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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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 fille 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

2011

Open to Public Inspection

		011 calendar	year, or tax year beginning , 2011, and ending	ıg			20			
В	Check if applicable		C Name of organization	70	Employe	r Identificatio	n number			
	 Address cl	nange	BLUE SPRINGS NATURE PRESERVE	J		20-3	980234			
П	Name char	ige	Number & street (or P.O. box, if mail is not delivered to street addr.)	om/ uite E	Telephon	e number				
П	Initial retur	n	•							
Ħ.	Terminated	1		(205)42	3-2600					
П.	Amended r	eturn	City or town, state or country, and ZIP + 4	F	Group Ex	emption				
\prod_{i}	Application pending	ı	BIRMINGHAM AL 35209		Number	>				
		ng Method:	X Cash	H Che	eck ▶ X if th	e organization	ı ıs not			
1	Websit	e:▶ BLUE	SPRINGPRESERVE.COM	req	uired to atta	ch Schedule E	3			
<u>J</u>	Tax-exe	mpt status (ch	eck only one) X 501(c)(3) 501(c)() ◀ (Insert no.) 4947(a)(1) or 527	(Fo	rm 990, 990	-EZ, or 990-F	PF)			
K	Check ▶	if the organ	nization is not a section 509(a)(3) supporting organization or a section 527	organiza	ation and its	gross receipt	s are normally			
	not more	than \$50,000	. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postc	ard) may be	required (see	instructions).			
	But if the	organization of	chooses to file a return, be sure to file a complete return.							
L	Add fines	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or r	more, or	if total asset	is (Part II,				
	line 25, d	column (B) bel	ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	<u>.,.,.</u> ▶	\$	715			
₽	art I	Revenue,	Expenses, and Changes in Net Assets or Fund Balance	es (see	the instruct	ons for Part I.)			
		Check if the	organization used Schedule O to respond to any question in this Part I		<u></u>	<u> </u>	<u></u> []			
	1	Contributions	s, gifts, grants, and similar amounts received			1				
	2	Program serv	rice revenue including government fees and contracts		[2				
	3	Membership	dues and assessments		[_	3				
	4	Investment in	ncome		[4	715			
	5a	Gross amour	nt from sale of assets other than inventory			,				
	b	Less cost or	other basis and sales expenses							
F	c	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a) .		ic					
E	6	Gaming and	undraising events							
FEN	a	Gross income	e from gaming (attach Schedule G ıf greater than							
ľ	!	\$15,000)	6a			1				
È		Gross income	e from fundraising events (not including \$ of cor	ntributior	ns	1				
			sing events reported on line 1) (attach Schedule G if the							
	ĺ	sum of such	gross income and contributions exceeds \$15,000) 6b							
	c	Less: direct e	expenses from gaming and fundraising events 6c			1				
			or (loss) from gaming and fundraising-events (add lines 6a and 6b and sul	btract		1				
	}	line 6c)	- SECEIVED		[0	id Ì				
	7a	Gross sales o	of inventory, less returns and allowances 3							
	ь	Less: cost of	goods sold							
	c	Gross profit of	goods sold			rc				
	8	Other revenu	e (describe in Schedule O)			8				
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5cr6d. 70 and 8.		▶ □	9	715			
	10		milar amounts paid (fist in Schedule O)			0				
	. 11		to or for members			1				
Ž	12	•	er compensation, and employee benefits			2				
E	13	Professional 1	ees and other payments to independent contractors		7	3	700			
E X F E N S E	14		rent, utilities, and maintenance		_	4				
Ē	15		ications, postage, and shipping		_	5				
S	16		es (describe in Schedule O)			6				
	17		es. Add lines 10 through 16			7	700			
	10		ficit) for the year (Subtract line 17 from line 9)			8	15			
A 1	A 19		fund balances at beginning of year (from line 27, column (A)) (must agree							
E	<u>Š</u>		figure reported on prior year's return)			9	143,868			
N E T	20	•	is in net assets or fund balances (explain in Schedule O)							
;	5 21	-	fund balances at end of year Combine lines 18 through 20				43,883			
						, –				

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

-	Check if the organization used Sched	•	augetion in th	ie Part II				Г
	Check if the organization used Sched	dule O to respond to any	question in th		nning of year	' ' ' '	• • •	(B) End of year
22	Cash, savings, and investments			····	3,868	22	2	143,883
23	Land and buildings		F		0	23	—	0
24	Other assets (describe in Schedule O)		-		0	24	1	Ó
25	Total assets		[14	3,868	25	5	143,883
26	Total liabilities (describe in Schedule O)				0	26	5	0
27	Net assets or fund balances (line 27 of co				3,868	27	7	143,883
Pa	ert III Statement of Program Serv	•	-		-	4	,,	Expenses Required for section
Des as r pers	Check if the organization used Sche at is the organization's primary exempt purpo- scribe the organization's program service acco- measured by expenses. In a clear and concisions benefited, and other relevant information	se? SEE ATTACHN	IENT #1	st program	services,		5 0 4	required for section of ()(4) and 501(c)(4) rganizations and section 947(a)(1) trusts; optional or others.)
28 29	(Grants \$) If this an	nount includes foreign gra	ants, check he	ere		- -] 2 -	28a	
30	(Grants \$) If this an	nount includes foreign gra	ants, check he	ere		-] 2 -	!9a	
31	Other program services (describe in Schedul	nount includes foreign gra le O) nount includes foreign gra					30a 31a	
32	Total program service expenses (add lines						32	0
P	IT IV List of Officers, Directors, Trustee	es, and Key Employees.	List each one	even if not	compensated.	(see t	he i	nstr. for Part IV.)
	Check if the organization used School	-						
	(a) Name and address	(b) Title and Average hours per week devoted to position	(c) Repo compe (Form W-2/ (if not paid	nsation 1099 MISC) , enter -0-)	(d) Health bene Contribution employee benefi deferred compe	ents, is to it plans ensatio	5 & 20	(e) Estimated amount of other compensation
SE	E ATTACHMENT #2							
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33 Did the organization engage in any significant activity in Schedule O. 34 Wore any significant changes made to the organization 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). 35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)? 36 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)? 37 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)? 38 Did the organization activities of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)? 39 Did the organization of the prosecution of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7s, among others)? 30 Did the organization of the prosecution of \$1,000 or more during the year from business active the year of \$1,000 or more during the year from business actives the year of \$1,000 or more during the year from business active the year of \$1,000 or more during the year from business active the year year and \$1,000 or more during the year time. 31 Did the organization floress of \$1,000 or more during the year and \$1,000 or more during the year covered by this roturn? 32 Did the organization floress make any loans to, any officer, director, trustee, or key employee or wore any such loans made in a prior year and sall outstanding at the end of the tax year covered by this roturn? 33 Did the organization floress of the prosecution of the year organization during the year organization engage in any section 491 by 100 organizat	Par				
33 Did the organization engage in any significant activity on Exhebition 0 33 34 Were any significant changes made to the organization 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 0 (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 8, and 7.a, among others)? 35b Dif "Yes," to line 35s, has the organization filed a Form 990-T for the year? If "Yes," reported an explanation in Schedule 0 Seb		instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	••••	Voc	No
detailed description of each activity in Schedule O Were any significant changes made to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 33	22	Did the expensation engage in any complicant activity not provide to the IRS2 If "Ves " provide a		162	140
34 Were any significant changes made to the organizing or governing documents? If "Yes," "enter has a conformed copy of the amended documents of they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines ≥, 5a, and 7a, among others)? 35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explaination in Schedule O (Was the organization school 501(c)(4), 501(c)(6), er 501(c)(6), 501(c)(6), er 501(c)(6	33		33		x
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business. 35b Did the organization have unrelated business gross income of \$1,000 or more during the year from business. 35b Did the organization have unrelated business gross income of \$1,000 or more during the year from business. 35c Did the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(3) notice, reporting, and proxy tax requirements during the year? If I**ex*; "oreplete Schedule C, Part III." 35b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If I**ex*; "oreplete sphicable parts of Schedule N. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. } 37a	24		35		<u> </u>
change on Schedule Q (see instructions) 3 bil the organization have unrelated business gross income of \$1,000 or more during the year from business activitate (such as those reported on lines 2, 6a, and 7a, among others)? 3 bil "Yes," to line 35a, has the organization flad a Form 390-T for the year? II "No," provide an explanation in Schedule Q Was the organization of the properties on Stock (s), 600 (c)(6), or 500 (c)(6), or 500 (c)(6), organization aubject to section 6033(e) notice, reporting, and proxy tax requirements during the year? II "Yes," complete Schedule Q. Part II	34				
Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		···	34		Х
activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filed a Form 890-T for the year? If "No." provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 693(e) notice, Bould the organization undergo a liquidation, discolution, termination, or significant disposition of net assests during the year? If "Yes," complete schedule N. 36 Bould the organization file form 1120-POL for this year? Bould the organization file form 1120-POL for this year? Bould the organization file form 1120-POL for this year? Bould the organization file form 1120-POL for this year? Bould the organization file form 1120-POL for this year? Bould the organization file form 1120-POL for this year? Bould the organization file form 1120-POL for this year? Bould the organization file form 1120-POL for this year? Bould the organization file form 1120-POL for this year? Bould the organization file form 1120-POL for this year? Bould the organization file form 1120-POL for this year? Bould the organization file form 1120-POL for this year? Bould the organization file form 1120-POL for this year? Bould the organization file form 1120-POL for this year? Bould the organization file form 1120-POL for this year? Bould the organization file form 1120-POL formination file file file file file file file file	353		<u> </u>		
b If "Yes," to line 35s, has the organization filled a Form 390—T for the year? If "No," provide an explanation in Schodule O Was the organization a section 505 (c)(4), 501 (c)(5), or 501 (c)(6) or	55 a		35a		х
c Was the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) organization subject to section 6033(a) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Sendeduc C, Part III	h		35b		X
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35 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 36 Table the amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 36 Table Teter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 37b					
36 bit the organization undergo a liquidation, desolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	•		35c		Х
during the year? If "Yes," complete applicable parts of Schedule N 37a	36				
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b Section 501(c(?) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a		during the year? If "Yes," complete applicable parts of Schedule N	36		X
b Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b Section 501(c(?) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a			
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	ь	Did the organization file Form 1120-POL for this year?	37b	<u></u>	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 39 Section 501(c)(7) organizations. Enter: a Intitation fees and capital contributions included on line 9 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ b Section 501(c)(3) and 501(c)(4) organizations. 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-E27 If "Yes," complete Schedule L, Part I. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organizations of the organization. e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction 7 If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed. ▶ NONE 11 "Yes," complete Form 8886-T 22 The organization's books are in care of ▶ SEE ATTACHMENT #3 Telephone no. ▶ ZIP + 4 ▶ 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 toreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 990 must be completed instead of	38a				Ī
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9			38a	ļ	X
a Intitation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ b Section 501(c)(3) and 501(c)(4) organizations. 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-E27 if "Yes," complete Schedule L, Part I. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax in prosed on organizations at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e 1 List the states with which a copy of this return is filled. ▶ NONE 1 Located at ▶ 2 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)? 1 If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42b Lift "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c Lift "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu	b	If "Yes," complete Schedule L, Part II and enter the total amount involved	4		‡
b Gross receipts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4915 ▶ ; section 4955 ▶ b Section 501(c)(3) and 501(c)(4) organizations. 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 ergo. Ez? if "Yes," complete Schedule L, Part I. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.					I
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 ▶ section 4955 ▶ b Section 501(c)(3) and 501(c)(4) organizations. 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. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c rembursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shetter transaction? If "Yes," complete Form 8886-T. Located at ▶ 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; ▶ See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.s.?. 11 "Yes," enter the name of the foreign country: ▶ 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 42a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be explanation in Schedule O 14b Uryes' to line 44c, has the organization filed a Form 720 to re	а		-		
section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ b Section 501(c)(3) and 501(c)(4) organizations. 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. 40b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 888-T 1 Located at ▶ D 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; ▶ See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization have an interest in or a signature or other financial account)? 1 "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be explanation in Schedule O 1	b	Gross receipts, included on line 9, for public use of club facilities	-{		1
b Section 501(c)(3) and 501(c)(4) organizations. 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–E2? If "Yes," complete Schedule L, Part I	40a				I
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. 40b C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 1 List the states with which a copy of this return is filed. ▶ NONE 1 The organization's books are in care of ▶ SEE ATTACHMENT #3 Telephone no. ▶ ZIP + 4 ▶ 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: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U.S.?			-		1
reported on any of its prior Forms 990 or 990–E2? If "Yes," complete Schedule L, Part I. 40b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8885-T 41 List the states with which a copy of this return is filed. ▶ NONE The organization's books are in care of ▶ SEE ATTACHMENT #3 Telephone no. ▶ 2/P + 4 ▶ 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: ▶ See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 Check here and enter the amount of tax-exempt interest received or accrued during the tax year. 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization persate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization persate one or more hospital facilities during the year? If "Yes," Form 990 must be explanation in Schedule O li "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	D			İ	Ť
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45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	AAA	1	†
		explanation in Schedule U	_	+	X
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meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45b				
			45b	1	x
JVA 11 990EZ3 TWF 990 Copyright Forms (Software Only) - 2011 TW Form 990-EZ (20					

orm 990-EZ	(2011)						age 4
6 Did the					f	Yes	No
	organization engage, directly or indirectly,				<u>.</u>		ļ
	didates for public office? If "Yes," complete					16	X
Part VI	Section 501(c)(3) organization 501(c)(3) organizations and section 494 and 52, and complete the tables for line Check if the organization used Schedul	7(a)(1) nonexempt es 50 and 51	charitable trusts must	answer questions 47	7–49b		ion F
	Chook ii the organization abou Conegu.	o to respond to t	arry queessorr arrans r ca		<u> </u>	Yes	No
	organization engage in lobbying activities f "Yes," complete Schedule C, Part II			-		47	X
Is the o	rganization a school as described in section	on 170(b)(1)(A)(II)?	If "Yes," complete Sche	edule E		48	X
	organization make any transfers to an exe	•	_			49a	X
	" was the related organization a section 52					19b	<u> </u>
Comple	ete this table for the organization's five high	nest compensated e	employees (other than o	officers, directors, tru	ustees and key	/	
employ	ees) who each received more than \$100,0						
	(a) Name and title of each employee	(b) Title and Aver		(d) Health benefits utions to employee ber	nefit plans. ((e) E	stimated am	
	paid more than \$100,000	devoted to posit		and deferred compe		er compens	ation
ONE							
							
		l l					
				1			
	umber of other employees paid over \$100,	-				<u> </u>	
Comple	umber of other employees paid over \$100, ete this table for the organization's five high 00 of compensation from the organization.	nest compensated i	ndependent contractor ter "None."	s who each received	d more than		
Comple \$100,00	ete this table for the organization's five high	nest compensated i	ndependent contractor iter "None." (b) Type of service		d more than	sation	
Comple \$100,00 a) Name and	ete this table for the organization's five high 00 of compensation from the organization.	nest compensated i	ter "None."			sation	
Comple \$100,00 a) Name and	ete this table for the organization's five high 00 of compensation from the organization.	nest compensated i	ter "None."			sation	
Comple \$100,00 a) Name and	ete this table for the organization's five high 00 of compensation from the organization.	nest compensated i	ter "None."			sation	
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Comple \$100,00 a) Name and	ete this table for the organization's five high 00 of compensation from the organization.	nest compensated i	ter "None."			sation	
Comple \$100,00 a) Name and ONE	ete this table for the organization's five high 00 of compensation from the organization.	nest compensated i If there is none, en re than \$100,000	ter "None." (b) Type of servic			sation	
Comple \$100,00 a) Name and ONE	ete this table for the organization's five high 100 of compensation from the organization. It address of each independent contractor paid more than 100 organization and the organization complete Schedule A? Note:	nest compensated i If there is none, en the than \$100,000 ach receiving over \$ All section 501(c)(3)	(b) Type of servic	947(a)(1)			
Comple \$100,00 a) Name and ONE Total no Did the nonexe	umber of other independent contractors early organization complete Schedule A? Note:	nest compensated i If there is none, en the than \$100,000 ach receiving over \$ All section 501(c)(seted Schedule A	(b) Type of servic	947(a)(1)	(c) Compen	Yes X	
Comple \$100,00 a) Name and ONE Total ne Did the nonexe	ete this table for the organization's five high 100 of compensation from the organization. It address of each independent contractor paid more than 100 organization and the organization complete Schedule A? Note:	ach receiving over \$ All section 501(c)(sted Schedule A	(b) Type of service \$100,000	347(a)(1) ents, and to the best of n	(c) Compen	Yes X	
Comple \$100,00 a) Name and ONE Total no Did the nonexe der penalties e, correct, an	umber of other independent contractors early organization complete Schedule A? Note: mpt charitable trusts must attach a complete of perjury, I declar that I have examined this return d complete. Declaration of preparer (other than off	ach receiving over \$ All section 501(c)(sted Schedule A	(b) Type of service \$100,000	347(a)(1) ents, and to the best of n	(c) Compen	Yes X] No
Comple \$100,00 a) Name and ONE Total no Did the nonexe der penalties a, correct, an	umber of other independent contractors ear organization complete Schedule A? Note: of perjury, I decan that I have examined this return d complete. Declaration of perjury, I decan that I have examined this return d complete. Declaration of perser (other than off	ach receiving over \$ All section 501(c)(c) eted Schedule A In, including accompaniticer) is based on all lutters.	(b) Type of service \$100,000	947(a)(1) ents, and to the best of richas any knowledge.	(c) Compen	Yes X	
d Total no Did the nonexe der penalties e, correct, an	umber of other independent contractors ear organization complete Schedule A? Note: mpt charitable trusts must attach a complete of perjury, I declar that I have examined this return d complete. Declar from or preparer (other than off	ach receiving over \$ All section 501(c)(c) eted Schedule A In, including accompaniticer) is based on all lutters.	\$100,000 3) organizations and 45	947(a)(1) ents, and to the best of richas any knowledge.	(c) Compen	Yes X	
d Total no Did the nonexe	umber of other independent contractors ear organization complete Schedule A? Note: mpt charitable trusts must attach a complete of perjury, I declar that I have examined this return d complete. Declaration of perser (other than off Signature of other). R. SPENCER WEITMAN Type or print name and title	ach receiving over \$ All section 501(c)(c) eted Schedule A In, including accompaniticer) is based on all lutters.	\$100,000	947(a)(1) ents, and to the best of mas any knowledge. DENT	(C) Compen	Yes X	
d Total no Did the nonexe der penalties e, correct, an	umber of other independent contractors ear organization complete Schedule A? Note: mpt charitable trusts must attach a complete of perjury, I decare that I have examined this return d complete. Declaration of perser (other than off Signature of other) R. SPENCER WEITMAN Type or print name and title	ach receiving over standard in there is none, en the standard in the standard	\$100,000	947(a)(1) ents, and to the best of mas any knowledge. DENT	(c) Compen	Yes X	
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SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer Identification number

ᅺ上	UE	SPRINGS	NATURE	PRE	SERVE					<u>0-398</u>	<u>0234</u>			
Pε	ırt	Reasor	for Public	Chari	ty Status (All organ	izations m	ust comple	ete this pa	rt.) See ins	structions.				
The	org	anization is not a	a private founda	tion be	cause it is: (For lines 1	I through 1	1, check o	only one b	ox)					
1	L	1			association of churche		ed in sect	ion 170(b)	(1)(A)(I).					
2	L				(1)(A)(II). (Attach Sche									
3	L	1		•	ervice organization des									
4	L	•		n oper	ated in conjunction wi	th a hospit	al describe	ed in sect	ion 170(b)	(1)(A)(III).	Enter the	e hospit	al's na	me,
_	Γ	city, and state:												
5	L	_			efit of a college or univ	ersity own	ed or opei	rated by a	governme	ntal unit d	escribed	ın sect	lon	
_). (Complete Pa					4888						
6	\-	l .	-		or governmental unit d					41				
7	<u>^</u>		i that normally r (1)(A)(vI). (Com		s a substantial part of i Part II.)	us support	irom a go	vernmenta	u unit or ir	om the ge	nerai pui	olic des	cnbea	ın
8	Ĺ	A community to	ust described in	sectio	on 170(b)(1)(A)(vi). (C	omplete Pa	art II.)							
9	L	-	-		s (1) more than 33 1/3					-		-		
		•			cempt functionssubj							ıts		
					e and unrelated busin ie 30, 1975. See secti e		•		•	irom busi	nesses			
	_	1	_						•					
10	L		_	•	ted exclusively to test	•	-							
Н	L	, •	•	•	ted exclusively for the ported organizations of	-	•		•	•		lon		
		• •	•		es the type of support							ion		
		a Type I	. الم	Туре		гуре III-Fu		•			 'ype !!!-(\ther		
_	Г	, 🗀 ''	ے ت s boy I certify t		organization is not co	• -	=	_			••	Julei		
e	L		-		ers and other than on							ction		
		•	ction 509(a)(2).	mamag	joro una outor utan on	0 01 111010	publicity of		· garnzano	110 4000110	ou oo.	Juo 11		
f				vritten o	determination from the	IRS that if	is a Type	I Type II	or Type III	sunnortine	a			
•		_												. Г
g		Since August 1	7, 2006, has the		zation accepted any o									`
		following person		dirooth	· controls sither slane	or togothe	ar with nor	nana daga	nbod in (ii				Yes	No
					/ controls, either alone ly of the supported org						į	11g(i)		X
					cnbed in (i) above?							11g(li)	\vdash	X
		• •	•		on described in (I) or (I						ľ	11g(lii)		X
h		•	-		ut the supported organ	-						- 3(/	اا	
	_		T							(vi)	la Ab -			
(I)		e of supported	(II) EIN		(III) Type of organization					organizatio		11''	Amou	
	or	ganization			(described on lines 1–9 above or IRC section						ed in the	´ S	uppor	τ
				- 1	(see Instructions))	governing	Bocament.	0, 900,	support:	υs	S. ?	ļ		
						Yes	No	Yes	No	Yes	No			
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	edule A (Form 990 or 990-EZ) 2011 BLUE						Page 2
Pa	irt II Support Schedule for Org	anizations [Described In	Sections 17	'0(b)(1)(A)(iv)	and 170(b)	(1)(A)(vi)
	. (Complete only if you checked the			-		fy under	
	Part III. If the organization fails to q	ualify under the	tests listed belo	w, please comp	ete Part III.)		
Sec	ction A. Public Support						
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge				·		
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Ca	ilendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets	c 500	4 225	1.070	722	715	12 560
	(Explain in Part IV.)	6,508	4,337	1,278	722	715	13,560
11	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (se	L	<u> </u>	1,	<u>.l</u>	12	1 13,500
12 13	First five years. If the Form 990 is for the or organization, check this box and stop here	ganization's firs	t, second, third,	fourth, or fifth ta	x year as a sectio	n 501(c)(3)	▶
Sec	ction C. Computation of Public Sup						
14	Public support percentage for 2011 (line 6, c					14	0.00 %
15	Public support percentage from 2010 Sched					15	%
16a	33 1/3 % support test 2011. If the organi and stop here. The organization qualifies as	zation did not c s a publicly supp	heck the box on ported organizat	line 13, and line	14 is 33 1/3 % o	r more, check	this box
b	33 1/3 % support test 2010. If the organi box and stop here. The organization qualific	zation did not c es as a publicly	heck a box on li supported orga	ne 13 or 16a, an nization	d line 15 is 33 1/3	3 % or more, c	heck this
17a	10%-facts-and-circumstances test 201 more, and if the organization meets the "facts-and-circumstances" meets the "facts-and-circumstanc	s-and-circums	tances" test, che	ck this box and	stop here. Expla	un in Part IV ho	w the _
b	10%-facts-and-circumstances test 201	IO. If the organiz	ation did not ch	eck a box on line	e 13, 16a, 16b, oi	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

990 BOOKS ARE IN CARE OF

<u>ATTA</u>	<u> CHMENT 3 - 990-EZ PAGE 3, PART V, LII</u>	NE 42A
OPEN	TO PUBLIC	
INSPE	CTION For calendar year 2011 or tax period beginning	, and ending .
	f Organization SPRINGS NATURE PRESERVE	Employer Identification Number $20-3980234$
Part V -	Line 42a	
or	al Name	SPENCER WEITMAN
Street A	ddress 2	2000A SOUTHBRIDGE PKY., SUITE 600
	-	
U.S. Ad	dress:	
	Zip code 35209 City BIRMINGHAM	State AL
	or Address	
	City	
	Province or State	
	Country	
	Postal code	
	Phone Number	(205) 423-2600
	Fax Number	(205)870-5777

990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III	
OPEN TO PUBLIC	
INSPECTION For calendar year 2011 or tax period beginning , and ending	g .
Name of Organization BLUE SPRINGS NATURE PRESERVE	Employer Identification Number 20-3980234
Primary Purpose	
TO WORK WITH LOCAL AND STATE EDUCATIONAL AGENCIES TO I PROGRAMS DESIGNED TO TEACH CHILDREN ABOUT NATURE, ANIM ENVIRONMENTALLY RESPONSIBLE PRACTICES, PRESERVATION AN TOPICS.	MAL HABITATS,

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART IV							
OPEN TO PUBLIC							
	or tax period beginning	, and ending					
Name of Organization BLUE SPRINGS NATURE PR	FSERVE		20-39802				
(A) Name and Title	(B) Average hours per week devoted to postion	(C) Compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation			
R. SPENCER WEITMAN 2000A SOUTHBRIDGE PKY. SUITE 600 BIRMINGHAM, AL 35209 T. RANDOLPH GRAY POST OFFICE BOX 530866 BIRMINGHAM, AL 35253 JEAN CLAUDE BROCHETON 80 NATIONAL CEMENT DRIPOST OFFICE BOX 460	PRESIDENT 1.00 BOARD MEMBER 1.00 BOARD MEMBER	0	0	0			
RAGLAND, AL 35131			0	0			