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Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

Open to Public Inspection

A	For th	e 2009 ca	alendar	year, or tax year beginning		, 2009, ai	nd endi	ng		, 20			
R	Check if a	nnlicable	Please	C Name of organization WEEKS BAY	FOUN	NOITAG	, IN	C.	D Employe	r identification number			
	Address	• •	use IRS label or	Doing Business As					63-102	21925			
_	Name ch	-	print or	Number and street (or P O box if mail is not delive	ered to street	address)	Room/s	uite	E Telephor	ne number			
		-	type See	11401 U.S. Highway 9	98		}		251-99	90-5004			
_	Initial ret		Specific	City or town, state or country, and ZIP + 4			ı——						
	Termina		instruc- tions.	FAIRHOPE, AL 36532					C Cross room	eipts \$ 1,170,125			
	Amende		E Nan	me and address of principal officer Walte	r C	Ernoct	, IV	7					
L. /	Applicatio	n pending			EL C.	Elliest	., IV	11(0) 15 0113		or affiliates? Yes No			
. 				as item C above						cluded? LYes LNo			
<u>_</u>		empt status		501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or	527			If "N	o," attach a lis	st (see instructions)			
_				ekbay.org					exemption numb				
K	Form of	organization	X Corp	oration ☐ Trust ☐ Association ☐ Other ▶		L Year	of forma	tion. 1990	M State of I	egal domicile AL_			
Pa	art I	Summ	ary										
	1 1	Briefly de	escribe	the organization's mission or most	significan	activities:	The	Organiz	ation	's purpose			
		is to protect the natural resources of coastal Alabama and provide											
Governance		support for the Weeks Bay National Estuarine Research Reserve.											
nar	\ '	<u>gappo</u>	.+	or one weeks bay has	±91101	Восца	. <u>+-+-1</u>	-110000	011 1100	CI VC.			
ě	1			— • • • • • • • • • • • • • • • • • • •	·								
တိ	1			f the organization discontinued its operat			than 25%	of its net asset		1 7			
45	3			ng members of the governing body (. 3				
Activities &	4	Number	of inde	pendent voting members of the government	eming bo	ᢩᢖᡛᡎᢏᡟᢧ	Hine 1	Б)	. 4	17			
ΞΞ	5	Total nui	mber of	f employees (Part V, line 2a)		CEIVE	إلـا:	1	. 5	2			
Aci	6	Total nui	mber of	f volunteers (estimate if necessary)		<u> </u>	79	<u>کا</u>	6	150			
					4II. colum	n (C) _h line	112	<u>[مُ</u>	7a				
	b	Net unre	lated b	elated business revenue from Part suiness taxable income from Form	29р-т Aild	34 3 70	ישו	2	. 7b				
				1	ш			Prior Y	ear	Current Year			
_	8	Contribu	tions ai	nd grants (Part VIII, line 1h)	00	DEN.	117	61	2,971	1,071,884			
Revenue	9			- · · · · · · · · · · · · · · · · · · ·		<u>. و ۱۷ از ۱۱ کو ۱</u>	<u>.U. II .</u>		7,191	35,317			
Š	1 4 9	-		e revenue (Part VIII, line 2g)	· · · ·				4,676	32,271			
ž				ome (Part VIII, column (A), lines 3, 4					5,469	4,913			
				(Part VIII, column (A), lines 5, 6d, 8d									
_				add lines 8 through 11 (must equal Pa			e 12)	/3	0,307	1,144,385			
	13	Grants a	ind sim	ılar amounts paid (Part IX, column (A), lines	1–3)				<u>U</u>			
		Benefits	paid to	or for members (Part IX, column (A	4), line 4)			ļ		0			
Expenses	15	Salaries,	other co	ompensation, employee benefits (Part	IX, columi	n (A), lines 5	5–10)	7		<u>76,217</u>			
ē	16a	Profession	onal fun	ndraising fees (Part IX, column (A), Iin	ie 11e) .				1,508	0			
X	ь			expenses (Part IX, column (D), line 2									
				s (Part IX, column (A), lines 11a-11e		32 n		21	8,461	1,065,860			
				Add lines 13–17 (must equal Part I			 25)	29	3,148	1,142,077			
				openses Subtract line 18 from line 12		11 (//), 11110 2	20)		7,159	2,308			
5						- -	<u> </u>	Beginning of C		End of Year			
ag g	30	Total as	oote (D	ant V. line 46)					1,645	3,284,754			
888	20		•	art X, line 16)				3,00	3,744	20,394			
Net Assets or	21 22			(Part X, line 26)	 luno 20			3,05		3,264,360			
	art li			Block	iiie 20 .	<u> </u>		3,03	7,301	3,204,300			
	ai t ii				oturn unalud			adulas and state	mante and to	the heat of my knowledge			
		and beli	ef, it is tri	of perjunt. Lectare that I have examined this rule, conject, and complete. Declaration of prep	arer (other	ing accompan than officer) is	iying schi s based c	in all information	of which pre	parer has any knowledge			
		1.			•	•		1	-/-	110			
	gn								7//7	770			
He	ere	Sign	nature of		0	- ·/·		Da	te ⁽				
		I	E 2	LUIS J. ALEEN M.		CHI	an	1~					
		Тур	e or print	t name and title									
		Prepare	r's			Date		Check If		lentifying number			
De:	: A	signature					13	self- employed > 🔀	(see instruct	ions)			
Pai		1	•	Kuni K. Emberill	ļ	7/20/2	010		P0098	9337			
	eparer's	Firm's name (or yours & WIM W ENTWETEEE CDA)						EIN	•				
Us	e Only	if self-en	nployed),	KILL K DIVIKBIBLE		ידר אד	36600			-460-2972			
NA-	av the		and ZIP	s return with the preparer shown ab				rnone i	10 F Z J I	Yes No			

. Pa	t III State	ement of Program Service Accomplishments	
1	Briefly descri	ribe the organization's mission: anization's purpose is to protect the natural resources	of
		Alabama and provide support for the Weeks Bay National ne Research Reserve.	
2	the prior Form		Yes 🗵 No
3	Did the organ services?		Yes ⊠ No
4		scribe these changes on Schedule O. e exempt purpose achievements for each of the organization's three largest program services by ex	penses.
	Section 501((c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of oothers, the total expenses, and revenue, if any, for each program service reported.	f grants and
4a	The Organiza)(Expenses \$ 1,095,071 including grants of \$)(Revenue \$ 35) anization is a nonprofit conservation organization. The ation conserves, restores, and manages wetlands and assos for coastal Alabama. These habitats benefit wildlife	e ociated
	people.		
			•
	(O - 1 - :		
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	•	······································	
		•••••••••••••••••••••••••••••••••••••••	•••••
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		•••••••••••••••••••••••••••••••••••••••	
		••••••	
4d	Other program	m services. (Describe in Schedule O.)	
	(Expenses \$	including grants of \$) (Revenue \$)	
4e	ı otal progral	am service expenses ► 1,095,071	

Par	t 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?	2	Х_	ļ
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? If "Yes," complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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_		х
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_	х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8_		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for 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
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	31.501
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	A TOTAL DESIGNATION OF THE PERSON OF THE PER		
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		х
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	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?	19		x
20	If "Yes," complete Schedule G, Part III. Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	Did the digamentation operate one of more hospitator if 100, complete contents if 1, 1, 1, 1, 1, 1, 1			

Pai	rt IV Checklist of Required Schedules (continued)			
•	- •		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		х
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 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		х
С	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		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_X_
25a	Section 501(c)(3) and 501(c)(4) 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		х
b	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 Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		, k	-2- AB
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
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		<u>x</u>
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? <i>If "Yes," complete Schedule R, Part I</i>	33		х_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		х
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		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.		x	X
		لتتب		

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Lx.,
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_x_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	<u> </u>
4a	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)?	4a		x
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	,		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	<u> </u>	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		
- Ou	organization solicit any contributions that were not tax deductible?			х
b	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).			
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		*	<u>ś</u> .
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X N / 7
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		N/A
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		N/A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	≪ ×	∌,)
	organization, have excess business holdings at any time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds.	7		- J
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		 1
10	Section 501(c)(7) organizations. Enter:	ļ., , ,	á l	rter
a	Initiation fees and capital contributions included on Part VIII, line 12. Gross receipts, included on Form 990, Part VIII, line 12 for public use of club facilities.			
11	Cross receipts, included on refin ede, rait vin, into 12, for public use of club facilities		, ·	4-
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		1	
a b	Gross income from members or shareholders			
J	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	1 1	- 1	ļ

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 in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	i '		
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	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		х
6	Does the organization have members or stockholders?	6	x	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	,		9
	the year by the following:			,
а	The governing body?	8a	_X_	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, *		â
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does 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	報 で ル		. "]
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- "		
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		<u>N/A</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		* '	-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	(\$ ·		,Ā
	with a taxable entity during the year?	16a		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	š -	ī	1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	465		
900	the organization's exempt status with respect to such arrangements?	16b		
	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 (or 1024 if applicable), 990, and 990-T (501(c))(3)s (only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
40	Own website Another's website Upon request		_	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	ot inte	erest	
20	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reconstruction.			
	organization: ▶ Walter C. Ernest, 11401 U.S. Highway 98, Fairhope, Alabama 36532, 251-	990-	<u>5004</u>	

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

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. Use Schedule J-2 if additional space is needed.

- 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. See 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 and/or Box 7 of Form 1099-MISC) 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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not con		any c	urre	nt c	office	er, dir	ecto	or, or trustee.	_	
(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Ellis Allen, M.D. Chairman	5	х						0	0	0
Skipper Tonsmeire President	2	х						0	0	0
John Borom, Ph.D. Vice President	2	х						0	0	0
Buddy Russell, CPA Treasurer	2	х						0	0	0
Rick Wallace, Ph.D. Secretary	2	х						0	0	0
John Crowder	2	х						0	0	0
Dennis Frodsham	2	х						0	0	0
Jim Gaines	2	х						0	0	0
Tommy Harris	2	х						0	0	0
Ray Herndon	2	х						0	0	0
Bob Holk	2	х						0	0	0
Gaye Lindsey	2	х						0	0	0
Cindy McBrearty	2	х						0	0	0
Phil Norris, Ed.D.	2	х						0	0	0
Michael Quinn, M.D.	2	х						0	0	0
David Ryan	_ 2	x						_ 0	0	0

L C	(A)	T	/ Emp	лоу			u nig	11163			· · · · · · · · · · · · · · · · · · ·
	Name and title	(B) Average	(C) Position (check all that ap						(D) Reportable	(E) Reportable	(F) Estimated
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation
Da	vid Sutley	2	x						0	C	0
Wa	lter Ernest, IV	40			x				48,701	C	
					<u></u>				10,701		, <u>v</u>
									,		
									_		
								,			
1b	_Total			<u>. </u>		<u> </u>	_ •	>	48,701	0	
2	Total number of individuals (including but r reportable compensation from the organization)		to tho	se I	iste		oove)	wh	o received mor	re than \$100,00	00 in
								_			Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							yee 	, or highest co	ompensated	3 x
4	For any individual listed on line 1a, is the sthe organization and related organizations	sum of repo	ortable n \$15	e co 0,00	omp 00?	ens <i>If</i> "	ation Yes,"	and con	other compen	sation from e J for such	
5	individual	or accrue	 comp	ens	atio	n fr	om a	ny			4 X
	services rendered to the organization? If " ction B. Independent Contractors	res, comp	nete S	cne	eau	ie J	TOT S	ucn	person		5 X
1	Complete this table for your five highest co	mnensated	Linde	nen	der	nt cc	ntrac	tore	that received	more than \$100	0.000 of
	compensation from the organization.	Impensated	i iiide	pen	uei		muac				
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensation
								<u></u>			
								<u> </u>			
2	Total number of independent contractors (ir more than \$100,000 in compensation from	cluding but the organi	t not li zation	imite	ed t	o th	ose li	sted	above) who re	eceived	-, -

1 1

Pari	VII	Statement of Re	venue -											
			r		Tota	(A) al revenu	1e	(E Relate exer func reve	ed or npt tion		(C) Unrelated business revenue	•	exclude under	(D) venue d from tax sections 3, or 514
, grants mounts	b	Federated campaigns Membership dues Fundraising events .	1a 1b	14,220										-
Contributions, gifts, grants and other similar amounts	d	Related organizations Government grants (contr	1d ibutions). 1e					ę	ŝte.	,	,			,
contribution of the contri		All other contributions, gifts, g and similar amounts not inclu Noncash contributions include Total. Add lines 1a–1f	ded above 1f	1,057,664 812,960	-						~ _*		-	
		Total. Add lines 1a-11	<u> </u>	Business Code	1 1 0	71.8	84			 	and of			
ž		Warkshans and	cominare	900099		8,89	م		~ <u>**</u> .	3,		iii.	,2 ,	
ě	2a	0.1	Semiinars.	900099		6,42				 				
Ge F	b			300033		0,42				 				
ēŽ	اب 2									1				
Š	a	••••••	***************************************		<u> </u>					┼┈				
Program Service Revenue	e	All other program servi								╁┈╴				
Pro	g	T (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		. >	7	5,3	17		. ,	 				1
	_			· · · · · · · · · · · · · · · · · · ·		J, J.	-			 				
	3	Investment income (incother similar amounts)			3	2,2	71			İ				
	4	Income from investment of								Ì				
	5	D 11!	. tax-exempt bon							<u> </u>				
			(ı) Real	(ii) Personal						2.1		3,		
	6a	Gross Rents			eta	· 76.	~ ¹		<u> </u>	李	· Villa		ું કું કું કું કું કું કું કું કું કું ક	
		Less: rental expenses			1	ř		,*	~	7.	į	· 1	*	į
		Rental income or (loss)	C	0	dibitio :	12. Hr	- '			働		7	* 1 r	7
	d	Net rental income or (lo	oss)				0							
	7a	Gross amount from sales of assets other than inventory	(i) Secunties	(II) Other			l j	· (1)			-1 1		, -, 50	
		Less. cost or other basis and sales expenses .	0	0	e alemen	*	· (4)	9 (mg/m)			A Second		- 1111	
	ч С	Gain or (loss) Net gain or (loss)			<u>- 274 - </u>	~c*.	0		- 188 , ·	ALLEYS-		175		
une	8a	Gross income from events (not including \$	fundraising		100	SHE.	31.t	: X	ω, :	<u> </u>	3.5	1	1 Č	
Other Rever		of contributions reported See Part IV, line 18	l on line 1c).		and the	*1	¥	, '%', \$, jour	YĘŚ.	. ; <u>*</u> *;`		~ "#z	राष्ट्रीं र
¥		Less: direct expenses			2800	- 166	0			<u> </u>				_3
0	С	Net income or (loss) from	om lundraising e	events			-0							
	9a	Gross income from gam	ing activities.				Ξ,	*	à	200			-4 ¹ /2642	S
	L	See Part IV, line 19	a						•	. "	7	*		
		Less: direct expenses. Net income or (loss) from				·	0			<u> </u>				
		Gross sales of inve	-				\dashv							
		returns and allowances Less: cost of goods sol	а	0.5. 5.4.0	, ***	,a** \$, ·	á,		` ₩ .		. a	` e ⁻	r _e r
ŀ		Net income or (loss) from sales of inventory				4,91	13							
[Miscellaneous Reve		Business Code										
	11a													
J	b													
İ	С													
	d	All other revenue					$ \bot $,
	е	Total. Add lines 11a-1	1d	•			0	-		<u></u>				
ŀ	12	Total Revenue. See in	structions.		1,1	44,38	85						_	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete co	lumn (A) but are no	ot required to com	plete columns (B), (C), and (D).
	o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			, y, -	-
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	47,101	35,326	4,710	7,065
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	23,757	17,817	2,376	3,564
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
10	Payroll taxes	5,359	4,019	536	804
11	Fees for services (non-employees):	3,000	., 0		
	Management				
b	Legal	1,230	1,230		
	Accounting	5,199	5,199		
	Lobbying	0,200			
	Professional fundraising services. See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·		
f	Investment management fees				
	Other	10,118	10,118		
12	Advertising and promotion	20,002	5,605		14,397
13	Office expenses	20,253	15,206	1,698	3,349
14	Information technology	894	894	1,000	3,343
15	Royalties		- 551		
16	Occupancy	9,882	8,335	891	656
17		7,848	7,482	366	
		,,010	7,102	300	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,922	206		2,716
20	Interest	2/322	200		2,710
21	Payments to affiliates	· 32,726	29,453	3,273	
22	Depreciation, depletion, and amortization .	7,005	6,400	605	
23	Insurance	Ŷ, 1,003	0,400	. 003	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
	Conservation easement	812,960	012 060	7 (87)	7, **** , , , , , , , , , , , , , , , ,
a	Contract labor		812,960		
b		12,000 116,434	12,000 116,434		
C	Program expenses	6,387	6,387		
d	Workshop and seminar expense	0,301	0,307		
e	All other symmetry				
25 26	All other expenses Total functional expenses. Add lines 1 through 24f	1,142,077	1,095,071	14,455	32,551
	Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	60,017	1	92,567
	2	Savings and temporary cash investments		2_	
	3	Pledges and grants receivable, net	13,483	3	5,567
	4	Accounts receivable, net	907	4	
	5	Receivables from current and former officers, directors, trustees, key	Maria Barana Barana		,
		employees, and highest compensated employees. Complete Part II of Schedule L	; r	5	
	6	Receivables from other disqualified persons (as defined under section		,	***
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	Parks and the state of the stat	6	
S	7	Notes and loans receivable, net	,	7	
Assets	8	Inventories for sale or use	1,825	8	3,557
As	9	Prepaid expenses and deferred charges	2,647	9	2,420
	10a	Land, buildings, and equipment: cost or 10a 508,569			
		other basis. Complete Part VI of Schedule D			James States
	h h	Less: accumulated depreciation 10b 219,776	312,685	10c	288,793
	11	Investments—publicly traded securities	1,340,831	11	1,288,200
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,329,250	15	1,603,650
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,061,645	16	3,284,754
	17	Accounts payable and accrued expenses	3,744	17	5,394
	18	Grants payable		18	
	19	Deferred revenue		19	<u> 15,000</u>
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	and the second of the second o
Liabilities	22	Payables to current and former officers, directors, trustees, key			
<u>a</u>		employees, highest compensated employees, and disqualified			<u> </u>
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	<u></u>	23	
	24	Unsecured notes and loans payable to unrelated third parties	· · · · · · · · · · · · · · · · · · ·	24	
	25	Other liabilities. Complete Part X of Schedule D		25	00 004
	26	Total liabilities. Add lines 17 through 25	3,744	26	20,394
Jces		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.	建新,是到		
<u>a</u>	27	Unrestricted net assets	3,022,108	27	3,191,831
ä	28	Temporarily restricted net assets	35,793	28	60,029
핕	29	Permanently restricted net assets		29	12,500
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	0 0 0 0 0 0 0 0
Ž	33	Total net assets or fund balances	3,057,901	33	3,264,360
	34	Total liabilities and net assets/fund balances	3,061,645	34	3,284,754
					Earn QQA (2000)

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
`			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			! • !
	Schedule O.	ļ		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a_		_X
b	Were the organization's financial statements audited by an independent accountant?	2b_	Х	
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 in			
	Schedule O.		·	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	Ì		
	the Single Audit Act and OMB Circular A-133?	3a		<u>X</u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization Employer Identification number WEEKS BAY FOUNDATION, INC. 63-1021925 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 11, 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.) ☐ 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 organization that normally receives: (1) more than 331/4 % 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 331/3% 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 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (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? 11g(iii) Provide the following information about the supported organization(s) (I) Name of supported (II) EIN (III) Type of organization (iv) is the organization (vi) Is the (v) Did you notify (vII) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (I) of your (I) organized in the (see instructions)) support? **U.S.?** Yes No Yes No Yes

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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Schedule A (Form 990 or 990-EZ) 2009 Page 2 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.) Section A. Public Support (a) 2005 (b) 2006 Calendar year (or fiscal year beginning in) ▶ (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 114,954 207,116 118,174 146,266 258,924 include any "unusual grants") 845,434 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 114,954 207,116 118,174 146,266 258,924 845,434 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 鎏 on line 1 that exceeds 2% of the amount 99,732 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 745,702 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 114,954 207,116 118,174 146,266 845,434 Amounts from line 4 . . 258,924 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 1,613 38,706 31,155 54,676 32,271 158,421 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets 10,136 25,895 39,199 39,774 (Explain in Part IV.) 40,230 155,234 1,159,089 Total support. Add lines 7 through 10 . 11 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Sec	tion C. Computation of Public Support Percentage		
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	64.34%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	85.44 %
16a	33¹a % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 ½ and stop here. The organization qualifies as a publicly supported organization		
b	33¹a % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 3 box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported	Explain	n Part IV how the
b	10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. It organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization or	Explain i	Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

	dule A (Form 990 or 990-EZ) 2009		· 				Page 3
Pa	rt III Support Schedule for Orga (Complete only if you checke				a)(2)		
Sec	ction A. Public Support						
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	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 organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 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						
8	Public support (Subtract line 7c from line 6.)					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	Approprie					
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for to organization, check this box and stop I	here	<u>.</u>	d, third, fourth,			
Sec	tion C. Computation of Public Sup	pport Percei	ntage				
15 16	Public support percentage for 2009 (line Public support percentage from 2008 S	chedule A, Pa	rt III, line 15	e 13, column (f	′′ [15 16	<u>%</u> %
Sec	tion D. Computation of Investmen	t Income Pe	ercentage				
17	Investment income percentage for 2009	(line 10c, co	lumn (f) divided	by line 13, co	olumn (f)) .	17	%
18	Investment income percentage from 20	-	• •	-		18	%
19a	33¹a % support tests—2009. If the orga 17 is not more than 33½%, check this bo						
b	33¹¤% support tests—2008. If the organi line 18 is not more than 33½%, check this	ization did not o box and stop	check a box on here. The organ	line 14 or line 1 nization qualifies	9a, and line 16 s as a publicly s	is more than 3 supported organ	3⅓%, and nization ► □
20	Private foundation. If the organization of	did not check a	a box on line 14	1, 19a, or 19b,	check this box	and see instru	uctions 🕨 🗌

Schedule A (F	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this pa Part III, line 12. P	rt to provide the rovide any other	explanations required additional information.	by Part II, line 10; See instructions.
		•••••			
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	······································	••••••	•••••		
		•••••			
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

	ne of the organization	I -	oyer identification number	
	EKS BAY FOUNDATION, INC.		1021925	
Pa	Organizations Maintaining Donor Advised Funds or Other Similar F	unds or	Accounts. Complete	if
	the organization answered "Yes" to Form 990, Part IV, line 6.			
	(a) Donor advised funds	(b) I	Funds and other accounts	
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets hel- funds are the organization's property, subject to the organization's exclusive legal conti		or advised Yes) No
6	Did the organization inform all grantees, donors, and donor advisors in writing that granused only for charitable purposes and not for the benefit of the donor or donor advisor purpose conferring impermissible private benefit?	nt funds o	can be	No
Pa	art II Conservation Easements. Complete if the organization answered "Yes" to			
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
-	, , , , , , , , , , ,	of an his	torically important land are	ì a
			rtified historic structure	
	☐ Preservation of open space	0. 4 00.		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution easement on the last day of the tax year.	on in the fo	orm of a conservation	
	,, ,, ,, ,, ,		Held at the End of the Tax	Year
а	Total number of conservation easements	2	a	
b	-			100
c		• • -	~ 	(
d		20		
_	, ,		*	`
3	Number of conservation easements modified, transferred, released, extinguished, or te the tax year ► 0	rminated	by the organization during	ıg
4	Number of states where property subject to conservation easement is located		1	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n handlir	.	
J	violations, and enforcement of the conservation easements it holds?		·	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation			
•	► 0		mio daming into your	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation eas	sements d	during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	s of section	nn.	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			No
9	In Part XIV, describe how the organization reports conservation easements in its reven			
	balance sheet, and include, if applicable, the text of the footnote to the organization's fi			
	the organization's accounting for conservation easements.			
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or	Other Si	milar Assets.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue si	tatement a	and balance sheet works	of
	art, historical treasures, or other similar assets held for public exhibition, education, or re-			
	provide, in Part XIV, the text of the footnote to its financial statements that describes the	nese items	s.	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue states	ment and	balance sheet works of	art.
_	historical treasures, or other similar assets held for public exhibition, education, or res			
	provide the following amounts relating to these items:		·	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets included in Form 990, Part X		▶ \$	
2	If the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SFAS 116 relating to these items:			
а	Revenues included in Form 990, Part VIII, line 1		▶ \$	
	Assets included in Form 990, Part X			
-	,		*	

Pai	t III Organizations Maintain	ing Collections	of Art, Histor	<u>ical Treasures</u>	<u>, or Other Simi</u>	lar Assets (continued)
3	Using the organization's acquisition collection items (check all that apply		other records,	check any of the	following that are	e a significant use of its
а	Public exhibition		d 🔲	Loan or excha	inge programs	
b	Scholarly research		е 🗌	Other		***************************************
С	Preservation for future general	tions				
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.					
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive do r than to be mainta	onations of art, lined as part of	nistorical treasure the organization's	s, or other similar collection?	Yes No
Pai	Escrow and Custodial A IV, line 9, or reported an				nswered "Yes" to	Form 990, Part
	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?					
þ	If "Yes," explain the arrangement in	Part XIV and con	nplete the follo	wing table:		
						Amount
					1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance					
b	Did the organization include an amount of "Yes," explain the arrangement in	Part XIV.				L Yes L No
Pai	t V Endowment Funds. Co					
		(a) Current year	(b) Pnor year	(c) Two years	back (d) Three year	rs back (e) Four years back
1a	Beginning of year balance	0	,			
b	Contributions	12,500		4 4	` , , , , , , , , , , , , , , , , ,	. 4 .
С	Net investment earnings, gains, and losses			* *	5 g g g g	< > ₹ ≥ \$
d	Grants or scholarships			***	gen , e com	i, φ 1 4gs, 4ps √21
	Other expenditures for facilities and programs			e 🏂 !		
f	Administrative expenses					₩2.c
g	End of year balance	12,500		, Ж		≱ 55
2	Provide the estimated percentage o	f the year end bal	ance held as:			
а	Board designated or quasi-endowm	ent ▶	%			
b	Permanent endowment ▶ 1	00 %				
С	Term endowment ▶ 9	6				
3a	Are there endowment funds not in the	e possession of the	e organization t	hat are held and	administered for	the
	organization by.	•	· ·			Yes No
	(i) unrelated organizations					
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related orga	anizations listed a	s required on S	Schedule R? .		3b
4	Describe in Part XIV the intended us	<u> </u>				· · · · · · · · · · · · · · · · · · ·
Par	t VI Investments—Land, Bu	illdings, and Ec	uipment.Se	e Form 990, Pa	art X, line 10.	
	Description of investment	(a) Cost or ot		Cost or other pasis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			30,000		30,000
	Buildings			228,693	36,04	7 192,646
	Leasehold improvements					
	Equipment			55,286	27,09	
е	Other			194,590	156,63	5 37,955
ota	I. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X, colu	mn (B), line 10(c)) ▶	288,793

Part VII Investments—Other Securit	ies. See Form 990, Part	X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation irket value
Financial derivatives			
Closely-held equity interests			
Other			
••••••			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Rela	ited. See Form 990, Part	X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
			 .
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		- Tax	•
Part IX Other Assets. See Form 990,	Part X, line 15.		
	(a) Description		(b) Book value
Trade lands			1,603,650
Total. (Column (b) must equal Form 990, Part X, c		<u>,</u>	1,603,650
Part X Other Liabilities. See Form 99	0, Part X, line 25.		
1. (a) Description of liability	(b) Amount		***
Federal income taxes			ر د جہ ر
	·		· *** ***
			5
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	*
		The state of the s	£,
			-
			4./
		,	3,
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	>		
2. FIN 48 Footnote. In Part XIV, provide the text		zation's financial statements that re	eports the
organization's liability for uncertain tax positions	under FIN 48.		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	taten	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,144,385
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,142,077
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3_	2,308
4	Net unrealized gains (losses) on investments	4	204,151
5	Donated services and use of facilities	5	· · · · · · · · · · · · · · · · · · ·
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	204,151
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	206,459
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu		
1	Total revenue, gains, and other support per audited financial statements	1	1,374,276
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	-	
b	Donated services and use of facilities	\dashv	
C	Recoveries of prior year grants	\forall	
đ	Cator (Boootibo III I dic XIV.)	_	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,144,385
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	\dashv	
b	All Describe in the Art.	40	\exists
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
-	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
		1	1,167,817
1 2	Total expenses and losses per audited financial statements	<u>-</u>	1/10//01/
a	Donated services and use of facilities	۶.	
b	Prior year adjustments	7	
c	Other losses	7	
d	Other (Describe in Part XIV.)	7	
e	Add lines 2a through 2d	26	25,740
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		Ì
	Other (Describe in Part XIV.)	7	
	Add lines 4a and 4b	40	0
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,142,077
Par	t XIV Supplemental Information		
and :	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d a part to provide any additional information. To the conservation of the conservation of the conservation is a series of the conservation.	nd 4b	. Also complete
Las	sement Amendment Policy, and adopted a Conservation Eas	eme.	116
Enf	orcement Policy and a Conservation Easement Montitorin	g P	olicy on
Jul	y 19, 2010.		
			•••••

Part II, line 9 - The Organization records their easements at their
appraised value. Unrestricted support and expenses are recognized
in equal amounts based upon the fair value of the easement. The
Organization is obligated to monitor easements to ensure that the
restrictions are maintained. The Organization monitors these easements
in the normal course of its operations and associated costs are
expensed as incurred.
The estimated value of the easements is not included in the statements
of financial position because the easements do not represent a future
economic benefit to the Organization.
The following is the related footnote from the Organization's audited
financial statements:
Donated conservation easements represent rights to restrict the use,
access and development of certain properties. Unrestricted support and
expenses are recognized in equal amounts based upon the appraised fair
value of the easement. The Organization is obligated to monitor easements
to ensure that the restrictions are maintained. The Organization monitors
these easements in the normal course of its operations and associated
costs are expensed as incurred.
The estimated fair value of easements is not included in the statements
of financial position because the easements do not represent a future
economic benefit to the Organization.
Part V, line 4 - The intended use of the Organization's endowment funds
is to provide investment income sufficient to defray the annual expenses
related to monitoring and maintaining conservation easements.
Part XII, line 2d - cost of goods sold \$25,740 (netted for income tax purposes)
Part XIII, line 2d - cost of goods sold \$25,740 (netted for income tax purposes)

SCHEDULE M (Form 990)

NonCash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

WEEKS BAY FOUNDATION, INC.

Employer identification number

	BIRD BILL LOOKBILLION,				1021725			
Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method of	(d) f deterr renues	mining	9
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .				L			
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous .							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other		1	812,960	Fair mar	ket '	valı	ue
15	Real estate—Residential							
16	Real estate—Commercial					_		
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()					-		
26	Other ► ()					_		
27 28	Other ► () Other ► ()							
29	Number of Forms 8283 received							1
	which the organization complete	d Form 828	33, Part IV, Donee Acknow	rledgement	29		v [<u></u>
					Г		Yes	No
30a	During the year, did the organiza					1	- 1	1
	it must hold for at least three ye			ition, and which is not requi		20-	- 1	
	used for exempt purposes for th		• •			30a		<u> </u>
	If "Yes," describe the arrangeme						N · 联	
31	Does the organization have a contributions?	gift accer	otance policy that require	es the review of any non	-standard	31	x	`
3 22	Does the organization hire or us	· · · ·	tion or rolated arganization	e to colicit process or sel	l noncash	T		
JEG			ties or related organization		inuncasii	32a		x
b	If "Yes," describe in Part II.							
33	If the organization did not report r	evenues in	column (c) for a type of pro-	perty for which column (a) is	checked.			1
-	describe in Part II.			, (a) io	,	-		1

ichedule M (l	Form 990) 2009 Pag	je ∡
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.	
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection Employer identification number

OMB No 1545-0047

WEEKS BAY FOUNDATION, INC.	63-1021925
Form 990, Part VI, Line 11 - A copy o	f the final form of the Form 990
and the required schedules were provi	ded to the Board of Directors
electronically for their review prior	to the return being filed. The
Treasurer is Buddy Russell, CPA.	
Form 990, Part VI, Line 12c - The Org	anization, on an annual basis, asks
each member of the Board of Directors	to review the Conflict of Interest
Policy to verify that they do not have	e any conflicts of interest with the
Organization.	
Form 990, Part VI, Line 15a - The com	pensation of the Executive Director
was reviewed by the Budget and Finance	e Committee and approved by the
Board of Directors as part of the app	roval of the annual budget.
Form 990, Part VI, Line 18 - The Organ	nization's Form 990 is posted to
Guidestar and a paper copy of the ret	urn will be mailed to anyone who
requests a copy of the form.	••••••
	•••••
Form 990, Part VI, Line 19 - The Organ	nization's governing documents,
Conflict of Interest Policy, the annua	al Audited Financial Statements and
the Form 990 are made available to any	yone who requests the documents.

Schedule O	Form 990) 2009	Page 2
Name of the	organization	Employer Identification number
	BAY FOUNDATION, INC.	63-1021925
HELIKO	Dill Touristitution, There	03 1021323

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