Pr	f	All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, inte	rest, and				
		other similar amounts)		524,838.			524,838.
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents6a					
	k	b Less: rental expenses 6b					
	(	c Rental income or (loss)					
	(	d Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 5,324,002	١.				
	k	b Less: cost or other basis					
nue		and sales expenses <b>7b</b> 5,071,322	_				
Ver	(	c Gain or (loss) <b>7c</b> 252,680	· .				
Re	(	d Net gain or (loss)		252,680.			252,680.
Other Revenue	8 8	a Gross income from fundraising events (not including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188	а				
	k	b Less: direct expenses8	b				
	(	c Net income or (loss) from fundraising events					
	9 a	a Gross income from gaming activities. See					
		· · · · · · · · · · · · · · · · · · ·	а				
	k	b Less: direct expenses	b				
	(	Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
			Da				
			Ob				
		Net income or (loss) from sales of inventory					
<u>0</u>			Business Code				
eou	11 a						
llan Gen	k	b					
Miscellaneous Revenue	(	C					
Ξ̈́	(	d All other revenue					
		e Total. Add lines 11a-11d		777,518.	0.	0.	777,518.
	12	Total revenue. See instructions		1 ///, 310.	ı		1 111,510.

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 or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 800,000. 800,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management 573. 573. Legal 3,056. 3,056. Accounting Lobbying Professional fundraising services. See Part IV, line 17 97,069. 97,069. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 2,290. 2,290. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization ..... 22 2,687. 2,687. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) d All other expenses 905,675. 800,000. 105,675. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

## Form 990 (2023) Part X Balance Sheet

Fai	IL A	Baidiffe Sifeet					
		Check if Schedule O contains a response or	note to	any line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	t or forr	ner officer, director,			
		trustee, key employee, creator or founder, su	ıbstanti	al contributor, or 35%			
		controlled entity or family member of any of t	hese pe	rsons		5	
	6	Loans and other receivables from other disqu	ualified	persons (as defined			
		under section 4958(f)(1)), and persons describ		6			
ts	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or othe	er				
		basis. Complete Part VI of Schedule D	10	а			
	b	Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities			16,926,680.	11	19,055,986
	12	Investments - other securities. See Part IV, lin	3,869,738.	12	4,026,258.		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			20,796,418.	16	23,082,244.
	17	Accounts payable and accrued expenses			17	2 222 121	
	18	Grants payable	9,100,000.	18	8,080,421.		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part	IV of Schedule D		21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
iab		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-	24). Complete Part X	0.45 051		0 404 071
		of Schedule D			945,051.		2,404,971.
	26	Total liabilities. Add lines 17 through 25			10,045,051.	26	10,485,392.
S		Organizations that follow FASB ASC 958, o	check h	ere X			
Ce		and complete lines 27, 28, 32, and 33.			10 751 267		10 506 050
alar	27				10,751,367.	27	12,596,852.
β	28	Net assets with donor restrictions				28	
n		Organizations that do not follow FASB ASC	C 958, (	check here			
УF		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
,t A	31	Retained earnings, endowment, accumulated			10 751 267	31	10 506 050
Š	32	Total net assets or fund balances			10,751,367.	32	12,596,852.
	33	Total liabilities and net assets/fund balances			20,796,418.	33	23,082,244.

Pa	rt XI   Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 18.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>75.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3	$\frac{-12}{10,75}$					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5	Net unrealized gains (losses) on investments	5	2,02	3,9	84.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-5	0,3	42.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	12,59	6,8	52.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
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 on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	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 X Consolidated basis Both consolidated and separate basis							
С	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?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2023)			

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

**Employer identification number** 

Blue Bird Foundation 74-6047176 Part I 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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 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 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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 acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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 to 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) The Blue Bird 74-1405134 905,675 Circle 10 Х 905, 0. Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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 VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	· ·				12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
0	organization, check this box and stop						
	tion C. Computation of Publi			. (6)		T., I	
	Public support percentage for 2023 (I					14	%
	Public support percentage from 2022					15	<u>%</u>
16a	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies		-				
D	33 1/3% support test - 2022. If the constitution was						
47~	and <b>stop here.</b> The organization qual	· · · · · · · · · · · · · · · · · · ·	• • •			and line 14 is 10%	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-	•	vi now the organiz	au011
<b>L</b>	meets the facts-and-circumstances test	_	•	*	-	17a, and line 15 is :	L
a	10% -facts-and-circumstances test	-					1070 UI
	more, and if the organization meets the				-		
10	organization meets the facts-and-circular and facts foundation. If the organization						
10	Private foundation. If the organization	ni did fiot check a	DUX UIT III IE TO, TO	a, 100, 1/a, 01 1/1	b, check this box a	ina see instructions	

## Schedule A (Form 990) 2023 Blue Bird Foundation Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 organ- ization'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 through 5						
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 \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
		162	140
	1	Х	
	2		X
	3a		Х
	3b		
	3c		
	40		Х
	4a		
	4b		
	4c		
	5a		X
	5b		
	5c		
	6		X
	7		X
	8		Х
	9a		Х
			77
	9b		X
	9с		Х
	- 30		
	10a		Х
	,		
d-	10b A (Forn	» 000°	2000
ıе	: A IFOIT	ロッタいり	<b>ZUZ</b> 3

Par	t IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		X
b	A fam	ily member of a person described on line 11a above?	11b		Х
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		X
Sect	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			v
Sact	super	vised, or controlled the supporting organization.  C. Type II Supporting Organizations	2		X
360	lion C	5. Type it Supporting Organizations		<b>V</b>	N1 -
4	Mora	a majority of the avantization a divertors by twistons diving the tay year along a majority of the divertors		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	tion C	pported organization(s).  D. All Type III Supporting Organizations			
		<i>y</i> 11 5 5		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			110
-		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signific	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	rted organizations played in this regard.	3		
Sec	tion E	Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	l ' I	N1 -
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined these activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Lu		
~		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position that its supported organization(s) would have organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

га	Type in Non-Functionally integrated 509(a)(5) Support	ng Organi	Lauviis	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	red)	1 001/1/0   age /
	ion D - Distributions	(-)(-) -	Contine	<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	Carrone roa
2	Amounts paid to perform activity that directly furthers exemp	<u> </u>			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9_	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2023				
a	From 2018				
<u>b</u>	From 2019				
<u> </u>	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u> </u>	Carryover from 2018 not applied (see instructions)				
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
Ü	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

Blue Bird Foundation

**Employer identification number** 74-6047176

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acquir	• • •	
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year	annount in Innoted	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the periodications and enforcement of the generalistic accompany it		
6	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landing of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ation easements during the year
-	3, 3,		
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
			\$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

Sche		rd Foundati				74-6	04717	б Р	<sub>'age</sub> 2
Par	t III   Organizations Maintaining C	ollections of Art	, Historical T	reasures, o	r Other	r Similar Ass	ets <sub>(contir</sub>	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of th	e following tha	t make si	gnificant use of i	ts		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or e	kchange progr	am				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further	the organizati	on's exen	npt purpose in P	art XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical tre	asures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang	gements Complet	te if the organizati	on answered '	Yes" on I	Form 990, Part I\	, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an, or other intermed	liary for contributi	ons or other as	ssets not	included			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amoun	t	
С	Beginning balance					. 1c			
d	Additions during the year					_ 1d			
	Distributions during the year								
	Ending balance								
	Did the organization include an amount on Fo						Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	n provided in l	Part XIII				
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on F	orm 990, Part	IV, line 10	0.			
		(a) Current year	(b) Prior year	(c) Two yea	ırs back	(d) Three years ba	ck <b>(e)</b> Four	years	back
1a	Beginning of year balance	10,751,367.	21,292,96	23,07	6,804.	19,252,14	1. 24,	424,	513.
b	Contributions								
	Net investment earnings, gains, and losses	2,654,091.	172,41	-87	7,155.	4,518,44	3.	629,	794.
	Grants or scholarships								
	Other expenditures for facilities								
	and programs	800,000.	10,700,000	90	0,000.	675,00	0. 5	,789,	256.
f	Administrative expenses	8,606.	14,01	2.	6,685.	18,78	0.	12,	,910.
	End of year balance	12,596,852.	10,751,36	21,29	2,964.	23,076,80	4. 19,	252,	141.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column	(a)) held as:	•		•		
а	Board designated or quasi-endowment	100	%	,					
b	Permanent endowment	%	_						
С		<del></del> . %							
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.							
За	Are there endowment funds not in the posses	•	tion that are held	and administe	red for th	e			
	organization by:						[	Yes	No
	(i) Unrelated organizations?						3a(i)		х
	(ii) Related organizations?								X
h	If "Yes" on line 3a(ii), are the related organizations:								<del></del> -
4	Describe in Part XIII the intended uses of the			•			[30]		
Par	t VI Land, Buildings, and Equipme		windir iulius.						
	Complete if the organization answered		, Part IV, line 11a	See Form 990	), Part X.	line 10.			
	Description of property	(a) Cost or of		st or other	i i	ccumulated	(d) Boo	k valıı	
	besomption of property	basis (investm	, ,	is (other)		preciation	(4) 500	ı. valu	-
		, , , , , , , , , , , , , , , , , , ,	, , , , , ,						

Schedule D (Form 990) 2023

e Other

**b** Buildings c Leasehold improvements d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D	(Form 990) 2023 Blue Bird F	oundation	74	-6047176 Page 3
Part VII	Investments - Other Securities			1.99
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other				
(A) He	edge funds	4,026,258.	End-of-Year Market	Value
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, line 12, col. (B))	4,026,258.		
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X	Other Liabilities			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
	deral income taxes			
	inds held in trust for a			995,393.
(3) Es	state funds held for aff	iliate		1,409,578.
(4)				
(5)				
(6)				

(7) (8) (9) 2,404,971. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Par	t XI Reconcilia	ation of Revenue per Audited Financial Statemer	nts With R	Revenue per Retu	rn
	Complete if t	the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains	s, and other support per audited financial statements			1
2	Amounts included o	on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains	s (losses) on investments	2a		
b		nd use of facilities			
С		year grants			
d	Other (Describe in P				
е	Add lines 2a throug	h <b>2d</b>		2	2e
3	Subtract line 2e from	m line <b>1</b>			3
4		on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expense	es not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in P	Part XIII.)	4b		
С	Add lines 4a and 4b			4	4c
5	Total revenue. Add I	lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5
Pai	rt XII Reconcilia	ation of Expenses per Audited Financial Stateme	nts With	Expenses per Re	turn
	Complete if t	the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and	losses per audited financial statements			1
2		on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services ar	nd use of facilities	2a		
b		nts			
С					
d		Part XIII.)			
е	Add lines 2a through	h <b>2d</b>		2	2e
3		m line <b>1</b>			3
4		on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expense	es not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in P				
С	Add lines 4a and 4b			4	4c
5	Total expenses. Add	d lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 18.)			5
Pai	rt XIII Suppleme	ental Information		<u>.</u>	
Provi	ide the descriptions re	equired for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b a	nd 2b; Part V, line 4; P	art X, line 2; Part XI,
lines	2d and 4b; and Part	XII, lines 2d and 4b. Also complete this part to provide any addit	ional informa	ation.	
Par	rt V, line	4:			
The	e endowment	funds are held to provide long-	term f	inancial sup	pport for
the	e programs	of The Blue Bird Circle. The Fou	ndatio	n's Board o	f Directors
apr	proves dist	ributions based on the funding n	eeds o	f the Circle	e.
	<u> </u>			<u> </u>	

#### SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization **Employer identification number** Blue Bird Foundation 74-6047176 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region Central America and the Caribbean 0 Investments 2,938,881. 0 0 2,938,881. 3 a Subtotal **b** Total from continuation 0 sheets to Part I ...... Totals (add lines 3a 2,938,881. and 3b)

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

Schedule F (Form 990) 2023

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is n	eeded.	

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3	Enter total	number	of other	organizations	or entities
---	-------------	--------	----------	---------------	-------------

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if ac	dditional space is needed	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3 investments vs. expenditures per region); Part II, line 1 (accounting method); Part II (estimated number of recipients), as applicable. Also complete this part to provide	II (accounting method); and Part III, column (c)
Part I, Line 3f - Investments & Expenditures per	
The amount reported on Part I, line 3(f) reflect	
foreign investments at the end of the fiscal yea	

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  Blue Bird	l Foundati	on					Employer identification number $74-6047176$
Part I General Information on Grants						I	
Does the organization maintain records criteria used to award the grants or ass							
2 Describe in Part IV the organization's p	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
The Blue Bird Circle							
P.O. Box 66027							
Houston, TX 77266	74-1405134	501(c)(3)	800,000.	0.			Operations
<ul> <li>2 Enter total number of section 501(c)(3)</li> <li>3 Enter total number of other organization</li> </ul>	-	-					

Part IV Supplemental Information. Provide the information r	required in Dort Llin	o Or Dort III. column	(b), and any other se	dditional information	
	required in Part I, iiii	e 2, Part III, Colum	r (b), and any other ad	iditional information.	
art I, Line 2:					
lue Bird Foundation only makes g	rants to i	ts support	ted organiz	ation, The	
lue Bird Circle. The Foundation'	s Board of	Director	s approves		
istributions to The Blue Bird Ci	rcle based	on the fi	unding need	s of the	
ircle.					
.1016.					

#### SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Blue Bird Foundation

Employer identification number 74-6047176

Form 990, Part VI, Section A, line 7a: The Foundation has two classes of Trustees, Circle Trustees and Community Trustees. The Circle Trustees must comprise at least 51% of the Foundation's Trustees, and all Circle Trustees must also be Directors of The Blue Bird Circle at all times. The Circle Trustees are appointed by affirmative vote of the Blue Bird Circle Board of Directors. The Circle Trustees must include the President, President-Elect, and Treasurer of The Blue Bird Circle. The Community Trustees may not comprise more than 49% of the Foundation's Trustees. Form 990, Part VI, Section B, line 11b: Form 990 is reviewed by the President and Treasurer. A copy of the Form is provided to all Board members prior to filing. Form 990, Part VI, Section B, Line 12c: Members of the Board of Directors must review and sign a Conflict of Interest questionnaire annually. The questionnaires are reviewed by the President. If a conflict of interest exists, the Board member will be asked to resign. Form 990, Part VI, Section C, Line 19: Documents are available to the public upon request.

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Blue Bird Fou	ndation					74-60471	76	
Part I Identification of Disregarded Entities. Compl	ete if the organization answered "Y	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state c foreign country)	(d) or Total inco	me End-of-yea		Direct c	(f) ontrolling itity	J
Part II Identification of Related Tax-Exempt Organization of the base of the b	cations. Complete if the organizati	on answered "Yes" on Form 990	), Part IV, line 34, t	pecause it had one	or more i	related tax-exer	npt	
organizations during the tax year.  (a)  Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) et controlling entity	Section 5	olled
The Blue Bird Circle - 74-1405134 P.O. Box 66027				501(c)(3))			Yes	No
Houston, TX 77266	Charitable	Texas	501(c)(3)	Line 10	N/A			Х

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,					_			_		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	al or Per	rcentage
of related organization		(state or foreign	entity	(related, unrelated, lexcluded from tax under	income	end-of-year assets	allocations?		amount in box	partn	er? OW	rcentage wnership
		country)		sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
										$\vdash$		
-												
										$\vdash$		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ction (b)(13) rolled tity?
		Couriery)						Yes	No
								Ь	<u> </u>
								<b>↓</b>	<u> </u>

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?					
а			_		1:	a		X	
						, T	Х		
С	Gift, grant, or capital contribution from related organization(s)				10	;		X	
						ı		X	
						•		X	
	, , , , , , , , , , , , , , , , , , , ,								
f	Dividends from related organization(s)				1:	f		Х	
						<u>,                                    </u>		X	
h	Purchase of assets from related organization(s)				11	$\Box$		X	
i	Exchange of assets with related organization(s)				1	i		X	
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)  f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets to related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  p Reimbursement paid to related organization(s)  f Other transfer of cash or property to related organization(s)  r Other transfer of cash or property from related organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  (b) (c) (d)								X	
•	, 11 ,								
k	Lease of facilities, equipment, or other assets from related organization(s)				11		х		
1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			1			X	
_	Silaning of para ompreyone many orange organization (c)								
р	Reimbursement paid to related organization(s) for expenses				11	, [	х		
		tees to or for related organization(s)  tees by related organization(s)  d organization(s)  ted organization(s)  d organization(s)  ted organization(s)  more related organization(s)  tit			X				
٦									
r	Other transfer of cash or property to related organization(s)				1			Х	
						-		X	
_									
	Name of related organization		Amount involved	Method of determining	<i>)</i> ng amount involve	d			
	· ·				3				
1) [	The Blue Bird Circle	В	800,000.	Cash					
			,						
2) [	The Blue Bird Circle	K	2,000.	Cash					
			,						
3)									
-,									
4)									
-,									
5)									
-,									
6)									
-,			1	1					

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000