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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)

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2011 calendar year, or tax year beginning 2011, and ending C Name of organizationWFFKS D Employer identification number FOUNDATION INC. Check if applicable Doing Business As 63-1021925 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 11401 U.S. Highway 98 251-990-5004 Initial return City or town, state or country, and ZIP + 4 Terminated FAIRHOPE, AL 36532 G Gross receipts \$ 1,840,804 Amended return F Name and address of principal officer Walter H(a) is this a group return for affiliates? Yes No Application pending same as item C above H(b) Are all affiliates included? Yes No. 501(c)(3) If "No," attach a list (see instructions) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status Website: ▶ www.weeksbay.org H(c) Group exemption number ▶ Form of organization X Corporation Trust Association Other Year of formation 1990 M State of legal domicile AL Part I Summary Briefly describe the organization's mission or most significant activities: The Organization is accredited by the Land Trust Accreditation Commission and its purpose is to protect Activities & Governance the natural resources of coastal Alabama and provide support for the Weeks Bay National Estuarine Research Reserve. Check this box ► ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets 2 3 Number of voting members of the governing body (Part VI, line 1a). 3 9 2012 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 345**,**955 1,678,376 Contributions and grants (Part VIII, line 1h). 8 47,358 23,351 9 Program service revenue (Part VIII, line 2g) (107, 265)48,248 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 44,286 52,612 Other revenue (Part VIII, column (A), Tines 5, 6d, 8c, 9c, 10c, and 11e). 11 1,802,587 330,334 12 Total revenues add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Rart IX, column (A), lines 1-3) 0 13 0 Benefits paid to or for members (Part IX, column (A), line 4) 0 $\overline{0}$ 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 84,703 716 15 Professional fundraising fees (Part-IX-column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 318,002 1,602,090 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 402,705 1,689,806 112**,**781 (72,371)Revenue less expenses Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year 3,379,148 3,487,306 20 Total assets (Part X, line 16) 21 26,276 46,065 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 3,352,872 $3,441,\overline{241}$ Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here ICHARD Type or print name and title Print/Type preparer's name Preparer's signature Check X if Paid KIM K ENIKEIEFF 7/20/2012 self-employed P00989337 Preparer ▶KIM K. ENIKEIEFF, CPA Firm's EIN ▶ Use Only Phone no 251-460-2972 Firm's address ▶ POST OFFICE BOX 8754 MOBILE, 36689 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Form 990 (2011)

For Paperwork Reduction Act Notice, see the separate instructions.

Part	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	The Organization is accredited by the Land Trust Alliance Accreditation Committee
	and its purpose is to protect the natural resources of coastal Alabama and provide
	support for the Weeks Bay National Estuarine Research Reserve.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1 , 586 , 380 including grants of \$) (Revenue \$)
	The Organization is a nonprofit conservation organization. The
	Organization conserves, restores, and manages wetlands and associated
	habitats for coastal Alabama. These habitats benefit wildlife and
	people.
	<u> </u>
4b	(Code:) (Expenses \$ 32,692 including grants of \$) (Revenue \$)
	Alabama Coastal Birdfest - The purpose of the Alabama Coastal Birdfest
	is to conduct an environmental education and outreach event that will
	increase the knowledge of the public about coastal Alabama's natural
	resources. The advancement of knowledge in the subjects of
	ornithology, land preservation, and environmental awareness are
	examples of measurable outcomes associated with the Alabama Coastal
	Birdfest.
4c	(Code:)(Expenses \$ 22,893 including grants of \$)(Revenue \$) Weeks Bay Volunteers - this is a program, which consists of
	Weeks Bay Volunteers - this is a program, which consists of
	approximately 130 members, whose purpose is to support the mission
	of the Weeks Bay National Estuarine Research Reserve and the
	Organization. The volunteers do this principally through an annual
	native plant sale.
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1.641.965
70	TOWN PROGRAMM SCIVING CANCINGS F. 1.041.700

Part l	V 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	_X_	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_X	
-	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
þ	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	11b	x	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	•••	x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	х	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		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, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	_	x
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	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	 	x
20 a		20a	 	x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
			n 990	(2011)

Part	Checklist of Required Schedules (continued)			
			Yes	No
` 21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		х
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		x
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		x
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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	x	
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		х
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35a 35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			
38	Part VI	37	х	Х

	0 (2011)			Page :
Part				_
	Check if Schedule O contains a response to any question in this Part V	•		
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a 5	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	{	ļ	ļ
C	reportable gaming (gambling) winnings to prize winners?	1c	x	}
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		 	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
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 e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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		Х
b	If "Yes," enter the name of the foreign country			
_	See instructions for 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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	50		
Ju	organization solicit any contributions that were not tax deductible?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa	<u> </u>	
	gifts were not tax deductible?	6b		ŀ
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_	<u>.</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	_7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		
e	Did the organization 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
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	-	X
Ω	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/n	-	X
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	į		
	organization, have excess business holdings at any time during the year?	8		i
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
а	Did the organization make any taxable distributions under section 4966?	9a	į	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:			ł
a b	Gross income from members or shareholders	┧		1
5	against amounts due or received from them)	1		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	120	+	\vdash
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	†	+
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			-
С	Enter the amount of reserves on hand		<u> </u>	\perp
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Part		•						
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	ee ins	tructi	_			
Cooti			<u> </u>	<u>·</u> ·	<u> </u>			
Section	on A. Governing Body and Management		—	T				
4.	Enter the number of voting manhors of the naverney hade at the and of the towns	1a 21		Yes	No_			
ıa	Enter the number of voting members of the governing body at the end of the tax year.	1a 21	1					
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b 21						
2	Did any officer, director, trustee, or key employee have a family relationship or a business		1					
	any other officer, director, trustee, or key employee?		2	x				
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		3		х			
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		×			
5	Did the organization become aware during the year of a significant diversion of the organization		5		×			
6	Did the organization have members or stockholders?		6	Х				
7a	Did the organization have members, stockholders, or other persons who had the power to	elect or appoint						
	one or more members of the governing body?							
b	, o							
	stockholders, or persons other than the governing body?		7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during						
	the year by the following							
a	The governing body?		8a	Х				
ь 9	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 the organization's mailing address? If "Yes," provide the names and addresses in Schedule C				.,			
Secti	on B. Policies (This Section B requests information about policies not required by the		9 (ada)	_ <u>x</u> _			
50011	on b. Foliolog (This occilon b requests information about policies not required by th	e internal Never	ue o t	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a		x			
b	If "Yes," did the organization have written policies and procedures governing the activities of	f such chapters.						
	affiliates, and branches to ensure their operations are consistent with the organization's exem		10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	e filing the form?	11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			_				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 .		12a	х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the	policy? If "Yes,"						
	describe in Schedule O how this was done		12c					
13	Did the organization have a written whistleblower policy?		13	X				
14 15	Did the organization have a written document retention and destruction policy?		14	X				
13	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation	and approval by						
а	The organization's CEO, Executive Director, or top management official	and decision:	150	v				
b	Other officers or key employees of the organization		15a 15b	X	x			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		135					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	lar arrangement						
	with a taxable entity during the year?		16a		х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organizatio	n to evaluate its						
	participation in joint venture arrangements under applicable federal tax law, and take steps		[]					
	organization's exempt status with respect to such arrangements?		16b					
	on 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, a	nd 990-T (Section	501(0	c)(3)s	only)			
	available for public inspection Indicate how you made 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 made its governing doci and financial statements available to the public during the tax year.	iments, conflict o	ınter	est p	olicy,			
20	State the name, physical address, and telephone number of the person who possesses the b	ooko and rosses-	of Ale -					
	organization. Walter C. Ernest, IV, 11401 U.S. Highway 98				ama			

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average	(do n	ot ch	Pos eck	tion	than o	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	office or directo				Highest compensated employee	ee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Ellis Allen, M.D. Chairman	5	x						0	0	0
(2) Rick Wallace, Ph.D. President	2	х						0	0	0
(3) John Borom, Ph.D. Vice President	2	х						0	0	0
(4) Buddy Russell, CPA Treasurer	2	х						0	0	0
(5) Gaye Lindsey Secretary	2	х						0	0	0
(6) Shawn T. Alves Director	2	х						0	0	0
(7) David Ed Bishop Director	2	х						0	0	0
(8) Ken Cole Director	2	х						0	0	0
(9) John T. Crowder, Jr. Director	2	х						0	0	0
(10)Aubury Fuller Director	2	х						0	0	0
(11)Jim Gaines Director	. 2	х						0	0	0
(12)Tommy Harris Director	. 2	х						0	0	0
(13)Ralph Havard Director	. 2	х						0	0	0
(14)Ray Herndon Director	2	х						_ 0	0	0

Part VII Section A. Officers, Directors, Trus	stees, Key	Emplo	уе	es, a	ınd	Highe	est (Compensated	Employees (co	ontinue	d)		
(A) Name and title	(B) Average hours per week	box, i	unles	Pos leck is pe	rson	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation fro	om	Estin amoi	F) nated unt of her	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compe fron organ and r		
(15) Bob Holk	1 2												
Director (16) Eleanor F. Livaudais	2	Х		_	_			0		0			0
Director	2	х						0	<u> </u>	0			0
(17) Cindy McBrearty Director	2	x						0		0			0
(18) Phil Norris, Ed.D.													
Director (19) Michael J. Quinn, M.D.	2	X			-	<u> </u>	-	0		0			0
Director	2	Х						0		0	·		0
(20) David Ryan Director	2	x						0					0
(21) Skipper Tonsmeire													
Director (22) Walter C. Ernest, IV	2	Х			_		<u> </u>	0		0			0
Executive Director	40			х				48,767		0			0
(23)	-												
(24)					Τ.		-			 			
(25)							-						
	1						_	40 767					
1b Sub-total	VII. Section	on A		•	•		▶	48,767		0			0
d Total (add lines 1b and 1c)	· · · · · · · · · · · · · · · · · · ·					•	<u> </u>	48,767	-l				0
2 Total number of individuals (including bu reportable compensation from the organ		d to th	nose	e list	ted	above 0	e) w	ho received m	ore than \$100	,000 of	•		
								 -				Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	nest compens	ated	3		x
4 For any individual listed on line 1a, is the	e sum of re	porta	ble	con	npe	nsatio							
organization and related organizations individual	-)? /		·s, "	complete Scl	nedule J for	such	4		х
5 Did any person listed on line 1a receive of	or accrue c	ompe	nsa	tion	fro	m any		related organi	zation or indiv	ıdual	-		
for services rendered to the organization Section B. Independent Contractors	? If "Yes," (comp	lete	Sci	hed	ule J	for	such person	<u> </u>	·	5		Х
1 Complete this table for your five highest	compensat	ted in	dep	end	ent	contr	act	ors that receive	ed more than	\$100,0	00 of	-	
compensation from the organization. Re	port compe	ensatio	on f	or t	he c	alend	lar y		th or within the	e orgar		on's ta	ax
(A) Name and business add	dress							(B) Description of s	services	Co	(C) mpens	ation	
							+						
	 -				_								
2 Total number of independent contractor received more than \$100,000 of compen							o th	hose listed ab	ove) who				

Pall	VIII	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1a	Federated campaigns 1a 726				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b 22,949	j]	
s, G	С	Fundraising events 1c]			
a git	d	Related organizations . 1d				
ns,	е	Government grants (contributions) 1e 157,310]			
er S	f	All other contributions, gifts, grants,				
년 원		and similar amounts not included above 1f 1,497,391	-			
T P	g h	Noncash contributions included in lines 1a-1f \$ 1,397,292 Total. Add lines 1a-1f	1,678,376		1	
- N		Business Code	1,070,370		 	
Program Service Revenue	2a	Workshops and seminars 900099	23,351			
Rev	b					
/ice	С					
Sen	d					
ш	е					
ugo,	f	All other program service revenue .			<u> </u>	<u> </u>
<u></u> _	g	Total. Add lines 2a–2f	23,351			
	3	Investment income (including dividends, interest, and other similar amounts)	48,248			
	4	Income from investment of tax-exempt bond proceeds	40,240			
	5	Royalties			 	 -
		(i) Real (ii) Personal			 	
	6a	Gross rents .	1			
	b	Less rental expenses				
	С	Rental income or (loss) 0				_
	ď	Net rental income or (loss)	0			
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less cost or other basis and sales expenses				
	С	Gain or (loss) . 0 0	-	1		
	d	Net gain or (loss)	0			
		3				
Other Revenue	8a	Gross income from fundraising events (not including \$				
æ		of contributions reported on line 1c)				
ЭF		See Part IV, line 18 a 60, 699				
₹	b	Less direct expenses . b 15,065	⊣			
	C	Net income or (loss) from fundraising events	45,634		 	
	у эа	Gross income from gaming activities. See Part IV, line 19				
	ь	Less: direct expenses b	-{			
	C	Net income or (loss) from gaming activities	o F			
		Gross sales of inventory, less	1	 	 	
		returns and allowances a 30,130				
	b	Less cost of goods sold b 23,152	1			
	С	Net income or (loss) from sales of inventory .	6,978			
		Miscellaneous Revenue Business Code				
	11a					
	b		ļ	ļ	 	
	C	All add	 		 	-
	d	All other revenue		 	 	
	12	Total. Add lines 11a–11d	1,802,587	-	 	-
	<u> </u>		1,002,367	1		Form 990 (2011

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons				<u> </u>
7b, 8	not include amounts reported on lines 6b, 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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22 .				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	47,779	35,834	4,778	7,167
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,683	25,263	3,368	5,052
9	Other employee benefits				-
10	Payroll taxes	6,254	4,691	625	938
11	Fees for services (non-employees)				
a	Management				
b	Legal	5,521	5,521	_	
ч С	Accounting	J, 321	J, J21		
d	Lobbying				
e f	Investment management fees				
g	Other	10,932	10,932		
12	Advertising and promotion	7,319	7,319		
13	Office expenses	32,928	13,390	4,452	15,086
14	Information technology	729	729		
15	Royalties				-
16	Occupancy	9,397	8,233	766	398
17	Travel	7,536	7,354	152	30
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,287	2,981	65	1,241
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	31,593	28,462	3,131	
23	Insurance	7,139	6,547	592	
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Conservation easement	1,337,292	1,337,292		
b	Program expenses	145,092	145,092		
c d	Workshop and seminar expenses	2,325	2,325		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,689,806	1,641,965	17,929	29,912
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
					Form 990 (20

Part X **Balance Sheet** (A) (B) Beginning of year End of year 102,478 144,359 Cash—non-interest-bearing 1 2 Savings and temporary cash investments 3 Pledges and grants receivable, net . . . 37,088 3 55,207 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 7 3**,**557 3**,** 320 8 Inventories for sale or use 8 9 1,827 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or 10a other basis Complete Part VI of Schedule D 10a 514,049 281**,**750 Less: accumulated depreciation 10b 260,412 10c h 232,299 11 Investments—publicly traded securities 11 1,583,336 12 Investments—other securities See Part IV, line 11 . 12 1,569,927 Investments—program-related See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 $1,\overline{480,450}$ 15 1,390,450 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 3,379,148 3,487,306 16 17 Accounts payable and accrued expenses . 9,388 17 3,094 18 Grants payable 18 19 16,888 42,971 Deferred revenue . 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . 22 Payables to current and former officers, directors, trustees, key Liabilities employees, highest compensated employees, and disqualified persons 22 Secured mortgages and notes payable to unrelated third parties . . 23 23 24 Unsecured notes and loans payable to unrelated third parties . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 **Total liabilities.** Add lines 17 through 25 26,276 26 46,065 Organizations that follow SFAS 117, check here ▶ 🛛 and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 3,269,624 27 27 3,320,022 Unrestricted net assets . Temporarily restricted net assets 70,748 64,719 28 28 29 12,500 56,500 Permanently restricted net assets. 29 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 31 Paid-in or capital surplus, or land, building, or equipment fund . 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 3,441,241 3,352,872 33 33 3,379,148 34 Total liabilities and net assets/fund balances . . . 3,487,306

Par	Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI		<u>.</u>	X
1	Total revenue (must equal Part VIII, column (A), line 12)			587
2	Total expenses (must equal Part IX, column (A), line 25)			806
3	Revenue less expenses. Subtract line 2 from line 1			781
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			872
5	Other changes in net assets or fund balances (explain in Schedule O)	(24,	412
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	3,4	41,	 241
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
			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.			
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	×	
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	×	
	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 separate basis, consolidated basis, or both:			
3a	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			
L		3a		X
b	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		
		Forn	n 990	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

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

WEE	KS	BAY	FOU	NDA	MOIT	,	INC.				16	3-102	21925	
Par	t I	Rea	son fo	or Pu	ıblic C	hai	rity Status (All orga	nization	s must c	omplete				ns.
The c		nızatıon	is not	a priv	ate fou	nda	tion because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)		
1							nes, or association of			ed in sect	tion 170(b)(1)(A)(i).	
2							170(b)(1)(A)(ii). (Atta							
3		A hospit	al or a	coop	erative	hos	spital service organiza	ation desc	cribed in s	section 1	70(b)(1)	(A)(iii).		
4	□ <i>f</i>	A medic nospital'	al rese s nam	earch e, city	organia /, and s	zatio tate	n operated in conjunct:	ction with	a hospita	al describ	ed in sec	tion 170	(b)(1)(A)(iii). Enter the
5		An orga	nizatio	n ope	erated	for t	he benefit of a colleg	ge or univ	ersity ow	ned or o	perated	by a gov	ernmenta	l unit described in
6							ment or governmenta	al unit des	scribed in	section	170(b)(1)(A)(v).		
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)													
8		A comm	unity t	rust d	lescribe	d in	section 170(b)(1)(A)	(vi). (Co	mplete Pa	art II.)				
9	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)													
10							operated exclusively					•	A)	
11							d operated exclusive							r to carry out the
							icly supported organi							
							escribes the type of s							
	á	a 🗌	Туре	ı	b		Type II c	☐ Typ	e III–Fun	ctionally	integrate	d	d [☐ Type III–Other
е	C	By checonther the correction of the correction o	an foui	ndatio	x, I cer on man	tify t	that the organization in the sand other than one	is not cor	ntrolled di	rectly or	indirectly	by one o	or more di	isqualified persons
f						ah a	written determinatio	n from t	he IRS fl	hat it ie	a Tyne I	Type II	l or Type	e III supporting
	C	organiza	ition, c	heck	this bo	X				•			і, от тур	· · · ·
g	f	ollowing	perso	ons?			ne organization accep							
	(ndirectly controls, eith ody of the supported o			er with p	ersons d	lescribed 	in (iı) and	d Yes No
	(ii) A far	nily me	embe	r of a p	ersc	on described in (i) abo	ve? .						11g(ii)
	(iii) A 35	% con	trolle	d entity	of a	person described in	(ı) or (ıı) a	above? .					11g(iii)
h							on about the supporte							1 1 1
(i)		of suppor anization	rted		(iı) EIN		(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) li	organization sted in your document?	the organ	ou notify nization in of your port?	organizat	s the tion in col zed in the S?	(vii) Amount of support
							(000 111041 20410110)	Yes	No	Yes	No	Yes	No	
(A)											_			
(B)														
(C)			·											
(D)														
(E)														
Total						•				:				0

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

Schedule A (Form 990 or 990-EZ) 2011

Part		ations Descri	ibed in Secti	ons 170(b)(1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked the	e box on line	5, 7, or 8 of I	Part I or if the	organization	failed to qua	lify under
Secti	Part III If the organization fails to ion A. Public Support	quality unde	r the tests lis	tea below, ple	ease complet	e Part III.)	
	idar year (or fiscal year beginning in)	(0) 2007	(h) 2000	(=) 2000	(4) 0040	(-) 0044	10.7.1.1
1	Gifts, grants, contributions, and	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.") .	110 174	146 266	050 004	245 055	241 004	
2	Tax revenues levied for the	118,174	146,266	258,924	345,955	341,084	1,210,403
_	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		ĺ				
4	Total. Add lines 1 through 3	118,174	146,266	258,924	345,955	341,084	1,210,403
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.						1,210,403
	on B. Total Support						.
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	118,174	146,266	258 , 924	345 , 955	341,084	1,210,403
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar	31,155	54,676	32,271	12,135	48,248	178,485
	sources	31,133		<u> </u>	12,133	40,240	1/0,403
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV) .	39,199	39 , 774	40,230	91,644	75,963	286,810
11	Total support. Add lines 7 through 10						1,675,698
12	Gross receipts from related activities, etc.				. ,	12	
13	First five years. If the Form 990 is for th	e organization	's first, second	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
<u> </u>	organization, check this box and stop he		•	<u> </u>	<u> </u>	<u> </u>	▶ □
	on C. Computation of Public Suppor					·	
14	Public support percentage for 2011 (line 6			l, column (f))		14	72.23%
15 16a	Public support percentage from 2010 Sch					15	72.63 %
ioa	331/3% support test—2011. If the organization qua	zation did not c	neck the box	on line 13, and		3% or more, cl	
b							. • 🗴
b	331/3% support test—2010. If the organ check this box and stop here. The organ	nization did noi ization qualifies	s as a publicly	on line 13 or supported orga	16a, and line anization	15 is 331/3%	or more, . ► □
17a	10%-facts-and-circumstances test—20	11. If the oraa	nization did no	t check a box	on line 13. 16a	i, or 16b. and l	ine 14 is
	10% or more, and if the organization mee	ets the "facts-a	nd-circumstand	ces" test, checl	k this box and	stop here. E	xplain in
	Part IV how the organization meets the "fa	acts-and-circun	nstances" test.	The organizat	on qualifies as	s a publicly sui	pported
	organization	•				. ,,	`. ▶ □
b	10%-facts-and-circumstances test—20	10. If the orga	nization did no	t check a box	on line 13, 16a	16b or 17a	and line
	15 is 10% or more, and if the organizat	ion meets the	"facts-and-circ	cumstances" te	est, check this	box and st	op here
	Explain in Part IV how the organization m	eets the "facts-	and-circumsta	nces" test. The	e organization	qualifies as a	publicly
	supported organization						. , ⊢ □
18	Private foundation. If the organization did	d not check a b			or 17b, check	this box and s	ee

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

16 Public support percentage from 2010 Schedule A, Part III, line 15	Secti	on A. Public Support			,		,	
reserved (Do not include any "unusual graits") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempl purpose 3 Gross receipts from admission is tax related to 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 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1 and 3 received from disqualified persons b Amounts included on lines 1 and 3 received from other than disqualified persons that exceed the graiter of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 9 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, reysless and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 70 and 10b 11 Net income from unrelated business activities not include gain or loss from the sale of capital assets (Explain in Part IV). 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First flive 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 Section C. Computation of Public Support Percentage 5 Public support percentage from 2010 Schedule A, Part III, line 15 15 (Section D. Computation of Investment Income Percentage	Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
2 Gross receipts from admissions, merichandises sold or services performed, or facilities furnished in any activity that is related to the organization's several 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 disqualified persons. c Add lines 7 and 7b 8 Public support (Subtract line 7c from line 6 } 9 Amounts from line 6 } 9 Amounts received in the services or facilities for the year of the amount on line 13 for the year. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. b Unrelated business travelles loans, rents, royalties and income from unrelated business sacities not included in line 10b, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part IV). 13 Total support. (Add lines 9, 10c, 11, and 12) 14 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 Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (fine 8, column (f) divided by hine 13, column (fin) 15 % 76 form line 10 few percentage from 2010 Schedule A, Part III, line 15 16 % 78 Section D. Computation of Investment Income Percentage	1	Gifts, grants, contributions, and membership fees						
sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. 3 Gross recepts from activities that are not an unrelated business activities or not the business activities on include on line 10, whether or not the business is regularly carned on 2 Other more producted in line 10), whether or not the business is regularly carned on 2 Other more producted in line 10), whether or not the business is regularly carned on 2 Other more producted in line 10), whether or not the business is regularly carned on 2 Other more producted in Public Support Comparation, of Public Support Percentage 15 Public support (Add lines 9, 10c, 11, and 12) 16 Public support (Add lines 9, 10c, 11, and 12) 17 Total support. (Add lines 9, 10c, 11, and 12) 18 Public support (Add lines 9, 10c, 11, and 12) 19 Total support. (Add lines 9, 10c, 11, and 12) 10 Total support. (Add lines 9, 10c, 11, and 12) 17 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 5 Public support percentage for 2011 (line 8, column (l) divided by line 13, column (l)) 15 Public support percentage for 2011 (line 8, column (l) divided by line 13, column (l)) 16 Public support percentage for 2011 (line 8, column (l) divided by line 13, column (l)) 17 Public support percentage from 2010 Schedule A, Part IIII, line 15 18 Public support percentage from 2010 Schedule A, Part IIII, line 15 19 Section D. Computation of Investment throome percentage								
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12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). 13 Total support. (Add lines 9, 10c, 11, and 12). 14 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 Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2010 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage								
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(Explain in Part IV). 13 Total support. (Add lines 9, 10c, 11, and 12). 14 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. Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	12							
Total support. (Add lines 9, 10c, 11, and 12) 14 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 Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))								
and 12) 14 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 Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	13			 - -		1		
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 Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2010 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage								
organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2010 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage	14	·	le organizatio	n's first, secon	d. third. fourth	or fifth tax ve	ı ar as a sectio	n 501(c)(3)
Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)								• 🗖
16 Public support percentage from 2010 Schedule A, Part III, line 15	Secti	on C. Computation of Public Support	rt Percentag	je				
Section D. Computation of Investment Income Percentage			• • •	•			15	%
						<u> </u>	16	%
17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))							1 1	
	17				-	mn (f))	17	%
							%	
	19a							
b 331/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and	h		· ·	•	•		_	
	D							
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20			_			-	

Part IV	Supplem Part II, lin- instruction	e 17a o	formation. r 17b; and F	Complete Part III, line	this part to pro 12. Also comp	vide the exp lete this part	anations r for any ac	equired by Part II, Iditional informatio	line 10; n (See
Part	II, Line	10 -	Other	income	consists	of semi	nars,	fundraising	, and
sale	of merch	andis	se.						
->									
						····		·	·-
								·	
					-				
								·	·····
									•••••••••••••••••••••••••••••••
									·····
								··-	
						•••••			
									

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection Employer Identification number

WEEK	S BAY FOUNDATION, INC.		63-1		
Part	Organizations Maintaining Dono	or Advised Funds or Other Similar Fu	nds or A	Acco	unts. Complete if the
	organization answered "Yes" to Fe				
		(a) Donor advised funds		b) Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year) .			_	
3	Aggregate grants from (during year)				
4 5	Aggregate value at end of year Did the organization inform all donors and	donor advisors in writing that the assets	held in c	lonor	advised
3	funds are the organization's property, subject				· · Yes No
6	Did the organization inform all grantees, do	-			
•	only for charitable purposes and not for the				
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·			Yes 🗌 No
Part	Conservation Easements. Comp			n 99	
1	Purpose(s) of conservation easements held				
	☐ Preservation of land for public use (e g ,	recreation or education) Preservation	of an hist	torica	lly important land area
	Protection of natural habitat	☐ Preservation	of a certi	fied h	istoric structure
^	Preservation of open space	According to the control of the cont			
2	Complete lines 2a through 2d if the organiza easement on the last day of the tax year	ition neid a qualified conservation contribut	tion in the	e torn	of a conservation
	casement on the last day of the tax year		Γ		Held at the End of the Tax Year
а	Total number of conservation easements		ŀ	2a	3
b	Total acreage restricted by conservation eas	sements		2b	114
C	Number of conservation easements on a cer		Ì	2c	0
d	Number of conservation easements include		t on a		
	historic structure listed in the National Regis	ter	. [2d_	0
3	Number of conservation easements modifie	d, transferred, released, extinguished, or te	rminated	by th	ne organization during the
	tax year ▶0			_	
4	Number of states where property subject to	conservation easement is located		<u> </u>	adlina a a c
5	Does the organization have a written poliviolations, and enforcement of the conserva		ispection	ı, naı	
6	Staff and volunteer hours devoted to monitor		In eacem	onte i	Yes No
•	► 24	ming, inspecting, and emoreing conservation	ni casciii	Cillo	during the year
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements	durın	g the vear
	▶ \$ 1,105	, 0,			5 ,
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	of section	on 17	0(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)? .				· · 🗌 Yes 🔲 No
9	In Part XIV, describe how the organization re				
	balance sheet, and include, if applicable, the	•	financial s	stater	nents that describes the
Part	organization's accounting for conservation of	ections of Art, Historical Treasures, o	or Othor	. Cim	ilar Assats
ган		vered "Yes" to Form 990, Part IV, line 8		3111	nar Assets.
1a	If the organization elected, as permitted un			ie sta	tement and balance sheet
	works of art, historical treasures, or other				
	public service, provide, in Part XIV, the text	of the footnote to its financial statements the	nat descr	ibes 1	these items.
b	If the organization elected, as permitted u	nder SFAS 116 (ASC 958), to report in it	s revenu	e sta	tement and balance sheet
	works of art, historical treasures, or other	•	educatio	n, or	research in furtherance of
	public service, provide the following amoun-	-			
	(i) Revenues included in Form 990, Part VIII(ii) Assets included in Form 990, Part X	i, line 1	•		\$
_	(ii) Assets included in Form 990, Part X			.	\$
2	If the organization received or held works following amounts required to be reported to			s tor	tinancial gain, provide the
_		• • • •		i	• •
a b	Revenues included in Form 990, Part VIII, lin Assets included in Form 990, Part X			. !	> \$ > \$
	Assets Included in Follii 330, Fall A	<u> </u>			φ

Part	Organizations Maintaining	Collections of <i>A</i>	Art, Histo	rical T	reasures,	or Ut	her Similar As	sets (co	ntinu	ied)
3	Using the organization's acquisition, a collection items (check all that apply)	ccession, and oth	ner record:	s, checl	k any of th	e follov	ving that are a s	ignificant	use	of its
а	☐ Public exhibition		d [Loa	n or exchar	nge pro	grams			
b	☐ Scholarly research		e \square			•				
С	Preservation for future generation	ıs		-						
4	Provide a description of the organizati		nd explain	how th	nev further	the oro	anızatıon's exen	not purpo	se in	Part
	XIV.				,					
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar									
•	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Dart	IV Escrow and Custodial Arra									
	line 9, or reported an amount	on Form 990, P	art X, line	e 21.					-ait	<u>.</u>
1a	Is the organization an agent, trustee, included on Form 990, Part X?							ot □Ye	s [] No
b	If "Yes," explain the arrangement in Pa	rt XIV and comple	te the follo	owing ta	able:		A	mount		
С	Beginning balance					1c				
d	Additions during the year		•	. , ,		1d				
e	Distributions during the year		• •	•		1e	+			
f			•		, ,	1f				
2a	Did the organization include an amoun		rt V line 2	12	•					T No
	If "Yes," explain the arrangement in Pa		III / , IIII C	. 1 f					;s	J 140
b Par			ation and	worod	"Voc" to F	orm 0	00 Part IV line	10		
ган	Endowment I dilds. Comple	(a) Current year	(b) Prior				(d) Three years back		vears	hack
4-	Paginning of year holones	12,500		500	(0) 1110 900	0	(a) Trice years back	(0,700)	-	
1a	Beginning of year balance	44,000	. 12	, 500	12	500		+		
Ь	Contributions	44,000			12,	, 500				
С	Net investment earnings, gains, and losses									
	ļ-									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance			<u>500</u>		500				
2	Provide the estimated percentage of the			ine 1g,	, column (a))) held	as:			
а	Board designated or quasi-endowmen	it ▶	%							
b	Permanent endowment ► 10	00 %								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2	c should equal 100	0%							
3a										
	organization by:							ĺ	Yes	No
	(i) unrelated organizations							3a(i)	х	
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organiz	zations listed as re	eauired on	Schedu	ıle R?			3b		
4	Describe in Part XIV the intended uses					•				L
Part										
	Description of property	(a) Cost or oth	ner basis (b) Cost o	or other basis		Accumulated epreciation	(d) Boo	k value	•
1a	Land				30,000				30	000
b	5 :	<u> </u>			29,584		56,914			670
ม	-				29,004	-			121	070
C	Leasehold improvements	 	-		FO 075		- 40 055		17	600
d	Equipment	 			59,875		42,255			620
e Takal	Other Add lines 1a through 1e. (Column (d) n	nuat ocust Fees C	00 0= 4 11		94,590	0(0)	182,581			<u>009</u>
LOTAL.	- Add lines Ta Inrollan Te. (Column (a) N	nusi eduai Form 9	эи. РАПХ	coiumi	n IBI. IINE 1	U(C).)	. ▶	ン	37.	299

Part VII	Investments—Other Securities	. See Form 990, Part X, I	ine 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mai	
(1) Financial				
	neld equity interests			
(3) Other		1 560 007		
(A) Comi	munity Foundation of	1,569,927	End of year market	value
	th Alabama	,		
(C) (D)				
(E)	•••••	<u>-</u> .		
(E)				
(G)				
(H)		<u> </u>		
(I)				
	b) must equal Form 990, Part X, col (B) line 12)	1,569,927		
Part VIII	Investments—Program Related		line 13	
	(a) Description of investment type	(b) Book value	(c) Method of value	ation
	,,,	(4, 200, 10,00	Cost or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5)				·
(6)				
(7)				
(8)				
(9)			,	
(10)				
	b) must equal Form 990, Part X, col (B) line 13)	1 1 1 1 5		
Part IX	Other Assets. See Form 990, Pa			
w Tand		a) Description		(b) Book value
(1) Land	<u>held for conservation</u> e lands	n purposes		1,441,250
	e lands			39,200
(4)				
(5)				
(6)		· · · · · · · · · · · · · · · · · · ·		
_(7)		,		
(8)				
(9)		_		
(10)				
Total. (Colu	mn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		1,480,450
Part X	Other Liabilities. See Form 990,	Part X, line 25		<u> </u>
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	A)		ļ	
	b) must equal Form 990, Part X, col (B) line 25)			
	SC 740) Footnote In Part XIV, provide		the organization's financial stateme	ents that reports the
organization	n's liability for uncertain tax positions u	inder FIN 48 (ASC 740).		

Part		ents	
	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,802,587
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,689,806
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	112,781
4	Net unrealized gains (losses) on investments	4	(24,412)
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	(24,412
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	88,369
Part		r Re	
1	Total revenue, gains, and other support per audited financial statements	1	1,806,327
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2)	
b	Donated services and use of facilities	<u> </u>	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	2]	
e	Add lines 2a through 2d	20	e 3,740
3	Subtract line 2e from line 1	3	1,802,587
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	╛	
b	Other (Describe in Part XIV.)		
C	Add lines 4a and 4b		. c 0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		1, 802,587
Part		er F	
1	Total expenses and losses per audited financial statements	1	1,717,958
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 5,00	2	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)	2]	
е	Add lines 2a through 2d	2	e 28,152
3	Subtract line 2e from line 1	3	1,689,806
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	_	
þ	Other (Describe in Part XIV.)	4	
_	Add lines 4a and 4b	4	lc0
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,689,806
	XIV Supplemental Information		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4,		
	, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also cor	nplet	te this part to provide
-	dditional information.		
Par	t II, line 5 - The Organization has a written Conservati	on	
To a	ament Amendment Delieu Conservation Deservat Defense		Daldan and a
Las	ement Amendment Policy, Conservation Easement Enforcemen	L	Policy, and a
Con	servation Easement Monitoring Policy.		
<u>CO11</u>	servacion basement monitoring portey.	-	
		·	
	······································	·	
		·	**

Part XIV Supplemental Information (continued)

Part 11, 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
are 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 \$23,152 (netted for income tax purposes)
Part XIII, Line 2d, - cost of goods sold \$23,152 (netted for income tax purposes)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization
WEEKS BAY FOUNDATION, INC.

Employer identification number

63-1021925

Part	Types of Property							
_		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont			
1	Art—Works of art							
2	Art—Historical treasures		-					
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods			1				
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock .		-					
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous			-				
13	Qualified conservation							
• -	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other	x	1	1,337,292	FMV			
15	Real estate—Residential							
16	Real estate—Commercial				-			
17	Real estate—Other	X	1	60,000	FMV			
18	Collectibles			33,333				
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .			ļ —				
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► (
29	Number of Forms 8283 received	by the ord	anization during the tax v	rear for contributions for				
	which the organization completed				29			0
	•			_			Yes	No
30a	During the year, did the organiza	tion receive	by contribution any prope	erty reported in Part I. lines	1-28 that	\Box		
• • • • • • • • • • • • • • • • • • • •	it must hold for at least three year					1	}	
	used for exempt purposes for the					30a	-	X
b	If "Yes," describe the arrangemen							
31	Does the organization have a		stance policy that require	es the review of any non	-standard			. !
J.	contributions?					31		
32a		e third nad		es to solicit process or se	l noncash	-		
JŁG	contributions?		-	·	. Honoasii	32a		v
h	If "Yes," describe in Part II	•		,	•	JZa		X
ь 33	If the organization did not report a	n amount in	column (c) for a type of pro	nerty for which column (a) i	s checked			
55	describe in Part II	amount n	i solulili (s) for a type of pit	sporty for willow column (a) i	o onconou,			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

internal Revenue Service	Attach to Ponni 990 or 990-EZ.	Inspection
Name of the organization WEEKS BAY FO	UNDATION, INC.	Employer identification number 63-1021925
Form 990, Pa	rt VI, Line 11a - A copy of the final form	of the Form 990
and the requ	ired schedules were provided to the Board	of Directors
electronical	ly for their review prior to the return be	ing filed.
Form 990, Pa	rt VI, Line 12c - The Organization, on an	annual basis, asks
each member	of the Board of Directors to review the Co	nflict of Interest
Policy to ve	rify that they do not have any conflicts o	f interest with the
Organization	•	
Form 990, Pa	rt VI, Line 15a - The compensation of the	Executive Director
was reviewed	by the Executive Committee and approved b	y the
Board of Dir	ectors as part of the approval of the annu	al budget.
	······	
Form 990, Pa	rt VI, Line 18 - The Organization's Form 9	90 will be mailed to
anyone who r	equests a copy of the form.	
Form 990, Pa	rt VI, Line 19 - The Organization's govern	ing documents,
Conflict of	Interest Policy, the annual Audited Financ	ial Statements and
the Form 990	are made available to anyone who requests	the documents.
Form 990, Pa	rt XI, Line 5 - Other changes in net asset	s or fund balances
represents t	he unrealized losses as of and for the yea	r ended
December 31,	2011. See Schedule D, Part XI, Line 4 an	d Schedule D,
Part XII, Li	ne 2a.	

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
WEEKS BAY FOUNDATION, INC.	63-1021925
••••	
	······
,	

/	