Department of the Treasury Internal Revenue Service

Check if applicable Address change

For the 2017 calendar year, or tax year beginning

Extended until November 15, 2018

Seturn of Organization Exempt From Income Tax

, 20

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

, 2017, and ending

OMB No 1545-0047

		Name c	hange	Number and street (or P O box if mail is not delivered to street	address
		Initial re	turn	11401 U.S. Highway 98	
		Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign pos	tal code
		Amende	ed return	FAIRHOPE, AL 36532	
		Applicat	tion pending	F Name and address of principal officer Yael Girard	
				same as item C above	
	<u></u>	Tax-exe	mpt status	X 501(c)(3)	4947(a)(
	<u>J_</u>	Website	e: ► www.	weeksbay.org	
	_		organization	Corporation	
	P	art I	Summ	nary	
		1	Briefly de	escribe the organization's mission or most significar	it activ
	Activities & Governance		Land Tru	ust Accreditation Commission and its purpose	1s t
	nar]	Alabama	and provide support for the Weeks Bay Natio	onal E
	/eri	2		ns box ▶ ☐ if the organization discontinued its oper	
	39	3	Number	of voting members of the governing body (Part VI, II	ne 1a)
	જ	4		of independent voting members of the governing bo	
	ies	5		mber of individuals employed in calendar year 2017	
	ž	6		mber of volunteers (estimate if necessary) .	(
	Ą	7a		related business revenue from Part VI II, column (C).	line 12
00	-	b		lated business taxable income from Form 990 F Con	
2018			. 101 00	area bacilloss taxable illositic ilenti i citi occina appropri	
		8	Contribut	tions and grants (Part VIII, line 1h)	
*****	щe	9		tions and grants (Part VIII, line 1h)	0 20
₫	Revenue	10	_	•	• •
; -	æ	11		ent income (Part VIII, column (A), lines[3, 4, and-7d)- venue (Part VIII, column (A), lines 5, 6¢, 8c, Q,GD,	142
SCANNED UCT		12		enue—add lines 8 through 11 (must equal Part VIII, co	
コ		13			
뷔		i		nd similar amounts paid (Part IX, column (A), lines 1-	-3)
\geq		14		paid to or for members (Part IX, column (A), line 4)	
\$	es	15		other compensation, employee benefits (Part IX, colum	ın (A), i
\mathcal{Q}	ens	16a		onal fundraising fees (Part IX, column (A), line 11e)	
	Expenses	b		draising expenses (Part IX, column (D), line 25) 🕨	
	ш	17	-	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	
		18	Total exp	penses Add lines 13–17 (must equal Part IX, column	(A), lii
		19	Revenue	less expenses. Subtract line 18 from line 12	

applicable	C Name of organization WEEKS BAY FOUNDATION, INC.		D Employer	r identification number
change	Doing business as		63-102	1925
ange	Number and street (or P O box if mail is not delivered to street address) Room	n/suite	E Telephone	
urn	11401 U.S. Highway 98		251-99	0-5004
n/terminated	City or town, state or province, country, and ZIP or foreign postal code			
d return	FAIRHOPE, AL 36532		G Gross rec	eipts \$ 1,127,527
on pending	F Name and address of principal officer Yael Girard	H(a) Is this a g	roup return for su	bordinates? Yes X No
	same as item C above	H(b) Are all	subordinates i	included? Tes No
npt status	X 501(c)(3)	if "N	lo," attach a l	ist (see instructions)
: ► www.	weeksbay.org	H(c) Group	exemption n	umber ▶
organization	X Corporation ☐ Trust ☐ Association ☐ Other ►	rmation 1990	M State o	f legal domicile AL
Summ				
Briefly de	escribe the organization's mission or most significant activities: The	Organization	ı ıs accr	edited by the
	st Accreditation Commission and its purpose is to protec			
	and provide support for the Weeks Bay National Estuarine			
Check th	is box $lacktriangle$ If the organization discontinued its operations or disposi	ed of more than	25% of it	s net assets
	of voting members of the governing body (Part VI, line 1a)		3	21
	of independent voting members of the governing body (Part VI, line	1b)	4	21
Total nur	nber of individuals employed in calendar year 2017 (Part V, line 2a)		5	5
Total nur	nber of volunteers (estimate if necessary) .		6	150
Total unr	elated business revenue from Part VIII, column (C), line 12		7a	
Nict word	ated business taxable income from Form 998 EGE WED.			
net unre	ated business taxable income norm print 350-iii, wite 54 L.D		7b	
iver uniter		Prior Ye		Current Year
			ear	Current Year 526, 334
Contribu		73	ear 32,073	526,334
Contribut Program	tions and grants (Part VIII, line 1h)	73	ear	
Contribut Program Investme	tions and grants (Part VIII, line 1h) Service revenue (Part VIII, line 2g) AUG 2:0 2018 On the company of the c	73	32,073 39,903	526,334 79,572
Contribut Program Investme Other rev	tions and grants (Part VIII, line 1h) Service revenue (Part VIII, line 2g)	73	32,073 39,903 50,537	526, 334 79, 572 102, 767 12,847
Contribut Program Investme Other rev Total reve	tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) nt income (Part VIII, column (A), lines 3, 4, and 7d) renue (Part VIII, column (A), lines 5, 6d, 8c, 2, Go, Fant 1, 14)	73	32,073 39,903 50,537	526,334 79,572 102,767
Contribut Program Investme Other rev Total reve Grants ar	tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) nt income (Part VIII, column (A), lines 3, 4, and 7d) renue (Part VIII, column (A), lines 5, 6d, 8c, 2, 4, and 7d) renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12	73	32,073 39,903 50,537 18,263	526,334 79,572 102,767 12,847 721,520
Contribut Program Investme Other rev Total reve Grants an Benefits	tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) nt income (Part VIII, column (A), lines 3, 4, and 7d) renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, Go, Fand, 1 Le) T enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 and similar amounts paid (Part IX, column (A), lines 1–3)	73	32,073 39,903 50,537 18,263 90,776	526,334 79,572 102,767 12,847 721,520
Contribut Program Investme Other reve Total reve Grants ar Benefits Salaries, o	tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) nt income (Part VIII, column (A), lines 3, 4, and 7d) renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1ahd, 1 de) renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) nd similar amounts paid (Part IX, column (A), lines 1–3) paid to or for members (Part IX, column (A), line 4)	73	32,073 39,903 50,537 8,263 90,776 0	526,334 79,572 102,767 12,847 721,520 0
Contribut Program Investme Other reve Total reve Grants and Benefits Salaries, of Profession	tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) nt income (Part VIII, column (A), lines 3, 4, and 7d) renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d, 11d) renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 and similar amounts paid (Part IX, column (A), lines 1–3) paid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines 5–10)	73	932,073 39,903 50,537 18,263 90,776 0 0	526,334 79,572 102,767 12,847 721,520 0 0 198,364
Contribut Program Investme Other rev Total reve Grants and Benefits Salaries, of Profession	tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) Int income (Part VIII, column (A), lines 3, 4, and 7d) renue (Part VIII, column (A), lines 5, 6d, 8c, 2c, 1dd, 1dd) renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12, and similar amounts paid (Part IX, column (A), lines 1–3) paid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines 5–10) anal fundraising fees (Part IX, column (A), line 11e)	73	32,073 39,903 60,537 18,263 90,776 0 0 27,325	526,334 79,572 102,767 12,847 721,520 0 0 198,364 0
Contribut Program Investme Other rev Total reve Grants an Benefits Salaries, o Professio Total fund Other exp	tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) Int income (Part VIII, column (A), lines 3, 4, and 7d) renue (Part VIII, column (A), lines 5, 6d, 8c, QCto, and 1,14) renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) paid to or for members (Part IX, column (A), line 4) there compensation, employee benefits (Part IX, column (A), lines 5–10) and fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25)	73	32,073 39,903 50,537 18,263 90,776 0 0 27,325	526,334 79,572 102,767 12,847 721,520 0 0 198,364 0 256,889
Contribut Program Investme Other reve Total reve Grants an Benefits Salaries, of Professio Total fund Other exp	tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) Int income (Part VIII, column (A), lines 3, 4, and 7d) renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 10d, 1 te) renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) India similar amounts paid (Part IX, column (A), lines 1—3) In paid to or for members (Part IX, column (A), lines 4) In paid to or for members (Part IX, column (A), line 4) In paid to or for members (Part IX, column (A), line 4) In paid to grant IX, column (A), line 4) In paid to grant IX, column (A), line 11e) In paid fundraising fees (Part IX, col	73 8 5 1 12 27 40	32,073 39,903 50,537 18,263 90,776 0 0 27,325 0	526,334 79,572 102,767 12,847 721,520 0 0 198,364 0
Contribut Program Investme Other reve Total reve Grants an Benefits Salaries, of Professio Total fund Other exp	tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) Int income (Part VIII, column (A), lines 3, 4, and 7d) renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 10d, 1 de) renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) and similar amounts paid (Part IX, column (A), lines 1–3) pead to or for members (Part IX, column (A), lines 4) other compensation, employee benefits (Part IX, column (A), lines 5–10) and fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) 83,363 benses (Part IX, column (A), lines 11a–11d, 11f–24e)	73 8 5 1 12 27 40	32,073 39,903 50,537 18,263 90,776 0 0 27,325 0 79,276	526,334 79,572 102,767 12,847 721,520 0 0 198,364 0 256,889 455,253
Contribut Program Investme Other rev Total reve Grants as Benefits Salaries, o Professio Total fund Other exp Total exp Revenue	tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) Int income (Part VIII, column (A), lines 3, 4, and 7d) renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 10d, 1 te) renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) India similar amounts paid (Part IX, column (A), lines 1—3) In paid to or for members (Part IX, column (A), lines 4) In paid to or for members (Part IX, column (A), line 4) In paid to or for members (Part IX, column (A), line 4) In paid to grant IX, column (A), line 4) In paid to grant IX, column (A), line 11e) In paid fundraising fees (Part IX, col	73 8 9 89 12 40 48 Beginning of Cu	32,073 39,903 50,537 18,263 90,776 0 0 27,325 0 79,276	526,334 79,572 102,767 12,847 721,520 0 0 198,364 0 256,889 455,253 266,267
Contribut Program Investme Other reve Total reve Grants an Benefits Salaries, o Professio Total fund Other exp Total exp Revenue	tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) Int income (Part VIII, column (A), lines 3, 4, and-7d) renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 10d, 11d) renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12, and similar amounts paid (Part IX, column (A), lines 1–3) paid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines 5–10) anal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) enses (Part IX, column (A), lines 11a–11d, 11f–24e) enses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses. Subtract line 18 from line 12	73 8 9 89 12 40 48 Beginning of Cu	9847 32,073 39,903 50,537 18,263 90,776 0 0 27,325 0 27,325 0 27,325 0 34,175 0 04,175	526, 334 79, 572 102, 767 12, 847 721, 520 0 198, 364 0 256, 889 455, 253 266, 267 End of Year
Contribut Program Investme Other reve Total reve Grants ar Benefits Salaries, o Professio Total fund Other exp Total exp Revenue	tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) Int income (Part VIII, column (A), lines 3, 4, and-7d) renue (Part VIII, column (A), lines 5, 6d, 8c, QC100, and 1, 14) renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12, and similar amounts paid (Part IX, column (A), lines 1–3) paid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines 5–10) onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) enses (Part IX, column (A), lines 11a–11d, 11f–24e) enses Add lines 13–17 (must equal Part IX, column (A), line 25) less expenses. Subtract line 18 from line 12	73 8 9 89 12 40 48 Beginning of Cu 5, 42	27, 325 0 27, 325 0 27, 325 0 27, 325 0 34, 175 1 rrent Year 26, 932	526, 334 79, 572 102, 767 12, 847 721, 520 0 198, 364 0 256, 889 455, 253 266, 267 End of Year 5, 908, 720
Contribute Program Investme Other revenues Total asset Total liab Net asset	tions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g) Int income (Part VIII, column (A), lines 3, 4, and-7d) renue (Part VIII, column (A), lines 5, 6d, 8c, QCto, and, 1 d) renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) renue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3) renue—add lines 8 through 11 (must equal Part IX, column (A), lines 5–10) renue—add lines 8 through 11 (must equal Part IX, column (A), lines 5–10) renue—add lines 13—17 (must equal Part IX, column (A), lines 5–10) renue—add lines 13—17 (must equal Part IX, column (A), lines 5–10) renue—add lines 13—17 (must equal Part IX, column (A), lines 5–10) renue—add lines 13—17 (must equal Part IX, column (A), lines 5–10) renue—add lines 13—17 (must equal Part IX, column (A), lines 5–10) renue—add lines 13—17 (must equal Part IX, column (A), lines 12 renue—add lines 13—17 (must equal Part IX, column (A), lines 5–10) renue—add lines 13—17 (must equal Part IX, column (A), lines 5–10) renue—add lines 13—17 (must equal Part IX, column (A), lines 5–10) renue—add lines 13—17 (must equal Part IX, column (A), lines 5–10) renue—add lines 13—17 (must equal Part IX, column (A), lines 5–10) renue—add lines 13—17 (must equal Part IX, column (A), lines 5–10)	73 8 9 89 12 40 48 Beginning of Cu 5, 42	32,073 39,903 60,537 18,263 90,776 0 27,325 0 79,276 06,601 34,175 rrent Year 26,932 31,113	526, 334 79, 572 102, 767 12, 847 721, 520 0 198, 364 0 256, 889 455, 253 266, 267 End of Year 5, 908, 720 49, 952

Under penalties of perjury, true, correct, and complete

Sign Here	Signature of officer	Filis Allen Presi	alent 8	17/2018 1/13/18	
	Type or print name and title	7		C 1	
Paid	Print/Type preparer's name	Preparer's signature	Date	Check X if PTIN	
Preparer	Kım Enikeieff	Kemi K. Einhaud	7/17/2018	self-employed P00989337	
Use Only	Fırm's name ► Kim K. Enikei	Firm'	Firm's EIN ▶ 46-4292196		
	Firm's address ▶ Post Office E	Box 8754 Mobile, AL 3668	9 Phon	eno 251-591-1357	
May the IRS	discuss this return with the prepar	er shown above? (see instructions)		🗵 Yes 🗌 No	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

20

21

Part II

Total program service expenses ▶

309,983

Part IV Checklist of Required Schedules

_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1	X	140
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	- 73
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable		2	
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? <i>If "Yes," complete Schedule D, Part VIII</i>	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	Х	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		X
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		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1.	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	
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
			990	(2017)
				/

Part	V Checklist of Required Schedules (continued)		-	
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			{
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	_	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			1
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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,	20		<u> </u>
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		ar (c	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	00-	Til.	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		X
	Schedule L, Part IV	28b	İ	Х
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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	-		
31	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	30		X
01	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	F		1
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	000	٠,	
	19? Note. All Form 990 filers are required to complete Schedule O	38 For	. 990	(2017)
		1.011		, (E-UII)

Form 99	90 (2017)			Page
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1	2	. 1	3.
b		o 🔌		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
2a	and the state of t		13 20%	***
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	1
	account)?	4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country. ▶	# A		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)	<u> </u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u>L</u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	.		
=	organization solicit any contributions that were not tax deductible as charitable contributions?.	6a		X
р	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).		***	, W,
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	19		
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	<u> </u>	X
ď	If "Yes," indicate the number of Forms 8282 filed during the year . 7d		A. i	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	L	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
h	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. Did a donor advised fund maintained by the	. 11	. 2	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		1	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	4.3.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			i i
11	Section 501(c)(12) organizations. Enter		1 × 4	1.2
a	Gross income from members or shareholders			3
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)		ă	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .			A
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	\$ *	N 2	W
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		L
	Note. See the instructions for additional information the organization must report on Schedule O.	W	K 🔊	. 1
þ	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		J.,	* *
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
	Check if Schedule O contains a response or note to any line in this Part VI				
Section	on A. Governing Body and Management				
		1.	12 0m, 38	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 21			3.3
	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.				
h	Enter the number of voting members included in line 1a, above, who are independent	1b 21			
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business				141
-	any other officer, director, trustee, or key employee?	. O.G. O.	2	X	المتقلسطات
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 oth		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization		5		Х
6	Did the organization have members or stockholders?	•	6	Χ	
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	
b	Are any governance decisions of the organization reserved to (or subject to approve	l by) members,			
_	stockholders, or persons other than the governing body?		7b	- X	X
8	Did the organization contemporaneously document the meetings held or written actions ur	idertaken during	****	\$. `A	
	the year by the following.			5s	ii wiku
a	The governing body?	•	8a	X	
ь 9	Each committee with authority to act on behalf of the governing body?	ot he reached at	86	X	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9		X
Section	on B. Policies (This Section B requests information about policies not required by the			ode.	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of				
	affiliates, and branches to ensure their operations are consistent with the organization's exen		10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	X	ļ
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_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the	policy? If "Yes,"	40-		
42	describe in Schedule O now this was done	•	12c	X	
13 14	Did the organization have a written whistleblower policy?	•	14	X	
15	Did the process for determining compensation of the following persons include a review	and approval by	2 5 3	145	W. 1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	X	Castur a a Labelle
b	Other officers or key employees of the organization .		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	ılar arrangement		Á	
	with a taxable entity during the year?	•	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
	participation in joint venture arrangements under applicable federal tax law, and take steps	to safeguard the		100	ì. N
Co.4:	organization's exempt status with respect to such arrangements? .	<u>·</u>	16b		J
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Alabama				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990,	and 990-T (Section	n 501	(c)(3)	only)
	available for public inspection. Indicate how you made these available. Check all that apply.		551((-)(-)·	- •··· y)
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in So	chedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docum		terest	polic	y, and
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	•	
	Marcia Miller, 11401 II S. Highway 98, Fairhope, Al. 36532 (251)				

Form 990	(2017)
----------	--------

Form 990 (2017)

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

Check if Schedule O contains a response or note to any line 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 hours for	(C) Position (do not check more than of box, unless person is both officer and a director/trust					one n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Ellis Allen	5									
Chairman and President		Х		Х				0	0	0
(2) John Borom	5									
Vice President	T	Х		Х				0	0	0
(3) Phil Norris	5									
Secretary		Х		Х				0	0	0
(4) Buddy Russell	5									
Treasurer		Χ		Х				0	0	0
(5) Shawn Alves	2									
Board Member		Х						0	0	0
(6) Andrew Chason	2									
Board Member		Χ						0	0	0
(7) Daniel Galbraith	2									
Board Member		Χ					<u>L</u> .	0	0	0
(8) Ralph Havard	2						ļ			
Board Member		Х						0	0	0
(9) Ken Heard	2									
Board Member		X						0	0	0
(10) Veronica Herndon	2							:		
Board Member		X						0	0	0
(11) Bob Holk	2									
Board Member		Х						0	0	0
(12) Rodney Kilgore	2									
Board Member		X					<u> </u>	0	0	0
(13) Walter Kirkland	2									
Board Member		Χ					<u> </u>	0	0	0
(14) GıGi Lott	2									
Board Member		X						0	0	0

(A) Name and title	Name and title Average hours per officer and a director/tru						an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	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
(15) Leslie Pacey Board Member	2	Х						0	0	0
(16) Michael Quinn Board Member	2	Х						0	0	0
(17) John Stump Board Member	2	Х						0	0	0
(18) Skipper Tonsmeire	2	X						, 0	0	0
Board Member (19) Gina Walcott	2									
Board Member (20) Rick Wallace	2	X						0	0	0
Board Member (21) Leslie Weeks	2	X						0	0	0
Board Member (22) Yael Girard Executive Director	40	Х		Х				67,850	0	9,222
(23)				21				07,030		3,222
(24)			ļ <u> </u>							
(25)										1.5/
1b Sub-total c Total from continuation sheets to Part	· VII Section	n Δ		1			>	67,850	0	9,222
d Total (add lines 1b and 1c)	•			· —			<u> </u>	67,850	1	I <u> </u>
2 Total number of individuals (including bureportable compensation from the organ		d to ti	nose	e list	ted	above	e) w 	ho received m	ore than \$100,00	00 of0
3 Did the organization list any former o employee on line 1a? <i>If "Yes," complete</i>							emp	oloyee, or high	nest compensat	ed Yes No
4 For any individual listed on line 1a, is the organization and related organizations individual	e sum of re	porta	ble	con	npe	nsatio	on a s,"	and other comp complete Sci	pensation from t hedule J for su	he
5 Did any person listed on line 1a receive of for services rendered to the organization									zatıon or ındıvıdı	
Section B. Independent Contractors										
 Complete this table for your five highest compensation from the organization Re year. 	compensat port compe	ted in ensati	depo on fo	end or th	ent he c	contra alenc	act lar y	ors that receive year ending wif	ed more than \$1 th or within the c	00,000 of organization's tax
(A) Name and business ad	dress							(B) Description of s	services	(C) Compensation
					į.		-			•
							+			
2 Total number of independent contract received more than \$100,000 of compens							th o th	nose listed ab	ove) who	in the second se
									 -	Form 990 (2017)

Form 990 (2017)									
Par	: VIII	Statement of Revenue							
D.CE.		Check if Schedule O contains a response or no							
			Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns 1a Membership dues . 1b 43,8 Fundraising events . 1c 49,4 Related organizations . 1d	123						
ontributions nd Other Sin	f g	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ 234, 0	738						
	h	Total. Add lines 1a–1f	<u>▶</u> 526,334		<u> </u>				
Program Service Revenue	2a b c	Workshops and seminars 900099 Alabama Coastal Birdfest 900099 Weeks Bay Volunteers 900099	8,390 45,482 25,700			Marka Markan			
٥	d								
rogram S	e f	All other program service revenue Total. Add lines 2a–2f	70 572						
-	3	Investment income (including dividends, intere	79,572						
	4	and other similar amounts)	▶ 84,767						
	5	Royalties	•						
	6a b	Gross rents Less rental expenses	<u> </u>						
	c	Rental income or (loss)							
	-	· · · 		i za i iaz az					
	d	Net rental income or (loss)	P 0		7 320 - 3				
	7a	Gross amount from sales of (i) Securities (ii) Other							
		assets other than inventory Less cost or other basis and sales expenses 370, (000						
	C	Gain or (loss) 0 18, 0							
en		Net gain or (loss)	18,000						
Other Revenue		events (not including \$ 49,423 of contributions reported on line 1c) See Part IV, line 18 a 41,2							
ठ	b	Less direct expenses b 28,2							
	с 9а	Net income or (loss) from fundraising events Gross income from gaming activities See Part IV, line 19	12,919						
	b	Less direct expenses b							
	С	Net income or (loss) from gaming activities	•	. 1000 100	nen a 900000000000000000000000000000000000	tillin a y oo too alkalin in too yo dadhaaladiila			
		Gross sales of inventory, less returns and allowances a 7,6							
	b	Less cost of goods sold b 7,7							
	C	Net income or (loss) from sales of inventory	▶ (72						
		Miscellaneous Revenue Business Co	de 🦚 💸 💮						
	11a								
	b								
	C								
	d	All other revenue .							
İ	e	Total. Add lines 11a–11d	D 0	\$16.5 ASS VA	* - <u>;</u>	3. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
	12	Total revenue. See instructions.	721,520	30.0		***			
		Total Teveride, Oce mandenona,	121,320		L				

Part IX Statement of Functional Expenses

	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must cor	mplete all columns A		ns must complete co	olumn (A)
	Check if Schedule O contains a respon				<u> </u>
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				ary of Marie and Marie and the Marie
2	Grants and other assistance to domestic individuals See Part IV, line 22	,			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members .				
5	Compensation of current officers, directors, trustees, and key employees	68,357	61,521	3,418	3,418
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	98,620	5,026	38,944	54,650
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,626	1,809	1,188	1,629
9	Other employee benefits	14,107	5,657	3,564	4,886
10	Payroll taxes	12,654	5,043	3,304	4,401
11	Fees for services (non-employees)	12,031	3,043	3,210	1,401
	Management				
b	Legal				
C	Accounting	4,675	4,675	ļ	
d	Lobbying	4,073	4,073		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees .			Y	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	4,969	4,969		
13	Office expenses	39,712	17,141	8,722	13,849
14	Information technology				
15	Royalties .				
16	Occupancy	4,572	3,600	442	530
17	Travel	12,067	11,984	83	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	12700	11,301		
19 20	Conferences, conventions, and meetings . Interest	5,355	4,869	486	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,325	10,215	1,110	
23	Insurance	6,845	6,229	616	
24	Other expenses. Itemize expenses not covered			7.416 (0.10)	W. C. W. FW.
2-7	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Contract labor	7,633	7,633		
b	Donations to other organizations	10,000	10,000		
C	Miscellaneous	2,141	2,017	124	
d	Program expenses	147,595	147,595		
е	All other expenses			ļ	
25	Total functional expenses. Add lines 1 through 24e	455,253	309,983	61,907	83,363
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	art X					
		Check if Schedule O contains a response of	r note to any line in this Pa			<u>, </u>
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		126,987	1	141,024
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		12,238	3	4,682
	4	Accounts receivable, net .			4	1,165
	5	Loans and other receivables from current and trustees, key employees, and highest complete Part II of Schedule L			5	
ts	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), as sponsoring organizations of section 501(c)(9) volur organizations (see instructions) Complete Part II of Sche	nd contributing employers and ntary employees' beneficiary		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use		4,057	8	2,256
	9	Prepaid expenses and deferred charges		5,782	9	4,523
	10a	Land, buildings, and equipment cost or	1			
		other basis. Complete Part VI of Schedule D	10a 505,284		* 1	
	ь	Less accumulated depreciation .	10b 359,767		10c	145,517
	11	Investments—publicly traded securities	337.01	100/012	11	113/31/
	12	Investments—other securities See Part IV, line	11	1,896,076	12	2,345,603
	13	Investments—program-related See Part IV, line		1,030,010	13	2/313/003
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11	3,224,950	15	3,263,950	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	5,426,932	16	5,908,720
	17	Accounts payable and accrued expenses		10,195	17	14,488
	18	Grants payable		13,133	18	=1,100
	19	Deferred revenue	•	20,918	19	35,464
	20	Tax-exempt bond liabilities		20/310	20	337101
	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
s	22	Loans and other payables to current and for				
Liabilities		trustees, key employees, highest comper disqualified persons Complete Part II of Schedu	sated employees, and		22	
Ξ	23	Secured mortgages and notes payable to unrela		\	23	
	24	Unsecured notes and loans payable to unrelated	•		24	
,	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D			25	
1	26	Total liabilities. Add lines 17 through 25		31,113	26	49,952
sec		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 an				
ă	27	Unrestricted net assets		5,261,271	27	5,724,702
Bal	28	Temporarily restricted net assets .		62,298	28	61,816
힏	29	Permanently restricted net assets.		72,250	29	72,250
Net Assets or Fund Balances	!	Organizations that do not follow SFAS 117 (ASC 9) complete lines 30 through 34.	58), check here ► ☐ and			
ts	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or ed	• •		31	
ţ A	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Ne	33	Total net assets or fund balances .		5,395,819	33	5,858,768
	34	Total liabilities and net assets/fund balances		5,426,932	34	5,908,720
						Form 990 (2017)

Pag	e 1	2

Part	XI Reconciliation of Net Assets			4
	Check if Schedule O contains a response or note to any line in this Part XI			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		721,520
2	Total expenses (must equal Part IX, column (A), line 25)	2	ب	455 , 253
3	Revenue less expenses. Subtract line 2 from line 1	3	2	266,267
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,3	395,819
5	Net unrealized gains (losses) on investments	5		196,682
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	5,8	358,768
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	٠		
				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," ex	cplain in		
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	ipiled or	2 6	* 4 2
	reviewed on a separate basis, consolidated basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		1.	
b			2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	W. 64	
	separate basis, consolidated basis, or both			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versight	10° (A*	Marian Prof. iii wilii
	of the audit, review, or compilation of its financial statements and selection of an independent acco	untant?	2c	X
	If the organization changed either its oversight process or selection process during the tax year, e	xplain in		
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	t forth in	× 238	A 380 AND
	the Single Audit Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo the		
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such		3b	
			Form	990 (2017
				•

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

WEER	(S BA	Y FOUNDATION,	INC					63-1021925	
Par				rity Status (All	organizations must	comple	te this n		ns
					is (For lines 1 through			<u>'</u>	7113
					ion of churches descr				
					(Attach Schedule E (F				∂
3					ganization described i				
4					onjunction with a hos				(iii). Enter the
•		spital's name, city,				,,,,,,		, , , , , , , , , , , , , , , , , , , ,	(). =
5		•			college or university	owned c	or operate	ed by a government	al unit described in
		ction 170(b)(1)(A)(i			,		[, - · · · · · · · · · · · · · · ·	
6	$\Box Af$	ederal, state, or loc	al gover	nment or govern	imental unit described	in secti	on 170(b))(1)(A)(v).	
7					stantial part of its sup				n the general public
		scribed in section :				•	J		
8	□Ac	community trust de	scribed i	n section 170(b)(1) A)(vi). (Complete	Part II)			
9					d in section 170(b)(1)	•	erated in	conjunction with a l	and-grant college
	or	university or a non-	land-gra	int college of agr	riculture (see instruction	ons) Ente	er the nan	ne, city, and state of	the college or
		versity.			•	,		•	Ū
10	☐ An	organization that n	ormally	receives (1) mor	e than 331/3% of its s	upport fro	om contri	butions, membershi	p fees, and gross
	Lec	eipts from activities	s related	to its exempt fu	nctions—subject to c related business taxa	ertain ex	ceptions,	and (2) no more tha	n 331/3% of its
	aco	quired by the organ	ization a	fter June 30, 19	75 See section 509(a	a)(2). (Co	mplete Pa	art III.)	Dusinesses
11					sively to test for public				
12	☐ An	organization organ	ized and	operated exclus	sively for the benefit o	f, to perfe	orm the fu	unctions of, or to ca	rry out the purposes
					ins described in secti				
	Ch	eck the box in lines	12a thro	ough 12d that de	scribes the type of sur	porting o	organizati	on and complete line	es 12e, 12f, and 12g.
а					l, supervised, or contr				
					regularly appoint or e			the directors or trust	ees of the
		supporting organiz	ation Y	ou must comple	ete Part IV, Sections	A and B			
þ					sed or controlled in co				
					rganization vested in		persons	that control or man	age the supported
		- ' '		-	V, Sections A and C				
С					ting organization opei				ally integrated with,
				• • •	ns). You must comp			• •	
d	LJ				pporting organization				
					nization generally mus				d an attentiveness
	-	•		•	omplete Part IV, Sec				
е					a written determination				e II, Type III
	-				tionally integrated sup	pporting (organizat	ion.	
F an		r the number of sup			oorted organization(s)		• •		٠ ــــــــــــــــــــــــــــــــــــ
g				,	` `				
	(I) Name	e of supported organizat	ion	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))		ment?	instructions)	instructions)
				}		Yes	No		
							 		
(A)						ł	ļ		
B)						i			
~									
C)						}			
D)									
ال 									
E)									
-,						{	{		

Total

Ochicau	C A (1 01111 990 01 990-122) 2017						ı aye 👟
Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i) ·
	(Complete only if you checked the						alify under
	Part III If the organization fails to	qualify unde	er the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support	,					
Calen	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	į	Ì		•		
	membership fees received. (Do not			\			
	include any "unusual grants.")	2,034,027	932,319	700,686	732,073	526,334	4,925,439
2	Tax revenues levied for the	1	į	{		!	
	organization's benefit and either paid to or expended on its behalf .						!
3	The value of services or facilities					· · · · · · · · · · · · · · · · · · ·	
	furnished by a governmental unit to the	į					
	organization without charge		ſ				
4	Total. Add lines 1 through 3 .	2,034,027	932,319	700,686	732,073	526,334	4,925,439
5	The portion of total contributions by			493543		2 2 3 2 3 2	
3	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						4,925,439
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	2,034,027	932,319	700,686	732,073	526,334	4,925,439
8	Gross income from interest, dividends,			ļ			
	payments received on securities loans,						
	rents, royalties, and income from			ŀ			
	similar sources	141,928	325,596	62,020	50,537	84,767	664,848
9	Net income from unrelated business			['	
	activities, whether or not the business	1		}		1	
	is regularly carried on .						
10	Other income Do not include gain or	1					
	loss from the sale of capital assets					}	
	(Explain in Part VI)	81,513	106,366	112,016			
11	Total support. Add lines 7 through 10			3 - 2 - 2 - 2 - 3 - 3			6,090,767
12 13	Gross receipts from related activities, etc	`	,	d thurd fourth		12	n F01(a)(2)
13	First five years. If the Form 990 is for the organization, check this box and stop he			a, mila, ioami			511 50 1(c)(5) ► □
Secti	on C. Computation of Public Suppo		_ · ·		<u> </u>		
14	Public support percentage for 2017 (line			1 column (f))		14	80.87%
15	Public support percentage from 2016 Sc		•	1, Column (1))		15	77.98 %
16a	33 ¹ / ₃ % support test—2017. If the organ			con line 13 ar	nd line 14 is 33		
	box and stop here . The organization qua						. ▶ 🏻
b	331/3% support test—2016. If the organ	•	• • •	•	a, and line 15	ıs 331/3% or m	
	this box and stop here. The organization						. ▶ 🗇
17a	10%-facts-and-circumstances test—2	017 If the ora	enization did n	ot check a bo	x on line 13. 1	6a. or 16b. an	d line 14 is
	10% or more, and if the organization m						
	Part VI how the organization meets the						
	organization						···. ▶ 🗆
b	10%-facts-and-circumstances test—2	016. If the ora	anization did n	ot check a bo	x on line 13. 1	16a, 16b, or 17	a, and line
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization is	meets the "fac	ts-and-circums	stances" test	The organizati	on qualifies as	a publicly
	supported organization						. 🕨 📋
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions				,		. ▶ □

G-44-	La A /Fa con 000 an 000 F7) 0047						- 0
Part	le A (Form 990 or 990-EZ) 2017 Support Schedule for Organiz	ations Dose	ibad in Saat	ion 500(a)(2)			Page 3
ı arı	(Complete only if you checked the					d to qualify un	der Part II
	If the organization fails to qualify						uci i ait ii
Secti	on A. Public Support	andor the to	oto noted bei	ow, picase et	ompiote rait	" /	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees		(2)2011	(0) 20.0	(4) 20 10	(0)2011	/
	received (Do not include any "unusual grants")		1		Ì		
2	Gross receipts from admissions, merchandise				 		
	sold or services performed, or facilities furnished in any activity that is related to the		}		j		
	organization's tax-exempt purpose		į	{	1		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the					y"	
	organization's benefit and either paid to			}		1	
	or expended on its behalf		1	}		}	
5	The value of services or facilities						
	furnished by a governmental unit to the			i		1	
	organization without charge				\		
6	Total. Add lines 1 through 5				/		
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				Ĺ		
b	Amounts included on lines 2 and 3	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						
_	Add lines 7a and 7b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			1		
8	Public support. (Subtract line 7c from line 6)			1.7			
Saati	on B. Total Support	<u> </u>	<u> 4 % 4 % 1 % 5</u>	1 1 × 3 * 3 ±		1 4 M W 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
	dar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(2) 2015	(4) 2016	(2) 2017	(f) Total
9	Amounts from line 6	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	Gross income from interest, dividends,		 	 		 	
IVa	payments received on securities loans, rents,						
	royalties, and income from similar sources		/				
b	Unrelated business taxable income (less		 				
	section 511 taxes) from businesses						
	acquired after June 30, 1975					1	
С	Add lines 10a and 10b		/				
11	Net income from unrelated business		//				
•	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	,	7				
	(Explain in Part VI)	/				1	
13	Total support. (Add lines 9, 10c, 11,	1					
	and 12)					1	
14	First five years. If the Form 990 is for the	ne organiz <u>á</u> tior	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he		<u>.</u>		<u> </u>	<u> </u>	▶ □
	on C. Computation of Dublic Suppor						

	organization, oneok this box and stop here	•	
Section	on C. Computation of Public Support Percentage		
15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%
Section	on D. Computation of Investment Income Percentage		
17	Investment income percentage for 2017 (line/10c, column (f) divided by line 13, column (f)	17	%
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a	331/3% support tests-2017. If the organization did not check the box on line 14, and line 15 is mo	re tha	n 331/3%, and line
	17 is not more than 331/3%, check this box and stop here . The organization qualifies as a publicly support	ted or	ganization 🕨 📋
b	331/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 ii	s more	e than 331/3%, and
	line 18 is not more than 331/3%, check this box and stop here . The organization qualifies as a publicly supplied that the stop here is not more than 331/3%, check this box and stop here.	pporte	d organization 🕨 🔲
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box a	nd see	e instructions 🕨 🗌
	Sche	dule A (Form 990 or 990-EZ) 2017

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

	Section A	A. Ali	Suppo	orting	Orgai	nizations
--	-----------	--------	-------	--------	-------	-----------

ecti	on A. All Supporting Organizations			
<u> </u>	on range of gameations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a	¥ \$. 1 8 . 2 2 2 .
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	* *	Z.
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	i i	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4C		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	i.i	
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	. a s	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .			
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	ÀĽ	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
h	Did the organization have any excess business holdings in the tay year? (Los Schodule C. Form 4720 to	23 4 352 534	,%' .5%.	4. 3

determine whether the organization had excess business holdings)

10b

Part.	V Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a
b	A family member of a person described in (a) above?	11b
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c
Section	on B. Type I Supporting Organizations	
4	Did the disease to the second of the second	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
C4!	supervised, or controlled the supporting organization.	2
Section	on C. Type II Supporting Organizations	
4	More a manager of the approximation of advantage and sections of the first of the f	Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s)	4
Section	on D. All Type III Supporting Organizations	
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	1 1 1
2		2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard.	3
Section	on E. Type III Functionally Integrated Supporting Organizations	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions)
		ristractions).
a b	☐ The organization satisfied the Activities Test Complete line 2 below ☐ The organization is the parent of each of its supported organizations. Complete line 3 below	
C	The organization is the parent of each of its supported organizations. Complete time 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	(see instructions)
		
2	Activities Test Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	11 0 17	
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities	Land Way Con I
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	
	activities but for the organization's involvement	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
-	trustees of each of the supported organizations? Provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b

Part V Type III Non-Functionally integrated 509(a)(3) Supporting Org						
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI). See						
instructions. All other Type III non-functionally integrated supporting organ Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other factors (explain in detail in Part VI)						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d	3					
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by .035	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3.	4	1 4 1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				
5 Income tax imposed in prior year	5					
6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6					
7 Check here if the current year is the organization's first as a non-functional instructions)	ly in	tegrated Type III supporting	g organization (see			

Pan	<u> </u>	s) Supporting Organ	zations (continued)	
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	ınızations	
4	Amounts paid to acquire exempt-use assets		· <u> </u>	
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whice (provide details in Part VI) See instructions	h the organization is res	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
<u>j</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7.			
a	Applied to underdistributions of prior years			
b_	Applied to 2017 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions		0	
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			0
7	Excess distributions carryover to 2018 Add lines 3j and 4c	0		
8	Breakdown of line 7			
а	Excess from 2013			
b	Excess from 2014			** .
C	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			
			Schedule	A (Form 990 or 990-EZ) 2017

Page	٤

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions)
Part II,	Line 10 - Other income consists of seminars, fundraising, sale of merchandise,
and misc	cellaneous income.
	

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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on 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," on 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 "Ye: see separate instructions), t	s," on Form 990, Part IV, line 5 (Prox hen	y Tax) (see separat	e instructions) or Form 990)-EZ, Part V, line 35c (Proxy
• Se	ection 501(c)(4), (5), or (6) org	anizations Complete Part III			
Name	of organization			Employer ide	ntification number
	S BAY FOUNDATION,			63-102192	
Part	I-A Complete if th	e organization is exempt und	ler section 501(c) or is a section 527	organization.
1 2 3	definition of "political car Political campaign activity	f the organization's direct and in mpaign activities") by expenditures (see instructions) cal campaign activities (see instru		mpaign activities in Par	t IV (see instructions for
		e organization is exempt und		c)(3).	
1 2 3	Enter the amount of any If the organization incurre	excise tax incurred by the organiz excise tax incurred by organization ed a section 4955 tax, did it file Fo	n managers under	section 4955 ► \$	Yes No
4a	Was a correction made?				. Yes No
b Post	If "Yes," describe in Part				(-)(0)
Part		e organization is exempt und			(c)(3).
1 2 3 4 5	activities Enter the amount of the 527 exempt function act. Total exempt function of line 17b Did the filing organization Enter the names, address organization made paym the amount of political control of the second co	filing organization's funds contributions. expenditures. Add lines 1 and 2 in file Form 1120-POL for this year ses and employer identification numents. For each organization listed, partributions received that were profund or a political action committed. (b) Address	buted to other org Enter here and	anizations for section anizations for section normalizations for section normalizations for section sometimes form 1120-POL, normalizations for section section 527 political organizations form the filing organizations delivered to a separate p	Yes No izations to which the filing ization's funds. Also enter political organization, such
(1)					in none, enter -0
(2)					
(3)					
(4)			-		
(5)			-		
(6)					

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

Schedule C (Form 990 or 990-EZ) 2017

P	art	II-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768 (ele	ection under
A	Ch	eck >		s to an affiliated group (and list in Part IV each aff hare of excess lobbying expenditures).	liated group memb	per's name,
В	Ch	eck ►	☐ if the filing organization checke	ed box A and "limited control" provisions apply.		
			•	ing Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
	1a	Total le	obbying expenditures to influence p	public opinion (grass roots lobbying)	0	
	b	Total le	obbying expenditures to influence a	a legislative body (direct lobbying) .	0	
	C	Total le	obbying expenditures (add lines 1a	and 1b)	0	
	d	Other	exempt purpose expenditures .		455,253	
	е	Total 6	exempt purpose expenditures (add	lines 1c and 1d)	455,253	۷
	f	Lobby	ing nontaxable amount. Enter ti	ne amount from the following table in both		
		colum	ns.		91,051	
		If the a	mount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
		Not ove	r \$500,000	20% of the amount on line 1e		
	Γ	Over \$5	00,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Γ	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Ī	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	ſ	Over \$1	7,000,000	\$1,000,000		
	g	Grassi	oots nontaxable amount (enter 25%	% of line 1f)	22,763	
	h	Subtra	ct line 1g from line 1a. If zero or les	ss, enter -0-	0	
	i	Subtra	ct line 1f from line 1c If zero or les	s, enter -0-	0	
	j		e is an amount other than zero on greation 4911 tax for this year?	on either line 1h or line 1i, did the organization	file Form 4720	Yes No
	_	(Som		ar Averaging Period Under section 501(h) tion 501(h) election do not have to complete al	of the five colum	ns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total			
2a	Lobbying nontaxable amount	91,068	114,689	78,247	91,051	375,055			
b	Lobbying ceiling amount (150% of line 2a, column (e))					562,583			
С	Total lobbying expenditures								
d	Grassroots nontaxable amount	22,767	28,672	19,562	22,763	93,764			
е	Grassroots ceiling amount (150% of line 2d, column (e))					140,646			
f	Grassroots lobbying expenditures	0	0	0	0	- 0			

Schedule C (Form 990 or 990-EZ) 2017

 For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. 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 Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i 	Yes	No	(b) Amount	t
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i		And the second s		
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 				30
 d Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 				er :
 Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i 				b _s s
 f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 				
 g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 				
 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 				
i Other activities? j Total. Add lines 1c through 1i				
j Total. Add lines 1c through 1ı	1			
	1	*	·	
	* *	* 4		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	- X		wij st.	.
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	L 3		8 28. 38	<i>K.</i> 3
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	c)(5), d	or se	ction	
501(c)(6).			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	•		2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	Porior	vear?		\vdash
Part III-B 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," (answered "Yes."				3, is
1 Dues, assessments and similar amounts from members	İ	1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of			
a Current year		2a		
b Carryover from last year		2b		
c Total	•	2c		
 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what notion of 	C Alb. a	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion or excess does the organization agree to carryover to the reasonable estimate of nondeductible lobble and political expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.	oup list	t), Par	t II-A, lines 1	and
	hodula (C /Ec-	n 990 or 990-Ez	7) 24

chedule C (Form 990 or 990-EZ) 2017 Part IV Supplemental Information (continued)				
Part IV	Supplemental Information (continued)			
·				
		·		
		,		
	•	4		
		1		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 63-1021925

WE <u>E</u> K	S BAY FOUNDATION, INC.		63-1021925
Pai			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6	
	··· -	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets h	neld in donor advised
	funds are the organization's property, subject to the	ne organization's exclusive legal contr	ol? Yes 🗌 No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gra	int funds can be used
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or t	for any other purpose
	conferring impermissible private benefit?		· □ Yes □ No
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	•
1	Purpose(s) of conservation easements held by the	organization (check all that apply)	
	Preservation of land for public use (e.g., recrea	ition or education) 🔲 Preservation o	of a historically important land area
	☑ Protection of natural habitat	☐ Preservation o	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on 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 .		2a 5
b	Total acreage restricted by conservation easemen	ts	2b 326
С	Number of conservation easements on a certified	historic structure included in (a)	2c 0
d	Number of conservation easements included in		on a
	historic structure listed in the National Register .		. 2d 0
3	Number of conservation easements modified, tran	sferred, released, extinguished, or teri	minated by the organization during the
	tax year ► 0		
4	Number of states where property subject to conse	rvation easement is located >	1
5	Does the organization have a written policy re	garding the periodic monitoring, ins	spection, handling of
	violations, and enforcement of the conservation ea	sements it holds?	· · · · X Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	40		
7	Amount of expenses incurred in monitoring, inspectir	ng, handling of violations, and enforcing	conservation easements during the year
	▶\$ 2,810		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme	ents.	
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f	footnote to its financial statements tha	t describes these items
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		ducation, or research in furtherance of
	public service, provide the following amounts relat	ing to these items.	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		· · · ► \$
2	If the organization received or held works of art	, historical treasures, or other similar	r assets for financial gain, provide the
-	following amounts required to be reported under S		
а			
	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		► \$

_	
Page	4

Part									
3	Using the organization's acquisition, a collection items (check all that apply)	accession, and oth	ner records,	check any of th	ne follow	ing that are a sig	nıficant u	se o	fits
а	☐ Public exhibition		d 🔲 L	oan or exchan	ge progr	ams			
b	☐ Scholarly research		e 🗌 🤆	Other					_
С	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	ion's collections a	nd explain h	ow they further	the org	anızatıon's exemp	ot purpos	e in f	Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be maintai					☐ Yes		No
Part	IV Escrow and Custodial Arra								
	Complete if the organization	answered "Yes"	on Form 99	90, Part IV, lın	e 9, or i	reported an amo	ount on F	orm	1
	990, Part X, line 21								
1a			er intermedia	ry for contribu	tions or	other assets not			
			•				☐ Yes	Ш	No
þ	If "Yes," explain the arrangement in Pa	art XIII and comple	te the follow	ng table [.]					
					L	Am	ount		
С	Beginning balance				1c				
d	Additions during the year .		•		<u>1d</u>				
е	Distributions during the year		•		<u>1e</u>				
f	Ending balance				1f				
2a	Did the organization include an amour						∐ Yes	닏	No
	If "Yes," explain the arrangement in Pa	art XIII. Check here	of the explar	ation has been	provide	ed on Part XIII	·:	_	
Par									
	Complete if the organization					7 n = 1	4. F		
		(a) Current year	(b) Prior yea		+	(d) Three years back	(e) Four ye		
1a	Beginning of year balance	72,250	62,		2,500	62,500		56,5	
b	Contributions		9,	750				11,(<u> </u>
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs							5,0	000
f	Administrative expenses								
g	End of year balance	72,250	72,		2,500	62,500		62,5	500
2	Provide the estimated percentage of t		d balance (lir	e 1g, column (a	a)) held a	as.			
а	Board designated or quasi-endowmer	nt ▶	_%						
þ		00%							
С	Temporarily restricted endowment	%							
_	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of th	e organizatio	n that are held	and ad	ministered for the	_	$\stackrel{\searrow}{-}$	
	organization by								No
	(i) unrelated organizations						1 2 2 3 4 7	X	
	(ii) related organizations					•	3a(ii)	\dashv	
b	If "Yes" on line 3a(ii), are the related of				'.		3b		
4	Describe in Part XIII the intended uses		n's endowm	ent tunas.					
Part					44.	0 5 000 5	5- (V) .	_ 44	_
	Complete if the organization								<u>ر</u>
	Description of property	(a) Cost or oth (investme		Cost or other basis (other)	de	Accumulated epreciation	(d) Book	ralue	
1a	Land			30,000	1 (1)	W. Aller S.		30,	
b	Buildings			235,001		119,962	1	15,0	039
c	Leasehold improvements .				<u> </u>				
d	Equipment			45,693		45,215			478
ее	Other			194,590		194,590			0
Total.	Add lines 1a through 1e (Column (d) n	nust equal Form 99	90. Part X. co	lumn (B), line 1	0c)	•	1	45,	517

	(a) Description of security or catego	ry	(b) Book value		thod of valuation
	(including name of security)			Cost or end	I-of-year market value
(1) Financial dei	rivatives equity interests				
(0) Other	• •	•			
(A) TIAA			2 245 602	End of woon	mankat ralua
(B)			2,345,603	End of year	market value
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					······
Total. (Column (b) mu	ust equal Form 990, Part X, col (B) line 12) ▶		2,345,603	. 22/4-1	* 14.4
Part VIII In	vestments—Program Relate	ed.			
C	omplete if the organization ans	swered "Yes" on Forr	<u>n</u> 990, Part IV, lin	e 11c See Form	n 990, Part X, line 13
	(a) Description of investment		(b) Book value	1 , ,	thod of valuation I-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)				·	
(7)				···	
(8)			· · · ·		
(0)					
(9) Total. (Column (b) mu	ust equal Form 990. Part X. col. (B) line 13.) ▶	•			
Total. (Column (b) mu	ust equal Form 990, Part X, col (B) line 13) ▶ ther Assets.		······································		
Total. (Column (b) mu	ther Assets.		n 990. Part IV. lin		
Total. (Column (b) mu	ther Assets. omplete if the organization ans		n 990, Part IV, lin		
Total. (Column (b) mo	ther Assets. omplete if the organization ans	swered "Yes" on Form	n 990, Part IV, lin		n 990, Part X, line 15
Total. (Column (b) mo	ther Assets. omplete if the organization ans d for convservation pu	swered "Yes" on Form	n 990, Part IV, lin		n 990, Part X, line 15 (b) Book value
Part IX O C (1) Land hel	ther Assets. omplete if the organization ans d for convservation pu	swered "Yes" on Form	n 990, Part IV, lin		990, Part X, line 15 (b) Book value 3, 224, 750
Part IX O C (1) Land hel (2) Trade la	ther Assets. omplete if the organization ans d for convservation pu	swered "Yes" on Form	n 990, Part IV, lin		990, Part X, line 15 (b) Book value 3, 224, 750
Part IX O C (1) Land hel (2) Trade la (3) (4)	ther Assets. omplete if the organization ans d for convservation pu	swered "Yes" on Form	n 990, Part IV, lin		990, Part X, line 15 (b) Book value 3, 224, 750
Total. (Column (b) mo Part IX O C (1) Land hel (2) Trade la (3) (4) (5)	ther Assets. omplete if the organization ans d for convservation pu	swered "Yes" on Form	n 990, Part IV, lin		990, Part X, line 15 (b) Book value 3, 224, 750
Total. (Column (b) mo Part IX O C (1) Land hel (2) Trade la (3) (4) (5) (6) (7)	ther Assets. omplete if the organization ans d for convservation pu	swered "Yes" on Form	n 990, Part IV, lin		990, Part X, line 15 (b) Book value 3, 224, 750
Total. (Column (b) more Part IX	ther Assets. omplete if the organization ans d for convservation pu	swered "Yes" on Form	n 990, Part IV, lin		990, Part X, line 15 (b) Book value 3, 224, 750
Total. (Column (b) mo Part IX O C (1) Land hel (2) Trade la (3) (4) (5) (6) (7) (8) (9)	ther Assets. omplete if the organization ans id for conviservation pulinds	swered "Yes" on Form (a) Description rposes	n 990, Part IV, lin		1 990, Part X, line 15 (b) Book value 3, 224, 750 39, 200
Total. (Column (b) more Part IX O C C C C C C C C C C C C	ther Assets. omplete if the organization ans d for convservation puends (b) must equal Form 990, Part X, of ther Liabilities.	swered "Yes" on Form (a) Description rposes col (B) line 15)		e 11d. See Form	3, 263, 950
Total. (Column (b) more Part IX O C C C (1) Land hel (2) Trade la (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O C C C C	ther Assets. omplete if the organization ans id for conviservation put ands (b) must equal Form 990, Part X, of ther Liabilities. omplete if the organization ans	swered "Yes" on Form (a) Description rposes col (B) line 15)		e 11d. See Form	3, 263, 950
Total. (Column (b) more Part IX O C C C (1) Land hel (2) Trade la (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O C C C C	ther Assets. omplete if the organization ans d for convservation puends (b) must equal Form 990, Part X, of ther Liabilities.	swered "Yes" on Form (a) Description rposes col (B) line 15)		e 11d. See Form	3, 263, 950
Total. (Column (b) more Part IX O C (1) Land hel (2) Trade la (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O Line Column C C Line Column (column	ther Assets. omplete if the organization ans id for conviservation put ands (b) must equal Form 990, Part X, or ther Liabilities. omplete if the organization ans ine 25 (a) Description of liability	swered "Yes" on Form (a) Description rposes col (B) line 15)		e 11d. See Form	3, 263, 950
Total. (Column (b) more Part IX O C C (1) Land hel (2) Trade la (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O C	ther Assets. omplete if the organization ans id for conviservation put ands (b) must equal Form 990, Part X, or ther Liabilities. omplete if the organization ans ine 25 (a) Description of liability	swered "Yes" on Form (a) Description rposes col (B) line 15)		e 11d. See Form	3, 263, 950
Total. (Column (b) more Part IX O C C (1) Land hel (2) Trade la (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O C	ther Assets. omplete if the organization ans id for conviservation put ands (b) must equal Form 990, Part X, or ther Liabilities. omplete if the organization ans ine 25 (a) Description of liability	swered "Yes" on Form (a) Description rposes col (B) line 15)		e 11d. See Form	3, 263, 950
Total. (Column (b) mo Part IX O C (1) Land hel (2) Trade la (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O Lir 1. (1) Federal incon (2) (3) (4)	ther Assets. omplete if the organization ans id for conviservation put ands (b) must equal Form 990, Part X, or ther Liabilities. omplete if the organization ans ine 25 (a) Description of liability	swered "Yes" on Form (a) Description rposes col (B) line 15)		e 11d. See Form	3, 263, 950
Total. (Column (b) mo Part IX O C (1) Land hel (2) Trade la (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O Lir 1. (1) Federal incon (2) (3) (4) (5)	ther Assets. omplete if the organization ans id for conviservation put ands (b) must equal Form 990, Part X, or ther Liabilities. omplete if the organization ans ine 25 (a) Description of liability	swered "Yes" on Form (a) Description rposes col (B) line 15)		e 11d. See Form	3, 263, 950
Total. (Column (b) model (2) Trade la (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O Lin (1) Federal incon (2) (3) (4) (5) (6)	ther Assets. omplete if the organization ans id for conviservation put ands (b) must equal Form 990, Part X, or ther Liabilities. omplete if the organization ans ine 25 (a) Description of liability	swered "Yes" on Form (a) Description rposes col (B) line 15)		e 11d. See Form	3, 263, 950
Total. (Column (b) model (2) Trade la (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O Lin (1) Federal incon (2) (3) (4) (5) (6) (7)	ther Assets. omplete if the organization ans id for conviservation put ands (b) must equal Form 990, Part X, or ther Liabilities. omplete if the organization ans ine 25 (a) Description of liability	swered "Yes" on Form (a) Description rposes col (B) line 15)		e 11d. See Form	3, 263, 950
Total. (Column (b) more Part IX O C (1) Land hell (2) Trade la (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O Lin (1) Federal incon (2) (3) (4) (5) (6) (7) (8)	ther Assets. omplete if the organization ans id for conviservation put ands (b) must equal Form 990, Part X, or ther Liabilities. omplete if the organization ans ine 25 (a) Description of liability	swered "Yes" on Form (a) Description rposes col (B) line 15)		e 11d. See Form	3, 263, 950
Total. (Column (b) more Part IX O C (1) Land hel (2) Trade la (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X O Lin (1) Federal incon (2) (3) (4) (5) (6) (7) (8) (9)	ther Assets. omplete if the organization ans id for conviservation put ands (b) must equal Form 990, Part X, or ther Liabilities. omplete if the organization ans ine 25 (a) Description of liability	swered "Yes" on Form (a) Description rposes col (B) line 15) swered "Yes" on Form (b) Book value		e 11d. See Form	3, 263, 950

D	4
rage	

Part			r Return.	•
	Complete if the organization answered "Yes" on Form 990,	Pail IV, line 12a.		010 202
1	Total revenue, gains, and other support per audited financial statements	• • •	1	918,202
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1-1		
а	Net unrealized gains (losses) on investments	2a 196,68	식(4)	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants .	2c		
d	Other (Describe in Part XIII.)	2d		106 600
е	Add lines 2a through 2d	•	2e	196,682
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·	3	721,520
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		•
C	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	721,520
Part	Reconciliation of Expenses per Audited Financial Staten		per Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		155 050
1	Total expenses and losses per audited financial statements .		1	455,253
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	L. I		
а	Donated services and use of facilities	2a		
b	Prior year adjustments .	2b	—-	
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		0
е	Add lines 2a through 2d		2e	155 050
3	Subtract line 2e from line 1		3	455,253
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	^^	
b	Other (Describe in Part XIII)	4b		0
c	Add lines 4a and 4b		4c	455,253
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.		3	400,200
2 ; Par Part	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part II, line 5 - The Organization has a written Consequent of Easement Enforcement Policy, and a Consequent Policy, and a Consequent Policy, and a Consequent Policy.	to provide any additional ervation Easement	I information Amendmen	t Policy,

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 developmen
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" on Form 990, Part IV, line 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest instructions.

Employer identification number

	S BAY FOUNDATION, INC.					63-1021925	
Par					vered "Yes" on f	orm 990, Part IV,	line 17
	Form 990-EZ filers are				<i>i</i>	· <u></u>	
1	Indicate whether the organization	on raised funds			-		
а	☐ Mail solicitations e ☐ Solicitation of non-government grants						
b	☐ Internet and email solicitations						
С	Phone solicitations		g [☐ Special	fundraising events	3	
d	In-person solicitations						
2a	Did the organization have a wri	itten or oral agre	ement with	any individ	tual (including offi	cers, directors, trust	ees,
	or key employees listed in Forn						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 b			draisers) pi	ursuant to agreem	ents under which th	e fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	ndraiser have or control of butions?	(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				 	1		
					ĺ		
2							
3							
4		-					
		<u> </u>	<u> </u>				
5							
6							
7			 				
8				 			
		 	 	-			
9	,						_
10							
otal 3	List all states in which the organized registration or licensing	 anization is regis	stered or lic	► ensed to s	olicit contribution	s or has been notific	ed it is exempt from
- -							

T		gross receipts greater tha	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Bald Eagle Bash (event type)	Pelican Paddle (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	84,121	6,520		90,641
	2	Less Contributions Gross income (line 1 minus	49,423			49,423
_		line 2)	34,698	6,520		41,218
	4	Cash prizes				0
	5	Noncash prizes .				0
Direct Expenses	6	Rent/facility costs .				0
EXP	7	Food and beverages .	8,348			8,348
Direc	8	Entertainment	4,000			4,000
Í	9	Other direct expenses	12,607	3,344		15,951
						1
	10 11	Direct expense summary Ad			>	28,299
Par	10 11 t III	Net income summary Subtra Gaming. Complete if the	act line 10 from line 3, co e organization answer	olumn (d)), Part IV, line 19, or	12,919
	11	Net income summary Subtra	act line 10 from line 3, co e organization answer	olumn (d)), Part IV, line 19, or	12,919
Revenue	11	Net income summary Subtra Gaming. Complete if the than \$15,000 on Form 9	act line 10 from line 3, co e organization answer 90-EZ, line 6a.	olumn (d) ed "Yes" on Form 990 (b) Pull tabs/instant		12,919 r reported more (d) Total gaming (add
Revenue	11 t III	Net income summary Subtra Gaming. Complete if the	act line 10 from line 3, co e organization answer 90-EZ, line 6a.	olumn (d) ed "Yes" on Form 990 (b) Pull tabs/instant		12,919 r reported more (d) Total gaming (add
enses Revenue	11	Net income summary Subtra Gaming. Complete if the than \$15,000 on Form 9 Gross revenue	act line 10 from line 3, co e organization answer 90-EZ, line 6a.	olumn (d) ed "Yes" on Form 990 (b) Pull tabs/instant		12,919 r reported more (d) Total gaming (add
enses Revenue	1 2	Net income summary Subtra Gaming. Complete if the than \$15,000 on Form 9 Gross revenue . Cash prizes .	act line 10 from line 3, co e organization answer 90-EZ, line 6a.	olumn (d) ed "Yes" on Form 990 (b) Pull tabs/instant		12,919 r reported more (d) Total gaming (add
Revenue	11 1 2 3	Net income summary Subtra Gaming. Complete if the than \$15,000 on Form 9 Gross revenue . Cash prizes . Noncash prizes .	act line 10 from line 3, core organization answer 90-EZ, line 6a. (a) Bingo	olumn (d) ed "Yes" on Form 990 (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	12,919 r reported more (d) Total gaming (add col (a) through col (c))
enses Revenue	11 t III 2 3 4	Net income summary Subtra Gaming. Complete if the than \$15,000 on Form 9 Gross revenue Cash prizes Noncash prizes Rent/facility costs	act line 10 from line 3, co e organization answer 90-EZ, line 6a.	olumn (d) ed "Yes" on Form 990 (b) Pull tabs/instant		12,919 r reported more (d) Total gaming (add col (a) through col (c))
enses Revenue	11 1 1 2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	act line 10 from line 3, core organization answer 90-EZ, line 6a. (a) Bingo	olumn (d) ed "Yes" on Form 990 (b) Pull tabs/instant bingo/progressive bingo Yes % No	(c) Other gaming	12,919 r reported more (d) Total gaming (add col (a) through col (c))
enses Revenue	11 1 2 3 4 5 6	Gross revenue Cash prizes Nent/facility costs Other direct expenses Volunteer labor	act line 10 from line 3, core organization answer 90-EZ, line 6a. (a) Bingo Yes% No Id lines 2 through 5 in co	olumn (d) ed "Yes" on Form 990 (b) Pull tabs/instant bingo/progressive bingo Yes% No olumn (d)	(c) Other gaming	12,919 r reported more (d) Total gaming (add col (a) through col (c))

Schedu	ule G (Form 990 or 990-EZ) 2017	Page 3
11 . 12	Does the organization conduct gaming activities with nonmembers?	☐ Yes ☐ No
13 a	Indicate the percentage of gaming activity conducted in	% res _ 140
b 14	 	%
	Name ▶	
	Address ▶ `	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes ☐ No
b b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by 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. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor See instructions.	nd (v), and mation
		,
 -		

Schedule G (Form 990 or 990-EZ) 2017

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

WEEK Part	S BAY FOUNDATION, INC. Types of Property		63-1021925			
r all	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	I	(d) of determining ntribution amounts
1 2 3 4	Art—Works of art Art—Historical treasures Art—Fractional interests Books and publications					
5	Clothing and household goods					
6 7 8	Cars and other vehicles . Boats and planes Intellectual property					
9 10 11	Securities—Publicly traded Securities—Closely held stock Securities—Partnership, LLC, or trust interests					
12 13	Securities—Miscellaneous Qualified conservation contribution—Historic structures					
14	Qualified conservation contribution—Other .					
15 16 17	Real estate—Residential . Real estate—Commercial . Real estate—Other	X	2	224 000	Esin Mar	ket Value
18 19	Collectibles Food inventory		2	234,000	rail Mai	ket value
20 21 22	Drugs and medical supplies Taxidermy Historical artifacts					
23 24 25	Scientific specimens Archeological artifacts Other ▶ ()					
26 27 28	Other ► () Other ► () Other ► ()					
29	Number of Forms 8283 received which the organization completed				29	Yes No
30a	During the year, did the organizat 28, that it must hold for at least to to be used for exempt purposes to	nree years	from the date of the initial of	rty reported in Part I, lines contribution, and which isr	s 1 through n't required	30a X
ъ 31	If "Yes," describe the arrangemen Does the organization have a contributions?	gift accep				31 X
32a	Does the organization hire or use contributions?	e third part	ies or related organizations	s to solicit, process, or se	ell noncash	32a X
ъ 33	If "Yes," describe in Part II If the organization didn't report an describe in Part II	amount in	column (c) for a type of prop	perty for which column (a)	ıs checked,	

		-	
t I, lines 30b, 32b	22 and 22	and who	Page 2
ributions, the nui nformation.			
morriation.			
		-	
			,

Schedule M (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
 ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number WEEKS BAY FOUNDATION, INC. 63-1021925 Form 990, Part VI, Line 6 - Individuals, or other entities, pay annual dues to obtain Form 990, Part VI, Line 7a - The membership elects the Board of Directors at the annual membership meeting. Form 990, Part VI, Line 11a - A copy of the final form of the Form 990 and the required schedules were provided to the Board of Directors electronically for their review prior to the return being filed. Form 990, Part VI, Line 12c - The Organization, on an annual basis, asks each member of the Board of Directors to review the Conflict of Interest Policy to verify that they do not have any conflicts 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 by the Budget and Finance Committee to the Board of Directors for approval 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. Form 990, Part VI, Line 19 - The Organization's governing documents, Conflict of Interest Policy, the annual Audited Financial Statements and the Form 990 are made available to anyone who requests the documents.

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Employer identification number ,
WEEKS BAY FOUNDATION, INC.	63-1021925
Form 990, Part VI, Line 2 - Board members Skipper Tonsmei	re and Daniel Galbraith have a
business relationship, they are employer and employee, re	
business relacionship, they are employer and employee, re	,
,	
~	