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SCANNED AUG 1 3 2013

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

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

| Dep | artment of | the Treasury | The organiz | ration may be | | or private tour | • | | | Open to Public | |
|-------------------------|-------------|--|---------------------------|------------------|----------------------|----------------------|------------------|-----------------|-------------------|--------------------------------|--|
| _ | | ue Service | | | | of this return to | | | irements. | Inspection | |
| <u>A</u> | | | ndar year, or tax y | | | | 012, and end | ing | 7.5 | , 20 | |
| В | | applicable: | C Name of organizati | | BAY FOU | NDATION, | INC. | | | er identification number | |
| | | fress change Doing Business As 63-1021925 | | | | | | | | | |
| 닏 | Name ch | ne change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number | | | | | | | | | |
| | Initial ret | บทา | 11401 U.S | | | | | | 251-9 | 990-5004 | |
| Ц | Terminat | ted | City, town or post of | | | | | | | | |
| Ш | Amende | | FAIRHOPE, | | | | | | G Gross re | | |
| | Applicati | on pending | F Name and address | | | allace | | H(a) is the | s a group return | for affiliates? 🔲 Yes 🔼 No | |
| | | | same as i | tem C a | above | | | H(b) Are | all affiliates II | ncluded? Yes No | |
| | | mpt status | ∑ 501(c)(3) | |) () ◀ (inse | rt no.) 🔲 4947(a)(| (1) or 527 | If ' | 'No," attach a | a list. (see instructions) | |
| <u>J</u> | | | weeksbay. | | | | · | | up exemption | | |
| <u>K</u> | | organization | X Corporation Tr | ust 🗌 Assoc | ciation 🔲 Other 🕨 | | L Year of form | ation: 1990 | M State | of legal domicile: AL | |
| P | art I | Summ | | | | | | | | | |
| | 1 | | | | | | | | | s accredited by | |
| ø | | | nd Trust Aco | | | | | | | | |
| ă | 1 | the na | tural resou | rces of | coastal Al | abama and | provide | support | for th | e Weeks Bay | |
| Activities & Governance | | Nation | al Estuarine | e Resear | ch Reserve | . | | | | | |
| Š | 2 | Check th | is box ▶ 🗌 if the | organization | n discontinued | l its operations | s or disposed | of more that | an 25% of | its net assets. | |
| ජ | 3 | Number | of voting member | rs of the gov | verning body (I | Part VI, line 1a |) | | . 3 | 21 | |
| 88 | 4 | Number | of independent v | oting memb | ers of the gove | erning body (P | art VI, line 1t | o) | . 4 | 21 | |
| = | 5 | Total nur | nber of individual | ls employed | l in calendar ye | ear 2012 (Part ' | V, line 2a) | | . 5 | 4 | |
| 듛 | 6 | Total nur | nber of volunteer | s (estimate | if necessary) | | | | . 6 | 150 | |
| • | 7a | Total unr | elated business r | revenue fron | n Part VIII, colu | umn (C), line 12 | 2 | | . 7a | | |
| | b | Net unre | ated business ta | xable incom | ne from Form 9 | 90-T, line 34 | | | . 7b | | |
| | | | | | | | | Prior | | Current Year | |
| • | 8 | Contribu | tions and grants | (Part VIII, lin | ie 1h) | | | 1,67 | 18,376 | 238,422 | |
| 2 | 9 | Program | service revenue | (Part VIII, lin | ie 2g) | | | 7 | 23,351 | 31,745 | |
| Revenue | 10 | Investment income (Part VIII, column-(A), lines 3, 4, and 7d) | | | | | | | 8,248 | 233,480 | |
| œ | 11 | | | | | | | | 2,612 | 56,418 | |
| | 12 | | enue-add lines 8 | | | | | 1,80 | 2,587 | 560,065 | |
| | 13 | Grants a | nd similar amoun | ts.paid (Par | t IX, column (A |), lines 1-3) . | | | 0 | 0 | |
| | 14 | Benefits | paid to or for me | mbers (Part | TX, column (Å) | , line 4) | | | 0 | 0 | |
| ø | 15 | Salaries, | other compensation | on, employe | e benefits (Part | įX, čolumn (A), | lines 5-10) | 8 | 37,716 | 94,020 | |
| nse | 16a | | onal fundraising fo | | | | | | 0 | 0 | |
| Expenses | ь | | draising expense | | | | 29,237 | \$ - POS | ·香薷(1)49 | P 40 . | |
| û | 17 | | penses (Part IX, o | | | | | | 02,090 | 244,365 | |
| | 18 | | enses. Add lines | | | | line 25) . | | 39,806 | 338,385 | |
| | 19 | | less expenses. S | | | | • | | 12,781 | 221,680 | |
| 56 | 8 | | | | | | | Beginning of | | | |
| Net Assets or | 20 | Total ass | ets (Part X, line 1 | 16) | | | | 3,48 | 37,306 | 3,730,776 | |
| 8 0 | 21 | Total liat | oilities (Part X, line | e 26) | | | | 4 | 16,065 | 3,730,776 40,275 | |
| Ž, | 22 | Net asse | ts or fund balanc | es. Subtrac | t line 21 from l | ine 20 | | 3,44 | 11,241 | | |
| | art II | Signa | ture Block | | | | - | | - | | |
| U | nder pena | alties of perju | ry, I declare that I have | ve examined th | is return, ıncluding | accompanying so | chedules and sta | tements, and t | o the best of | my knowledge and belief, it is | |
| tr | ue, correc | et, and comp | lete. Declaration of pr | eparer (other th | nan officer) is base | d on all information | n of which prepa | rer has any kno | wiedge. | | |
| | | | | | | 1 | | | | | |
| | gn | Sign | nature of officer | | | | | | Date | 11 | |
| He | ere | | | | | | | | | 13/13 | |
| _ | | | e or print name and tit | le | | 1 840 | 15 7. | Accer | | | |
| P | aid | · | pe preparer's name | | Freparer's sign | fature | | Date | Check | X of PTIN | |
| | repare | KIM | K ENIKEIE | | Kmi K. | _ فساسنا | | 7/15/201 | 3 self-err | ployed P00989337 | |
| | se On | Firm's | | | EIEFF, C | PA | | | irm's EIN ▶ | | |
| | | Firm's | address ▶ POST | | | | | 689 F | Phone no 2! | 51-460-2972 | |
| M | ay the I | RS discus | s this return with | the prepare | er shown abov | e? (see instruc | tions) | <u> </u> | <u> </u> | 🛚 Yes 🗌 No | |
| | | | 4' | | | | | | | E 990 (0010) | |

| 4a | (Code:) (Expenses \$ 254,689 including grants of \$) (Revenue \$11,791) |
|----|--|
| | 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. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:)(Expenses \$ 30,431 including grants of \$)(Revenue \$ 19,954) Alabama Coastal Birdfest - The purpose of the Alabama Coastal Birdfest |
| | 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\$ 4,868 including grants of\$)(Revenue\$) Weeks Bay Volunteers - this is a program, which consists of approximately 130 members, whose purpose is to support the mission |
| | 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. |
| | |
| | |
| | |

) (Revenue \$

including grants of \$

Other program services (Describe in Schedule O.)

(Expenses \$

| orm 99 | 0 (2012) | | F | age 3 |
|--------|--|-----|--------------|-------|
| Part I | 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 | |
| 3 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | Х | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | х | |
| 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 | | х |
| 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 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | Х | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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, VIII, 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 | Х | |
| b | 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 | Х | |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | * | х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | x | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | 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 and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. | 12b | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b | | 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 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (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 | Х | 1 |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | х |

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a

| Form 99 | | | P | age 4 |
|----------|---|------------|-----|----------|
| Part | Checklist of Required Schedules (continued) | | | |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization | | Yes | No |
| | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | <u>X</u> |
| 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 | | <u>X</u> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a | | х |
| | 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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 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 | 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 | 29 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | 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, Part II, III, or IV, and Part V, line 1 | 34 | | х |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 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 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| 38 | Part VI | 37 | X | X |
| | | | | 0 (2012) |

Form **990** (2012)

| art | | | | |
|---------|--|-----|--|--|
| | Check if Schedule O contains a response to any question in this Part V | • • | · · | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19 | | Yes | HO |
| b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| • | reportable gaming (gambling) winnings to prize winners? | 1c | Х | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 10 | Λ_ | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 4 | | | 1 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| - | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | \vdash |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| 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 | | | <u> </u> |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | ľ | | l |
| | account)? | 4a | | X |
| 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. | l | | 1 |
| 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? | 5b | | X |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | ļ., |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | 1 | |
| _ | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | 1 |
| | gifts were not tax deductible? | 6b | ļ | — |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | 1 |
| 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? | | Х | 1 |
| _ | · | 7a | $\frac{\Lambda}{X}$ | ┼ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | <u></u> - | ┼ |
| C | required to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 1 | | + |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | ļ | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | _ | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | X |
| ĥ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | X |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | 1 |
| | organization, have excess business holdings at any time during the year? | 8 | <u> </u> | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | 1 | 1 |
| а | Did the organization make any taxable distributions under section 4966? | 9a | ļ | — |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | - |
| 10 | Section 501(c)(7) organizations. Enter: | | | 1 |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | - | | ł |
| 44 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations. Enter: | 1 | | |
| 11 a | Gross income from members or shareholders | | } | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | 1 | 1 | İ |
| _ | against amounts due or received from them.) | | 1 | ļ |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | 1 | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | T^{-} | T^{-} |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | L | |
| а | 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 | and the state of t | 1 | | |
| | the organization is licensed to issue qualified health plans | 4 | 1 | |
| С | Enter the amount of reserves on hand | - | | |
| 14a | | 14a | _ | X |
| h | If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O | 14h | l I | 1 |

| Part \ | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se Check if Schedule O contains a response to any question in this Part VI | e inst | ructio | |
|----------|---|---------|--------------|--------------|
| Section | on A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 21 | ļ | - 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 relationship with any other officer, director, trustee, or key employee? | 2 | Ì | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . | 3 | | <u> </u> |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | X | |
| _ | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | <u>x</u> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | X | |
| _ | Each committee with authority to act on behalf of the governing body? | 8b | X | <u> </u> |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. | 9 | 4. | Х |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Reven | ue C | yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | 163 | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10a | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| 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 | X | <u> </u> |
| þ | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 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 | L |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | ļ |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | - | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | | X |
| 16a | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 40- | | , |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | 16a | - | X |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | - | |
| Secti | on C. Disclosure | | | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply. | n 501 | (c)(3)s | only) |
| 19 | Own website Another's website Dupon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year. | of inte | rest p | oolicy, |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records organization: ▶ Rick Wallace, 11401 U.S. Highway 98, Fairhope, AL 36532 251-990 | | | |

| orm | 990 | (2012) |
|-----|-----|--------|
| | | |

Page 7

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 hours per week (list any | verage box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|------------------------------|--|--|----------------|----------|--------------|------------------------------|----------|--|---|--|
| | hours for related organizations below dotted line) | hours for related ganizations elow dotted | | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1)Ellis Allen, M.D. | | | | | | | | | | _" " |
| Chairman | 5 | Х | | Х | | | | 0 | 0 | 0 |
| (2) Rick Wallace, Ph.D. | | | | | | | | | | |
| President | 5 | X | | X | | | | 0 | 0 | 0 |
| (3) John Borom, Ph.D. | ļ | | | | | | | | | |
| Vice President | 5 | X | _ | X | | | <u> </u> | 0 | 0 | 0 |
| (4)Buddy Russell, CPA | ļ | ., | | ١., | | | | | | |
| Treasurer Ed D | 5 | Х | _ | Х | <u> </u> | <u> </u> | ┞ | 0 | 0 | 0 |
| (5) Phil Norris, Ed.D. | 5 | X | | X | | | | 0 | 0 | 0 |
| Secretary (6) Shawn T. Alves | ļ <u>-</u> - | ^ | ├ | ^ | | | ├ | | | |
| Board Member | 2 | x | 1 | | 1 | | |) o | l o | 0 |
| (7) David Bishop | | | \vdash | | ┢╌ | ├─ | - | - | | <u>_</u> |
| Board Member | 2 | X | ľ | | | 1 | | 0 | \ o | 0 |
| (8)Ken Cole | | | <u> </u> | \vdash | \vdash | | +- | | | |
| Board Member | 2 | x | | l | | l | | 0 | lo | 0 |
| (9) John T. Crowder, Jr. | | | П | | | | | | | |
| Board Member | 2 | 1 X | | | | | 1 | 0 | 0 | 0 |
| (10)Aubury Fuller | | | | | | | | | | |
| Board Member | 2 | X | | <u> </u> | <u> </u> | | L | 0 | 0 | 0 |
| (11)Jim Gaines | |] | | , | | | | | | _ |
| Board Member | 2 | X | L | | | <u> </u> | ot | 0 | 0 | 0 |
| (12)Tommy Harris | | | | | | | | | | |
| Board Member | 2 | X | ↓_ | ↓_ | <u> </u> | <u> </u> | 1_ | 0 | 0 | 0 |
| (13)Ralph Havard | · - | ٠,, | | 1 | | | 1 | | | |
| Board Member | 2 | X | \vdash | ╄- | ↓ | | \bot | 0 | 0 | 0 |
| (14)Ray Herndon | - 2 | - ↓ ↓ | | | 1 | | | | | 0 |
| Board Member | <u> </u> | X | ⊥ | | | | Т. | 1 | 0 | <u> </u> |

| | | | | | " | •• | | | | | - 1 | | | _ |
|---------|---|--|--|-----------------------|----------|--------------|--|-----------------------|--|--|------------------|------------------------|--------|----------|
| | (A) | | | | Posi | C) rtion | | | | | | | | |
| | (do not check more than o | | | | | | | (D) | (E) | | (F | - | | |
| | Name and title | Average hours per | 4 DOM GINGS POISON IS DOL | | | | | | Reportable compensation | Reportable compensation fr | om | Estimated amount of | | |
| | | week (list any | | | | | | _ <u>-</u> - | from | related | - 1 | oth | er | |
| | | hours for related | div. | nstit | Officer | ey e | ng light | Former | the organization | organizations (W-2/1099-MIS | | comper from | | |
| | | organizations | dua | tio | 97 | ηp | st c | 욕 | (W-2/1099-MISC) | | ~ | organi | | |
| | | below dotted line) | Individual trustee or director | <u>a</u> | | Key employee | omp | | | | | and re organiz | | |
| | | | stee | Institutional trustee | | • | Highest compensated employee | l | Ì | | - } | Organiz | 400113 | |
| | | | | ě | | | ated | | | | | | | |
| (15) B | ob Holk | | | | | | | ┞╴ | | · · · · · · · · · · · · · · · · · · · | | · · | | |
| | oard Member | 2 | Х | | | | | | 0 | | 0 | | | 0 |
| | alter Kirkland | | | | | | | | | | | | | |
| | oard Member | 2 | X | | | | <u> </u> | | 0 | | 0 | | | 0 |
| | leanor F. Livaudais | | | | - | | | | | - | | <u> </u> | | |
| | oard Member | 2 | X | | L_ | | <u> </u> | L | 0 | L | 0 | | | _0 |
| | indy McBrearty | ļ | | | | ŀ | ļ | | | | | | | _ |
| | oard Member | 2 | X | | _ | <u> </u> | | L. | 0 | | 0 | | | _0 |
| (19) C | raig Nelson | ļ . | ļ ,, | | | | İ | | | | | | | _ |
| | oard Member | 2 | X | ļ | <u> </u> | <u> </u> | <u> </u> | ↓_ | 0 | ļ | 0 | | | |
| | ichael J. Quinn, M.D. | 2 | | l | | | | | | | | | | ^ |
| | oard Member | | X | <u> </u> | _ | ├- | | ├ - | 0 | | <u> </u> | | | |
| | kipper Tonsmeire oard Member | 2 | X | | | | 1 | 1 | 1 0 | | ol | | | С |
| | alter C. Ernest, IV | | 1 | - - | ⊢ | ┼— | ├ | ┼- | | | - | | | |
| | xecutive Director | 40 | ┨ | | X | | | | 51,480 | | ol | | | С |
| (23) | ACCUCIVE DILECTOR | 1 10 | | ├- | 1 | ╁ | } | ╁╌ | 31,400 | | - - | | | |
| 120/ | | | 1 | ł | | | | | | | 0 | | | С |
| (24) | | | | \vdash | ╁一 | 1 | | ╁╴ | | | - - | | | <u> </u> |
| 3=.22 | | | 1 | 1 | | | | |] | | | | | |
| (25) | | | † | | | | | ╁ | | | | | | _ |
| 32 | | 1 | 1 | | | | | Į. | | | | | | |
| 1b | Sub-total | | · | • | • | | | > | 51,480 | | 0 | · | | Ĉ |
| С | Total from continuation sheets to Part | VII, Sectio | n A | | | | | \blacktriangleright | | | | | | |
| d | Total (add lines 1b and 1c) | <u></u> | | | | | <u> </u> | > | 51,480 | | 0 | | | (|
| 2 | Total number of individuals (including bu | | | | | | | e) v | vho received m | ore than \$10 | 0,000 | of | | |
| | reportable compensation from the organ | ization > | | | | | 0 | | | | | | | |
| _ | | | | | | | | | | | | | Yes I | 10 |
| 3 | Did the organization list any former or | | | | | | | em | ployee, or hig | hest compen | sated | [i | ١, | |
| | employee on line 1a? If "Yes," complete | | | | | | | • | | | | 3 | | <u>X</u> |
| 4 | For any individual listed on line 1a, is the | | | | | | | | | | | 1 1 | | |
| | organization and related organizations individual | greater tr | ian þ | IOU | ,001 |) ? | IT TE | 2 5, | complete Sci | neaule J for | sucn | | , | , |
| _ | Did any person listed on line 1a receive | | | | dia- | . fra | | • | | | باماریما | 4 | -+ | <u>X</u> |
| 5 | for services rendered to the organization | | | | | | | | | zadon or mur | viduai | 5 | | X |
| Section | on B. Independent Contractors | | | | | | | | | | | <u> </u> | | <u>`</u> |
| 1 | Complete this table for your five highest | compensa | ted in | den | enc | lent | cont | rac | tors that receiv | ed more than | \$100 | 000 of | | _ |
| • | compensation from the organization. Re | | | | | | | | | | | | | |
| | year. | , | | | | | | | , | | 3 | | | |
| | (A) | | | | | | | Т | (B) | | | (C) | | |
| | Name and business ad | dress | | _ | | _ | | | Description of | services | (| Compens | ation | |
| | | | | | | | | Ι | | | | | | _ |
| | | | | | | | | $oxed{\Box}$ | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | Ļ. | | | | | | |
| | Total number of independent contract | - 6 1 1 | | | | | | L. | | | | | | |
| 2 | | | | | | | | | | | | | | |

| Dod | VIII | Statement of Revenue | | | | |
|--|---------------|---|--|--|---|---|
| Part VIII | | | | | _ | |
| | | Check if Schedule O contains a response to any ques | (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, Grants Amounts | 1a b c | Federated campaigns 1a 105 Membership dues 1b 26,224 Fundraising events 1c | | · | | 312,010,01014 |
| Contributions, Gifts, Grants and Other Similar Amounts | d e f | Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, |] | - | | |
| ontribind Oth | g | and similar amounts not included above 1f 66,870 Noncash contributions included in lines 1a-1f: \$ | 1 | | | |
| <u>0</u> <u>8</u> | h | Total. Add lines 1a–1f | 238,422 | | | |
| Program Service Revenue | 2a b | Workshops and seminars 900099 | 31,745 | | | |
| ervice R | c d | | | - | | |
| gram S | e | All other program service revenue . | | | | |
| Ę | g | Total. Add lines 2a-2f | 31,745 | | | |
| - | 3 | Investment income (including dividends, interest, and other similar amounts) | 233,480 | | | |
| | 4 5 | Income from investment of tax-exempt bond proceeds ► Royalties | | | | |
| | 6a b | Gross rents | - ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | | |
| | C d | Rental income or (loss) 600 C | 600 | - a | | |
| | 7a | Gross amount from sales of (i) Securtues (ii) Other assets other than inventory | | | | |
| | b | Less: cost or other basis and sales expenses . Gain or (loss) 0 | | | | |
| | d | Net gain or (loss) | 0 | | | - |
| Other Revenue | 8a | Gross income from fundraising events (not including \$ | | | | |
| ther Re | | of contributions reported on line 1c). See Part IV, line 18 a 65, 985 Less: direct expenses b 22, 262 | | ~ | - | |
| Ö | | • | —1. <i>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.</i> 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | \ . | |
| | | Net income or (loss) from fundraising events . Gross income from gaming activities. See Part IV, line 19 | 43,723 | - | | |
| | b | Less: direct expenses b Net income or (loss) from gaming activities ▶ | 0 | | | |
| | | Gross sales of inventory, less returns and allowances a 27,885 | | | | |
| | b c | Less: cost of goods sold b 15,790 Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code | 12,095 | - | | |
| | 11a b | | | - ' ' | | |
| | C | | | 1 | | |
| | d | All other revenue | | | | |
| | е | Total. Add lines 11a-11d | 0 | | | |
| | 12 | Total revenue. See instructions ▶ | 560,065 | | | |

Form 990 (2012) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX . Do not include amounts reported on lines 6b. 7b. (A) Total expenses (D) Fundraising (C) Management and Program service 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 2 the United States. See Part IV, line 22 . . . Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 51,485 38,614 5,149 7,722 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 35,876 28,157 3,087 4,632 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 6,659 4,994 666 999 10 11 Fees for services (non-employees): Management а b 5,525 5,525 C Accounting d Lobbying Professional fundraising services. See Part IV, line 17 e Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . 6,8976,897 12 Advertising and promotion 34,811 15,313 13,4436,055 13 Office expenses 14 Information technology 15 Royalties 6,3295,343 620 366 16 Occupancy . . . 9,162 9,057 Travel . 105 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 104 3,760 1,581 2,075 19 Conferences, conventions, and meetings . 20 21 Payments to affiliates 28,902 26,044 2,858 22 Depreciation, depletion, and amortization . 6**,**378 5,862 516 23 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.) 11,068 11,068 Contract labor 5,0185,018 Donations to other organizations 125,437 125,437 C Program expenses Workshop and seminar expense 1,078 1,078

338,385

289,988

19,160

All other expenses

Total functional expenses. Add lines 1 through 24e

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 following SOP 98-2 (ASC 958-720)

25

29,237

Balance Sheet Part X Check if Schedule O contains a response to any question in this Part X (B) End of year Beginning of year 144,359 153,502 2 2 Savings and temporary cash investments 55,207 23,231 3 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other 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 6 7 7 3,3203,848 8 8 2,1409 Prepaid expenses and deferred charges . . . 1,744 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 515,516 10a 232,299 10c 204,864 **b** Less: accumulated depreciation 10b 310,652 11 Investments—publicly traded securities 11 1,569,927 1,862,741 12 Investments - other securities. See Part IV, line 11 . 12 13 Investments—program-related. See Part IV, line 11... 13 14 14 1,480,450 1,480,450 15 15 3,487,306 3,730,776 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 7,821 3,094 17 Accounts payable and accrued expenses 17 18 18 42,971 32,454 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 40,275 46,065 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔯 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 3,320,022 3,572,724 27 61,277 Temporarily restricted net assets 64,719 28 28 56,500 56,500 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds . 3,441,241 3,690,501 33 33 3,487,306 3,730,776 Total liabilities and net assets/fund balances Form **990** (2012)

| ~m | aan | (2012) | |
|----|-----|--------|--|
| | | | |

Page 12

| Part | Reconciliation of Net Assets | | | | | | |
|--------------|--|------------|----------|--------------|------------|--|--|
| | Check if Schedule O contains a response to any question in this Part XI | <u>.</u> . | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 50, | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 385 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,4 | | 680 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | | | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | 27, | 580 | | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | | |
| | 33, column (B)) | 10 | 3,6 | 90, | <u>501</u> | | |
| P <u>art</u> | XII Financial Statements and Reporting | | | | _ | | |
| | Check if Schedule O contains a response to any question in this Part XII | <u> </u> | <u> </u> | | | | |
| | | | | 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," exp Schedule O. | lain in | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | Х | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were comp | | | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | 37 | | | |
| D | Were the organization's financial statements audited by an independent accountant? | | 2b | X | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: | o on a | | | | | |
| | ⊠ Separate basis □ Consolidated basis □ Both consolidated and separate basis | | | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | • | | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accour | | 2c | X | | | |
| | If the organization changed either its oversight process or selection process during the tax year, exp Schedule O. | olain in | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set f | orth in | | | | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | X | | |
| b | and the same and t | | | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au | ıdits | 3b | | | | |
| | | - | For | n 990 | (2012) | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization

Employer identification number

| WEEK | S BAY | FOU | NDATION, | INC. | | | | 6 | 3-102 | 1925 | | | |
|------------|--|----------|-----------------------------|--|--------------------|------------------------|------------------|---------------------|----------------|--|--|--------------------|----|
| Part | | | | rity Status (All orga | | | | | | nstructio | ns. | | _ |
| | - | | | ation because it is: (Fo | | _ | - | • | • | | | | |
| | | | | hes, or association of | | | d in sect | ion 170(t | o)(1)(A)(i) | - | | | |
| _ | _ | | | 170(b)(1)(A)(ii). (Attac | | | | | | | | | |
| | | | | spital service organiza | | | | | | /L\/#\/#\/ | :::\ | -46- | |
| | hospital's | s name | e, city, and stat | | | | | | | | | | |
| | section 1 | 70(b)(| 1)(A)(iv). (Com | • | - | • | | - | | vernment | al unit d | escribed i | n |
| | | - | | mment or government | | | | , ,, , | | | | | |
| 7 [| | | | receives a substantia ((A)(vi). (Complete Par | | its suppo | rt from a | governn | nental un | it or fron | n the ger | neral publi | IC |
| 8 [| ⊒ A commເ | ınity tr | rust described | in section 170(b)(1)(A) | (vi). (Con | nplete Pa | rt II.) | | | | | | |
| 9 [| | | | receives: (1) more that | | | | | | | | | |
| | support | from | gross investme | d to its exempt funct ent income and unrel after June 30, 1975. Se | lated bus | iness tax | cable inc | ome (les | s section | | | | |
| 10 í | | - | _ | d operated exclusively | | | • • | | - | ^ | | | |
| | _ | | _ | nd operated exclusively | | - | - | | | • | or to ca | imi out th | 20 |
| •• , | _ | | - | blicly supported organ | • | | | | | | | • | |
| | | | | describes the type of | | | | | | | | | |
| | a 🔲 Ty | уре I | b 🗌 Type | ell c 🗌 Typell | I-Function | nally integ | grated | d 🔲 | Type III- | Non-fund | tionally i | ntegrated | |
| e l | By check | ing th | is box, I certify | that the organization | is not cor | ntrolled d | irectly or | indirectly | y by one | or more | dısqualif | ied persor | าร |
| | | | | ers and other than one | | | | | | | | | |
| | or section | - | | | | | | | | | | | |
| f | | | tion received heck this box | a written determination | on from t | the IRS t | hat it is | a Type | I, Type | ll, or Typ | e III sup | oporting | ٦ |
| 9 | Since Au | igust : | 17, 2006, has | the organization acce | pted any | gift or co | ontributio | n from a | ny of the | • | | _ | _ |
| | following | • | | indirectly controls, eit | har alana | or toget | har with | norconc | dosoribo | d in (i) o | nd | Yes No | |
| | | | | oody of the supported | | | | | | | | 1 - 1 - | _ |
| | • • | | | son described in (i) abo | - | | | | | | 11g(ii | | |
| | | | | f a person described in | | | | | | | 11g(ii | | _ |
| h | • • | | • | tion about the support | | | | • • • | | | 13/ | <u> </u> | |
| | ame of suppor | | (ii) EIN | (iii) Type of organization | | organization | | ou notify | (vi) | ls the | (vii) Amou | ant of moneta | |
| | organization | | | (described on lines 1-9 above or IRC section | | sted in your document? | | nization in of your | | tion in col ized in the | s | upport | |
| | | | | (see instructions)) | 30.00 | | sup | port? | υ_ υ | S.? |] | | |
| | | | | | Yes | No | Yes | No | Yes | No | ļ <u> </u> | | |
| (A) | | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | | _ |
| (C) | | | | | | | | | | | | | |
| (D) | <u>. </u> | | | | | | | | | | | | |
| (E) | | | | | 1 | | | | | | | | |
| | | | | | CA - E MY THE | - 1970 Ch. 198 | E3. 30 mg mg - 1 | | , . | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ **(b)** 2009 (c) 2010 (a) 2008 (d) 2011 (e) 2012 (f) Total Gifts. grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 146,266 258,924 345,955 341,084 238, 422 1, 330, 651 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 146,266 258,924 345,955 341,084 238,422 1,330,651 The portion of total contributions by person each (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 1,330,651 Section B. Total Support (d) 2011 (e) 2012 (f) Total (c) 2010 Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 7 Amounts from line 4 146,266 258,924 345,955 341,084 238, 422 1, 330, 651 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 54,676 32,271 12,135 48,248 234,080 381,410 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.) 91,644 39,774 40,230 75,963 87,563 335,174 Total support. Add lines 7 through 10 2,047,235 11 Gross receipts from related activities, etc. (see instructions) 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 65.00% Public support percentage from 2011 Schedule A, Part II, line 14 15 331/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

20

| | e A (Form 990 or 990-EZ) 2012 | | | | | | Page 3 |
|---|---|--|---|--|---------------|--------------------------|--|
| art | | | | | | | dan Daniell |
| | (Complete only if you checked the organization fails to qualify | e box on line | e 9 of Part I of | r ir the organi | zation talled | to quality und | ier Part II. |
| ecti | on A. Public Support | under the te | sis listed beit | w, please cc | impiete Part | 11.) | |
| | dar year (or fiscal year beginning in) | (a) 2008 | (b) 2000 | (a) 2010 | (4) 2011 | (a) 2012 | /O Total |
| 1 | Gifts, grants, contributions, and membership fees | (a) 2006 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| • | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | " |
| | sold or services performed, or facilities furnished in any activity that is related to the | | † I | | | | |
| | organization's tax-exempt purpose | | 1 | | | | |
| 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 | | | | | ı | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | ļ | | |
| 6 | Total. Add lines 1 through 5 | | <u> </u> | | | | <u> </u> |
| /a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| | · · | | | | <u> </u> | | |
| Ь | Amounts included on lines 2 and 3 received from other than disqualified | | | | | 1 | |
| | received from other than disqualified persons that exceed the greater of \$5,000 | | | | | 1 | |
| | or 1% of the amount on line 13 for the year | | | | 1 | | 1 |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from | | | | | | |
| | line 6.) | | | ٠, | \ | | |
| Secti | on B. Total Support | | | | · | - | |
| Calen | dar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties and income from similar sources . | | | | | | |
| b | | | | 1 | | | |
| | section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| _ | • | | | | | | |
| С 11 | Add lines 10a and 10b | | | | | | |
| • | activities not included in line 10b, whether | | | | | |] |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | † | | |
| | loss from the sale of capital assets | | | | 1 | | |
| | (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | L | 1 | | <u> </u> | <u> </u> | <u> </u> |
| | First five years. If the Form 990 is for the | ne organizatio | • | • • | • | | , , , , |
| 14 | | | | | | · · · · | · · · > 🗆 |
| | organization, check this box and stop he | | | | | | |
| Sect | organization, check this box and stop he on C. Computation of Public Suppo | rt Percentag | је | | | | |
| Secti 15 | organization, check this box and stop he on C. Computation of Public Suppo Public support percentage for 2012 (line | rt Percentag 8, column (f) c | je livided by line 1 | 13, column (f)) | | | % |
| Secti 15 16 | organization, check this box and stop he on C. Computation of Public Support Public Support percentage for 2012 (line Public support percentage from 2011 Sc | rt Percentag 8, column (f) o hedule A, Part | ge divided by line 1 t III, line 15 . | 13, column (f)) | | | |
| Secti 15 16 Sect | organization, check this box and stop he on C. Computation of Public Support Public Support percentage for 2012 (line Public support percentage from 2011 Scon D. Computation of Investment In | rt Percentag 8, column (f) c hedule A, Part come Perce | ge divided by line 1 t III, line 15 . entage | 13, column (f)) | | 16 | % |
| Secti 15 16 Secti 17 | organization, check this box and stop he on C. Computation of Public Suppo Public support percentage for 2012 (line Public support percentage from 2011 Sc on D. Computation of Investment In Investment income percentage for 2012 | rt Percentag 8, column (f) c hedule A, Part come Perce (line 10c, colu | ge divided by line 1 t III, line 15 . entage mn (f) divided b | 13, column (f)) | ımn (f)) | 16 | % |
| Secti 15 16 Secti 17 18 | organization, check this box and stop he on C. Computation of Public Suppo Public support percentage for 2012 (line Public support percentage from 2011 Sc on D. Computation of Investment In Investment income percentage for 2012 Investment income percentage from 201 | rt Percentag 8, column (f) c hedule A, Part come Perce (line 10c, colu 1 Schedule A, | ge divided by line 1 t III, line 15 . entage mn (f) divided b Part III, line 17 | oy line 13, column | ımn (f)) | 16 17 18 | % % % |
| Secti 15 16 Secti 17 | organization, check this box and stop he on C. Computation of Public Suppo Public support percentage for 2012 (line Public support percentage from 2011 Sc on D. Computation of Investment In Investment income percentage for 2012 | rt Percentag 8, column (f) of hedule A, Part come Perce line 10c, column 1 Schedule A, hization did no | divided by line 1 till, line 15 entage mn (f) divided by Part III, line 17 to check the bo | by line 13, column (f)) | ımn (f)) | 16 17 18 more than 331/2 | % % % 3%, and line |

| Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). |
|--------------|--|
| Part I | , Line 10 - Other income consists of seminars, fundraising, and |
| sale c | merchandise. |
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047 2012 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- · Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A.

| | organization answered "Yes ection 501(c)(4), (5), or (6) orga | " to Form 990, Part IV, line 5 (Proxy inizations: Complete Part III. | (lax) or Form 990-t | EZ, Part V, line 35c (Proxy 1a | ix), then |
|-------------|--|---|----------------------|--|--|
| | of organization | | - | Employer ider | ntification number |
| WEEF | KS BAY FOUNDATI | ON, INC. | | 63-10219 | 925 |
| | I-A Complete if the | e organization is exempt un | | | organization. |
| 1 | | he organization's direct and indi | | | |
| 2 | Political expenditures . | | | |) |
| 3 | Volunteer hours | | | | |
| Part | Complete if the | e organization is exempt un | der section 501 | (c)(3) | |
| 1 | | excise tax incurred by the organi | | | |
| 2 | | excise tax incurred by organization | | 0114000 | |
| 3 | | ed a section 4955 tax, did it file F | • | | Yes No |
| 4a | | | | | Yes No |
| b | If "Yes." describe in Part | | | | |
| Part | I-C Complete if the | e organization is exempt un | der section 501 | (c), except section 501 | (c)(3). |
| 1 | Enter the amount direct | ly expended by the filing organ | ization for section | n 527 exempt function | |
| | | | | • • • • • • • • • | 3 |
| 2 | | filing organization's funds contr | | | |
| | | ivities | | |) |
| 3 | | expenditures. Add lines 1 and | | | |
| | | | | | |
| 4 | | n file Form 1120-POL for this yea | | | |
| 5 | | ses and employer identification n | | | |
| | | ents. For each organization listed | | | |
| | | ontributions received that were pro- fund or a political action commit | | | |
| | | | 7 | | The information in a art iv. |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's | (e) Amount of political contributions received and |
| | | - | | funds If none, enter -0- | promptly and directly |
| | | | | | delivered to a separate political organization if |
| | | | | | none, enter -0- |
| (1) | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| (2) | | | | | 1 |
| | | | | | |
| (3) | | ļ | | | |
| (4) | | | | <u> </u> | |
| | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (4) | | | 1 | Į. | 1 |

| | _ | section 501(h)). | is exempt under section 501(c)(3) and filed | | |
|---|-------|---|--|-----------------------|----------------|
| A | Ch | | ings to an affiliated group (and list in Part IV esses, and share of excess lobbying expenditure | | up member's |
| В | Ch | eck ▶ ☐ if the filing organization che | cked box A and "limited control" provisions a | pply. | |
| | | Limits on Lobby | ing Expenditures | (a) Filing | (b) Affiliated |
| | | (The term "expenditures" mea | ans amounts paid or incurred.) | organization's totals | group totals |
| | 1a | Total lobbying expenditures to influence p | public opinion (grass roots lobbying) | 5,000 | |
| | b | Total lobbying expenditures to influence a | legislative body (direct lobbying) | 0 | |
| | C | Total lobbying expenditures (add lines 1a | and 1b) | 5,000 | |
| | đ | Other exempt purpose expenditures | | 333,385 | |
| | e | Total exempt purpose expenditures (add | 338,385 | | |
| | f | Lobbying nontaxable amount. Enter the | | | |
| | _ | columns. | | 67,677 | |
| | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | THE PROPERTY OF | |
| | L | Not over \$500,000 | 20% of the amount on line 1e. | | |
| | L | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | • |
| | Ĺ | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | |
| | L | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | |
| _ | | Over \$17,000,000 | \$1,000,000. | | |
| | 9 | Grassroots nontaxable amount (enter 25% | • | 16,919 | |
| | h | Subtract line 1g from line 1a. If zero or les | | 0 | |
| | į | Subtract line 1f from line 1c. If zero or les | · · | 0 | |
| | j | If there is an amount other than zero reporting section 4911 tax for this year? | on either line 1h or line 1i, did the organization | file Form 4720 | ☐ Yes ☐ No |
| | | | | | |

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| | Lobbying Expenditures During 4-Year Averaging Period | | | | | | | | |
|----|---|----------|-----------------|----------|------------------|-----------|--|--|--|
| | Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total | | | |
| 2a | Lobbying nontaxable amount | 0 | 0 | 0 | 67,677 | 67,677 | | | |
| b | Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 101,516 | | | |
| c | Total lobbying expenditures | 0 | 0 | 0 | 5,000 | 5,000 | | | |
| d | Grassroots nontaxable amount | 0 | 0 | 0 | 16,919 | 16,919 | | | |
| е | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 25,379 | | | |
| f | Grassroots lobbying expenditures | 0 | 0 | 0 | 5,000 | 5,000 | | | |

Schedule C (Form 990 or 990-EZ) 2012

| Part | Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)). | iled | Form | 5768 | | |
|-------------|--|------------|-------------------|--------------|-------------|---------------|
| For ea | ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description | (a | 3) | | (b) | |
| | lobbying activity. | Yes | No | Ап | nount | : |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | , | | |
| a b c | Volunteers? | | | | `. | • |
| d e | Mailings to members, legislators, or the public? | | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | | |
| g h | Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | <u> </u> | | | | |
| i | Other activities? | | | | | |
| j 2a | Total. Add lines 1c through 1i | | | | | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | 11: | | | - 1 - · | |
| c d | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | يحر أسالها | | " | _ | |
| Part | III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6). |)(5), | or se | ction | | |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | 1 | Yes | No |
| 2 3 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | | 3 | | <u> </u> |
| Part | Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" Of answered "Yes." |)(5), | or se Part | | line : | 3, is |
| 1 2 | Dues, assessments and similar amounts from members | s of | 1 2 12 2 13 | | | |
| a | Current year | | 2a | ļ | | |
| b | Carryover from last year | • | 2b 2c | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . | | 3 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year? | ying | 4 | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | 1 | | |
| Par | | | | | | |
| | elete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; o, complete this part for any additional information. | Part | II-A; a | ind Parl | i II-B, | line |
| | | | | | | |
| | | | | | | .~ ~~~ |
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| | | | | | ****** | |
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| | rm 990 or 990-EZ) 2012 | Page 4 |
|----------|---|---|
| Part IV | Supplemental Information (continued) | |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. ▶ See separate instructions.

| EEF | S BAY FOUNDATION, INC. | | 63-1021925 |
|--------|---|--|---|
| Par | Organizations Maintaining Don | or Advised Funds or Other Similar Fu | |
| | organization answered "Yes" to F | | |
| _ | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 3 | Aggregate contributions to (during year) . | | |
| 3 | Aggregate grants from (during year) Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and | donor advisors in writing that the assets | held in donor advised |
| - | funds are the organization's property, subje | | |
| 6 | Did the organization inform all grantees, do | onors, and donor advisors in writing that gr | |
| | only for charitable purposes and not for th | e benefit of the donor or donor advisor, or | for any other purpose |
| | conferring impermissible private benefit? | | |
| Part | | plete if the organization answered "Yes | " to Form 990, Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held | | of an biotopically increased as to all a second |
| | ☐ Preservation of land for public use (e.g.☐ Protection of natural habitat | | |
| | Preservation of open space | ☐ Preservation | of a certified historic structure |
| 2 | Complete lines 2a through 2d if the organiz | ation held a qualified conservation contribu | tion in the form of a conservation |
| | easement on the last day of the tax year. | , | |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | |
| b | Total acreage restricted by conservation ea | | |
| C | Number of conservation easements on a conservation easements included | · · · · · · · · · · · · · · · · · · · | |
| d | Number of conservation easements inclu historic structure listed in the National Regi | | |
| 3 | Number of conservation easements modifie | | · · <u>Zu</u> |
| | tax year ► 0 | and the second s | |
| 4 | Number of states where property subject to | conservation easement is located > | 1 |
| 5 | Does the organization have a written po | olicy regarding the periodic monitoring, in | nspection, handling of |
| _ | violations, and enforcement of the conserv | | |
| 6 | Staff and volunteer hours devoted to monit | oring, inspecting, and enforcing conservation | on easements during the year |
| 7 | ► 24 Amount of expenses incurred in monitoring | inspecting and enforcing concentration of | sements during the year |
| • | ►\$ 3,927 | , inspecting, and emorcing conservation ea | sements during the year |
| 8 | Does each conservation easement reporte | d on line 2(d) above satisfy the requirement | s of section 170(h)(4)(B) |
| | (i) and section 170(h)(4)(B)(ii)? | | · · · · · · 🗌 Yes 🗌 No |
| 9 | In Part XIII, describe how the organization | reports conservation easements in its reven | ue and expense statement, and |
| | balance sheet, and include, if applicable, the | | financial statements that describes the |
| Part | organization's accounting for conservation Organizations Maintaining Coll | easements. lections of Art, Historical Treasures, | or Other Similar Assets |
| . वा | | wered "Yes" to Form 990, Part IV, line 8 | |
| 1a | If the organization elected, as permitted u | | |
| - | works of art, historical treasures, or othe | | |
| | public service, provide, in Part XIII, the text | of the footnote to its financial statements t | hat describes these items. |
| þ | If the organization elected, as permitted | | |
| | works of art, historical treasures, or othe | | education, or research in furtherance of |
| | public service, provide the following amounts | | . |
| | | III, line 1 | |
| 2 | | s of art, historical treasures, or other simi | |
| _ | | under SFAS 116 (ASC 958) relating to these | |
| а | Revenues included in Form 990, Part VIII, I | ine 1 | . > \$ |
| ь | Assets included in Form 990, Part X | | |

| Part | III Organizations Maintaining | Collections of A | Art, Histo | orical T | reasures, | or Oth | ner Similar Ass | ets (continued) |
|---------|--|----------------------|-------------|------------|-----------------|-----------|--|---|
| | Using the organization's acquisition, a collection items (check all that apply): | | | | | | | |
| | ☐ Public exhibition | | | 7 | | | | |
| | <u> </u> | | _ | _ | or exchange | | | |
| | Scholarly research | | e L | 」 Other | | | | |
| | Preservation for future generations Provide a description of the organization | | ad ovalai | n have th | an further t | the erec | onization'a avom | ot numaco in Bort |
| | XIII. | on's collections a | no expiai | n now tr | ley lurtiller i | ine orga | anization's exem | pr purpose in Part |
| 5 | During the year, did the organization | solicit or receive | donations | of art, I | historical tre | easures | . or other similar | • |
| | assets to be sold to raise funds rather | | | | | | | ☐ Yes ☐ No |
| Part | | | | | | | | |
| | line 9, or reported an amoun | _ | • | _ | | | | , |
| 1a | Is the organization an agent, trustee, | | | | r contributi | ions or | other assets no | |
| | included on Form 990, Part X? | | | | | | | ☐ Yes ☐ No |
| b | If "Yes," explain the arrangement in Pa | | | | | | | |
| | , . | · | | ŭ | | | An | nount |
| C | Beginning balance | | | | | 1c | | |
| d | Additions during the year | | | | | 1d | | |
| e | Distributions during the year | | | | | 1e | | <u> </u> |
| f | Ending balance | | | | | 1f | | |
| 2a | Did the organization include an amour | it on Form 990, Pa | art X, line | 21? . | | | | ☐ Yes ☐ No |
| b | If "Yes," explain the arrangement in Pa | art XIII. Check here | e if the ex | planatio | n has been | provide | ed in Part XIII . | <u> 🗆</u> |
| Part | V Endowment Funds. Comple | | | | | | | |
| | | (a) Current year | (b) Pno | | | | (d) Three years back | (e) Four years back |
| 1a | Beginning of year balance | 56,500 | | ,500 | | 500 | 0 | <u> L </u> |
| b | Contributions | | 44 | ,000 | | | 12,500 | |
| C | Net investment earnings, gains, and | | | | | ļ | | |
| | losses | | | | | | | |
| d | Grants or scholarships | | | | | | | |
| e | Other expenditures for facilities and | | | | | | | |
| | programs | | | | | | | |
| f | Administrative expenses | <u> </u> | | | | | | |
| g | End of year balance | 56,500 | | ,500 | | 500 | | <u></u> |
| 2 | Provide the estimated percentage of t | | id balance | e (line 1g | ı, column (a |)) held a | as: | |
| a | Board designated or quasi-endowmen | | % | | | | | |
| Þ | | 00 % | | | | | | |
| С | Temporarily restricted endowment ► | % | 000/ | | | | | |
| 3a | The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the | | | ration th | at are held | and ad | ministered for th | - |
| Ja | organization by: | e possession or u | ie organiz | auon un | at are riciu | and ad | irmistered for th | Yes No |
| | (i) unrelated organizations | | | | | | | 3a(i) X |
| | (ii) related organizations | | | | | | | 3a(ii) |
| ь | If "Yes" to 3a(ii), are the related organ | | | | | • • | | 3b |
| 4 | Describe in Part XIII the intended uses | | | | | • | | |
| Part | | | | | | | | |
| | Description of property | (a) Cost or of | ther basis | (b) Cost | or other basis | | Accumulated epreciation | (d) Book value |
| | Land | | | • | · 1 | ĺ | *** ** * * * * * * * * * * * * * * * * | 30,000 |
| 1a b | Buildings | • | | | 29,584 | <u> </u> | 67,349 | 162,235 |
| C | Leasehold improvements | . | | | | | | |
| d | Equipment | | - | | 61,342 | | 50,903 | 10,439 |
| e | Other | | | | 94,590 | | 192,400 | 2,190 |
| | Add lines 1a through 1e. (Column (d) r | | 90, Part | | | | > | 204,864 |
| | | | | | | | | |

| Part VII Investments—Other Securities. | See Form 990, Part X. | line 12. | rage U |
|---|---------------------------------|--|--|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of value Cost or end-of-year ma | |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) TIAA-CREF | 1,862,741 | End of year market | value |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | · | | |
| (G) | | <u></u> | |
| (H) | | | |
| (1) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | <u>,</u> |
| Part VIII Investments—Program Related | J. See Form 990, Part X | , line 13. | |
| (a) Description of investment type | (b) Book value | (c) Method of valu Cost or end-of-year ma | |
| _(1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | <u> </u> | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | Market Control of the control | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. See Form 990, Part | ort Y line 15 | Strait Land Contract Contract | · · · · |
| | a) Description | | (b) Book value |
| (1) Land held for conservation | • | | 1,441,250 |
| (2) Trade lands | | | 39,200 |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, c | ol. (B) line 15.) | > | 1,480,450 |
| Part X Other Liabilities. See Form 990 | | | |
| 1. (a) Description of liability | (b) Book value | 上的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个 | "美"。 "是一个 |
| (1) Federal income taxes | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | , | | |
| (7) | | | |
| (8) | | | ing a second of the |
| (9) | | Transfer to the second | |
| (10) | <u> </u> | The state of the s | in the state of th |
| (11) | <u> </u> | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► | <u> </u> | The same and the s | |
| 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the liability for uncertain tax positions under FIN 48 (ASC | 740). Check here if the text of | ganization's financial statements that if the footnote has been provided in P | reports the organization's |

Page 4

| Part | XI Reconciliation of Revenue per Audited Financial Stateme | ents V | Vith Revenue per | Retur | n |
|---------------|---|---------|-----------------------|------------|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 587,645 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | 1 | |
| а | Net unrealized gains on investments | 2a | 27,580 | | |
| b | Donated services and use of facilities | 2b | | 1 | |
| C | Recoveries of prior year grants | 2c | <u> </u> | 1 | |
| d | Other (Describe in Part XIII.) | | | 1 1 | |
| е | Add lines 2a through 2d | | | 2e | 27,580 |
| 3 | Subtract line 2e from line 1 | | | 3 | 560,065 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | i i | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | 1. | |
| C | Add lines 4a and 4b | | | 4c | 0 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 12.) | | 5 | 560,065 |
| Part | XII Reconciliation of Expenses per Audited Financial Statem | nents | With Expenses po | er Re | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 338,385 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | - | |
| b | Prior year adjustments | 2b | | 1 | |
| C | Other losses | 2c | |]· | |
| d | Other (Describe in Part XIII.) | 2d | | 7 | |
| е | Add lines 2a through 2d | | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | | 3 | 338,385 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | 25 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | ! ` | |
| b | Other (Describe in Part XIII.) | 4b | | Ĭ- · . | |
| С | Add lines 4a and 4b | | | 4c | 0 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | e 18.) | | 5 | 338,385 |
| Part | XIII Supplemental Information | | | | |
| Part V inform | lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b ation. II, line 5 - The Organization has a writ | o. Also | complete this part to | o prov | |
| | ement Amendment Policy, Conservation Easem servation Easement Monitoring Policy. | | Enforcement | | |
| | | | | | |
| | | | | | |

Part XIII Supplemental Information (continued)

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

compensated at least \$5,000 by the organization.

| Name of | the organization | | Employer identification n | umber |
|---------|--|----------------|--|-----------|
| WEEK | S BAY FOUNDATION, INC. | | 63-1021925 | |
| Part | Fundraising Activities.Complete if Form 990-EZ filers are not required | • | nization answered "Yes" to Form 990, Part IV, line 17 etc this part. | • |
| 1 | Indicate whether the organization raised fund | s through a | any of the following activities. Check all that apply. | |
| а | ☐ Mail solicitations | e | Solicitation of non-government grants | |
| b | ☐ Internet and email solicitations | f | ☐ Solicitation of government grants | |
| C | ☐ Phone solicitations | g | ☐ Special fundraising events | |
| d | ☐ In-person solicitations | _ | | |
| 2a | | | with any individual (including officers, directors, trustees in connection with professional fundraising services? |]Yes ∏ No |
| ь | If "Yes," list the ten highest paid individuals of | or entities (f | (fundraisers) pursuant to agreements under which the fund | |

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fund custody or contribu | Iraiser have control of utions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|--|--|---------------------------------|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | <u> </u> | | | |
| 4 | | | | | | |
| 5 | | | | | · · · · · · · · · · · · · · · · · · · | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | - | | |
| 9 | | | | | | |
| 10 | | - | | | | |
| Total | | | | | | |
| Total | ganization is regi | istered or lic | ensed to | solicit contribution | s or has been notif | ied it is exempt from |
| | | | •••••• | | | |

| | registration or licensing. |
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| Ра | rt II | Fundraising Events. Con than \$15,000 of fundraisin gross receipts greater tha | ng event contributions a | | | |
|-----------------|--------|--|--|---|--------------------------|--|
| | | | (a) Event #1 Bald Eagle Bash (event type) | (b) Event #2 Silent Auction (event type) | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 64,487 | 1,498 | | 65,985 |
| ۳ | 2 | Less: Contributions | | | | 0 |
| | 3 | Gross income (line 1 minus line 2) | 64,487 | 1,498 | | 65,985 |
| | 4 | Cash prizes | | | | 0 |
| | 5 | Noncash prizes | | | | 0 |
| Direct Expenses | 6 | Rent/facility costs | | | | 0 |
| EXP | 7 | Food and beverages | 4,150 | | | 4,150 |
| Direct | 8 | Entertainment | 3,300 | | | 3,300 |
| | 9 | Other direct expenses . | 14,812 | | | 14,812 |
| Revenue | rt III | Gaming. Complete if the than \$15,000 on Form 9 | | (b) Pull tabs/instant bingo/progressive bingo | , Part IV, line 19, or I | (d) Total gaming (add col (a) through col (c)) |
| Re | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Expenses | 3 | Noncash prizes | | | | |
| Direct E | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses . | | | | |
| | 6 | Volunteer labor | ☐ Yes % | ☐ Yes % | ☐ Yes % | |
| | 7 | Direct expense summary. A | dd lines 2 through 5 in c | olumn (d) | | (|
| | 8 | Net gaming income summar | ry. Combine line 1, colur | nn d, and line 7 | | |
| | a Is | inter the state(s) in which the o | organization operates ga | ming activities: | | |
| 10 | | Vere any of the organization's (| | d, suspended or terminat | • | |

| cneau | e G (Form 990 or 990-EZ) 2012 | | Page 3 |
|-----------|---|-------|--------|
| 11 | Does the organization operate gaming activities with nonmembers? | Yes | □No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | ☐ Yes | □ No |
| 13 | Indicate the percentage of gaming activity operated in: | | |
| а | The organization's facility | | %% |
| b | An outside facility | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| | Name▶ | | |
| | Address ▶ | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | ☐ Yes | ∏No |
| | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ | | |
| С | If "Yes," enter name and address of the third party: | | |
| | Name ► | | |
| | Address ▶ | | |
| 16 | Gaming manager information: | | |
| | Name ► | | |
| | Gaming manager compensation ▶ \$ | | |
| | Description of services provided ▶ | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | |
| 17 a | Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | ☐ Yes | □ No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ | | |
| Part | Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also copart to provide any additional information (see instructions). | | his |
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

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.

Open to Public Inspection

| Weeks Bay Foundation, Inc. | 63-1021925 |
|--|-----------------------|
| Form 990, Part VI, Line 6 - Individuals, or other enti | ties, pay annual |
| dues to obtain membership. | |
| Form 990, Part VI, Line 7a - The membership elects the at the annual membership meeting. | Board of Directors |
| Form 990, Part VI, Line 11a - A copy of the final form | n of the Form 990 |
| and the required schedules were provided to the Board | of Directors |
| electronically for their review prior to the return be | eing filed. |
| | |
| Form 990, Part VI, Line 12c - The Organization, on an | annual basis, asks |
| each member of the Board of Directors to review the Co | onflict of Interest |
| Policy to verify that they do not have any conflicts of | of interest with the |
| Organization. | |
| | |
| Form 990, Part VI, Line 15a - The compensation of the | Executive Director |
| is reviewed by the Executive Committee and submitted | oy the Budget and |
| Finance Committee to the Board of Directors for appro- | val as part of the |
| annual budget. | |
| | |
| Form 990, Part VI, Line 18 - The Organization's Form | 990 will be mailed to |
| anyone who requests a copy of the form. | |
| | |
| | |
| | |

| Scriedule O (Forth 990 of 990-EZ) (2012) | Page 4 |
|--|---|
| Name of the organization Weeks Bay Foundation, Inc. | Employer identification number 63-1021925 |
| Form 990, Part VI, Line 19 - The Organization's governin | g documents, |
| Conflict of Interest Policy, the annual Audited Financia | 1 Statements and |
| the Form 990 are made available to anyone who requests t | he documents. |
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Schedule O (Form 990 or 990-EZ) (2012)