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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

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

C Name of organization: RED BIRD FOUNDATION. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 6308 ABILENE TRAIL. City or town, state or country, and ZIP + 4: AUSTIN, TX 78749

D Employer identification number: 76-0651915. E Telephone number: (512) 288-0879. F Group Exemption Number

G Accounting method: Cash. I Website: WWW.REDBIRDFOUNDATION.COM. J Tax-Exempt status: 501(c)(3)

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 140,085 to -67,709.

**Part II Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	108,332	<b>22</b>	40,623
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>	
<b>25 Total assets</b> . . . . .	108,332	<b>25</b>	40,623
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	0	<b>26</b>	0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	108,332	<b>27</b>	40,623

**Part III Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?  
ORGANIZATION THAT PROVIDES EDUCATIONAL RESOURCES AND PROMOTES SELF-UNDERSTANDING, HEALING AND GROWTH, AND COMMUNITY IMPROVEMENT FOR THE BENEFIT OF LOW-INCOME CHILDREN, YOUTH AND ADULTS IMPLEMENT PROGRAMS TO FACILITATE PERSONAL, SPIRITUAL AND PROFESSIONAL DEVELOPMENT CREATE CENTERS AND PROGRAMS FOR DEVELOPMENT OF WOMEN IN EDUCATION IN VARIOUS THIRD WORLD COUNTRIES CREATE CENTERS FOR PERSONAL AND SPIRITUAL DEVELOPMENT AND EDUCATION THROUGH THE ARTS AND STUDY OF THE ENVIRONMENT

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

<b>28</b> See Additional Data Table			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>28a</b>	
<b>29</b>			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>29a</b>	
<b>30</b>			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) . . . . .			
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	207,995

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

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		No
<b>34</b>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		No
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .		
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		No
<b>35b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions) . . . . .		
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		No
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="0"/> <b>37a</b>		
<b>37b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
<b>38b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
<b>39</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>39a</b>	Initiation fees and capital contributions included on line 9 . . . . .		
<b>39b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . .		
<b>40a</b>	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> , section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="0"/>		
<b>40b</b>	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		No
<b>40c</b>	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="text" value="0"/>		
<b>40d</b>	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="text" value="0"/>		
<b>40e</b>	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		No
<b>41</b>	List the states with which a copy of this return is filed <input type="text"/>		
<b>42a</b>	The organization's books are in care of <input type="text" value="DENISE LETARD"/> Telephone no <input type="text" value="(830) 285-8080"/> Located at <input type="text" value="2595 BANDERA HWY"/> <input type="text" value="KERRVILLE, TX"/> ZIP + 4 <input type="text" value="78028"/>		
<b>42b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	Yes	No
<b>42c</b>	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="text"/>		No
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		

		Yes	No
<b>44a</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		No
<b>44b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
<b>44c</b>	Did the organization receive any payments for indoor tanning services during the year?		No
<b>44d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

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

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances.

50(f) Total number of other employees paid over \$100,000

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

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation.

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. [X] Yes [ ] No

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

Sign Here section containing signature of officer (\*\*\*\*\*), date (2011-10-11), and name/title (PAULA D'ARCY PRESIDENT/TREASURER).

Paid Preparer's Use Only section containing preparer's signature (KAREN E ATCHLEY), date, check if self-employed, firm's name (ATCHLEY & ASSOCIATES LLP), address, EIN, and phone number.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

**2010**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
RED BIRD FOUNDATION

Employer identification number

76-0651915

**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 11, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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
- 5  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)**.
- 7  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 )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  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 )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	43,641	87,225	63,162	111,006	140,085	445,119
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	43,641	87,225	63,162	111,006	140,085	445,119
<b>5</b> 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)						266,808
<b>6 Public Support.</b> Subtract line 5 from line 4						178,311

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	43,641	87,225	63,162	111,006	140,085	445,119
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		10	1	1	37	49
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )			5,000	6,200		11,200
<b>11 Total support</b> (Add lines 7 through 10)						456,368
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	158,656

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	39.070 %
<b>15</b> Public Support Percentage for 2009 Schedule A, Part II, line 14	<b>15</b>	42.180 %

**16a 33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2010.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>b 33 1/3% support tests—2009.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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<b>Facts And Circumstances Test</b>
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**SCHEDULE O**  
(Form 990 or 990-EZ)

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

**2010**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
RED BIRD FOUNDATION

**Employer identification number**  
76-0651915

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	WELLS FARGO INTEREST INCOME 37

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SEMINAR TRAVEL GRANTEE NAME BEYOND WORDS GRANTEE ADDRESS POB 956 KFAR VRADIM, ISRAEL 25147 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SCHOLARSHIP FOR TRAVEL TO WOMENSPEAK AND PEACE INITIATIVE METHOD USED TO DETERMINE BOOK VALUE CASH METHOD USED TO DETERMINE FMV CASH BOOK VALUE OF PROPERTY 14,500 DATE OF GIFT 11/10/10 AMOUNT GIVEN 14,500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TUITION/ROOM/BOARD/EXPENSES GRANTEE NAME RASHA AZONI GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION TUITION, ROOM, BOARD AND EXPENSES FOR MA STERS/PHD PROGRAM METHOD USED TO DETERMINE BOOK VALUE CASH METHOD USED TO DETERMINE FMV CASH BOOK VALUE OF PROPERTY 38,316 DATE OF GIFT 12/31/10 AMOUNT GIVEN 38,316

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SEMINAR TRAVEL GRANTEE NAME WEST TEXAS EPISCOPAL DIOCESE GRANTEE ADDRESS PO BOX 6885 SAN ANTONIO, TX 78209 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SCHOLARSHIP FOR TRAVEL TO WOMENSPEAK METHOD USED TO DETERMINE BOOK VALUE CASH METHOD USED TO DETERMINE FMV CASH BOOK VALUE OF PROPERTY 3,395 DATE OF GIFT 01/13/10 AMOUNT GIVEN 3,395

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SEMINAR TRAVEL GRANTEE NAME KATRINA STUTZMAN GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SCHOLARSHIP FOR TRAVEL TO WOMENSPEAK METHOD USED TO DETERMINE BOOK VALUE CASH METHOD USED TO DETERMINE FMV CASH BOOK VALUE OF PROPERTY 432 DATE OF GIFT 02/05/10 AMOUNT GIVEN 432

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SEMINAR TRAVEL GRANTEE NAME ERIN LINGLE GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SCHOLARSHIP FOR TRAVEL TO WOMENSPEAK METHOD USED TO DETERMINE BOOK VALUE CASH METHOD USED TO DETERMINE FMV CASH BOOK VALUE OF PROPERTY 537 DATE OF GIFT 02/20/10 AMOUNT GIVEN 537

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SEMINAR TRAVEL AND FOOD GRANTEE NAME HELEN & FREDDY JOHNSON GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SCHOLARSHIP FOR TRAVEL AND FOOD FOR 8 WOMEN TO ATTEND WOMENSPEAK METHOD USED TO DETERMINE BOOK VALUE CASH METHOD USED TO DETERMINE FMV CASH BOOK VALUE OF PROPERTY 2,754 DATE OF GIFT 03/25/10 AMOUNT GIVEN 2,754

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SEMINAR TRAVEL GRANTEE NAME ANN JONES GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SCHOLARSHIP FOR TRAVEL TO WOMENSPEAK METHOD USED TO DETERMINE BOOK VALUE CASH METHOD USED TO DETERMINE FMV CASH BOOK VALUE OF PROPERTY 650 DATE OF GIFT 03/06/10 AMOUNT GIVEN 650

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SEMINAR TRAVEL GRANTEE NAME INTERLUDE RETREATS GRANTEE ADDRESS C/O KEN MEDEMA 4324 CANAL AVENUE GRAND RAPIDS, MI 49418 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION DONATION TO SCHOLARSHIP FUND FOR TRAVEL TO RETREATS METHOD USED TO DETERMINE BOOK VALUE CASH METHOD USED TO DETERMINE FMV CASH BOOK VALUE OF PROPERTY 1,250 DATE OF GIFT 07/12/10 AMOUNT GIVEN 1,250

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SEMINAR TRAVEL GRANTEE NAME KAIROS MINISTRY GRANTEE ADDRESS C/O MARY ETTA KING 2160 LINCOLN HWY EAST #13 LANCASTER, PA 17602 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION SCHOLARSHIP FOR WOMEN TO ATTEND RETREATS METHOD USED TO DETERMINE BOOK VALUE CASH METHOD USED TO DETERMINE FMV CASH BOOK VALUE OF PROPERTY 6,000 DATE OF GIFT 11/15/10 AMOUNT GIVEN 6,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT GRANTEE NAME OZUZU-OKE CENTER-DIOCESE OF METHODIST CHURCH GRANTEE ADDRESS PO BIX 251 UZUAKOLI, NIGERIA GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION FOR ESTABLISHMENT OF RETREAT/HEALING CENTER METHOD USED TO DETERMINE BOOK VALUE CASH METHOD USED TO DETERMINE FMV CASH BOOK VALUE OF PROPERTY 12,000 DATE OF GIFT 12/06/10 AMOUNT GIVEN 12,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 79,834

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION EDUCATIONAL SUPPORT/SCHOLARSHIPS AMOUNT 290 DESCRIPTION OTHER MINISTRIES EXPENSES AMOUNT 16,847 DESCRIPTION WOMEN SPEAK 2010 EXPENSES AMOUNT 135,132 DESCRIPTION RED BIRD FOUNDATION RETREAT AMOUNT 3,750 DESCRIPTION OFFICE SUPPLIES AMOUNT 1,537 DESCRIPTION BANK CHARGES AMOUNT 181 DESCRIPTION MISCELLANEOUS AMOUNT 1,064 DESCRIPTION PAYROLL TAXES AMOUNT 1,117 DESCRIPTION PAYROLL PROCESSING FEES AMOUNT 1,233 TOTAL TO FORM 990-EZ, LINE 16 161,151

**TY 2010 Transfers Personal Benefits  
Contracts Declaration**

**Name:** RED BIRD FOUNDATION

**EIN:** 76-0651915

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 76-0651915  
**Name:** RED BIRD FOUNDATION

## Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<b>28</b> WOMENSPEAK - AN INTERNATIONAL GATHERING OF WOMEN FOR THE PURPOSE OF HELPING WOMEN UTILIZE THEIR POWER AND GIFTS TO BE AGENTS OF CHANGE (Grants \$ 7,767) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span>	<b>28a</b>	142,900
<b>29</b> PALESTINIAN AND ISRAELI WOMEN INITIATIVE - A PEACE INITIATIVE WITH PALESTINIAN AND ISRAELI WOMEN TO HELP PROMOTE PEACE WITH PALESTINE AND ISRAEL (Grants \$ 14,500) <span style="float: right;">If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></span>	<b>29a</b>	22,847
<b>30</b> OTHER PROGRAM SERVICES - PROVIDING GRIEF SEMINARS, RETREATS FOR CHURCH WORKERS, MINISTRY AT MD ANDERSON CANCER CENTER, SEMINARS ON CULTIVATING PEACE, SEMINAR FOR COUNSELORS ADVISING THOSE GOING THROUGH DIVORCE (Grants \$ 19,250) <span style="float: right;">If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></span>	<b>30a</b>	42,248
PRISON MINISTRY- PROVIDING FOR THE SPIRITUAL, PSYCHOLOGICAL AND EDUCATIONAL NEEDS FOR WOMEN IN PRISON (Grants \$ 0) <span style="float: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></span>		0

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
PAULA D'ARCY 6308 ABILENE TRAIL AUSTIN, TX 78749	PRESIDENT/TREASURER 20 00	12,000	0	0
SANDI AITKEN 6308 ABILENE TRAIL AUSTIN, TX 78749	VICE-PRESIDENT 1 00	0	0	0
BETH D'ARCY 6308 ABILENE TRAIL AUSTIN, TX 78749	SECRETARY 11 00	0	0	0
DAVID SMITH 6308 ABILENE TRAIL AUSTIN, TX 78749	BOARD CHAIRMAN 2 00	0	0	0
EDDIE SEARS 6308 ABILENE TRAIL AUSTIN, TX 78749	VICE-CHAIRMAN 0 50	0	0	0
PAMELA TOMLINSON 6308 ABILENE TRAIL AUSTIN, TX 78749	BOARD MEMBER 0 50	0	0	0
DENISE LE TARD 6308 ABILENE TRAIL AUSTIN, TX 78749	ADVISORY BOARD- FINANCES 2 50	0	0	0