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Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

Depar <u>Interna</u>	tment al Rev	of the Treasury	e. The foundation may t	reated as a Private be able to use a copy of this	e Foundation return to satisfy state repoi	rting requirements.	Open to public Inspection
For c	alen	dar year 2012 or tax year be	eginning		, and ending		
Nan	ne of	foundation				A Employer identification	n number
_T	HE	WATSON FOUND	ATION, INC	•		62-6045681	
		nd street (or P O box number if ma		address)	Room/suite	B Telephone number	
		EAST MAGNOLI	A LANE			865-216-67	
		own, state, and ZIP code RIDGE, TN 3	7830			C If exemption application is p	bending, check here
			nitial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
		=	nal return	Amended return		2. Foreign organizations m	eeting the 85% test
			ddress change	Name change		Foreign organizations m check here and attach c	omputation
H C	-	type of organization: X ction 4947(a)(1) nonexempt		cempt private foundation Other taxable private founda	ition	E If private foundation sta under section 507(b)(1	
I Fa		rket value of all assets at end			Accrual	F If the foundation is in a	
		Part II, col. (c), line 16)	Ot	her (specify)		under section 507(b)(1	
				mn (d) must be on cash t	oasis.)		
Pa	rt I	Analysis of Revenue and I (The total of amounts in column necessarily equal the amounts in	Expenses s (b), (c), and (d) may not in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants,		2,000.		N/A	
	2	Check X If the foundation is	not required to attach Sch. B				
	3	Interest on savings and temporar cash investments					
	4	Dividends and interest from	securities	23,282.	23,282.		STATEMENT 1
		Gross rents Net rental income or (loss)					
	_	Net gain or (loss) from sale of ass	sets not on line 10	70,606.			
une	b	Gross sales price for all assets on line 6a	104,045.			PUCEIVE	
Revenue	7	Capital gain net income (from Par	rt IV, line 2)		70,606	11002	
щ	8	Net short-term capital gain				S NUV Z 5 20	13 13
	9	Income modifications Gross sales less returns				SI NUV 2 3 Zu	
		and allowances Less Cost of goods sold				OCCUENT	11:7
ĺ	1	Gross profit or (loss)				UGDEN,	
!	11	Other income		-3,961.	95.		STATEMENT 2
	12	Total. Add lines 1 through		91,927.	93,983.		
	13	Other employee salaries and		0.	0.	·	0.
	14	Pension plans, employee be	-			 	
ses		Legal fees					
beu	Ь	Accounting fees	STMT 3	1,500.	1,500.	<u> </u>	0.
ŭ	ı	Other professional fees					
and Administrative Expenses	17 18	Interest Taxes					
istra	19	Depreciation and depletion				 	
Ē	20	Occupancy					
Ā	21	Travel, conferences, and me	eetings				
auc	22	Printing and publications		4.74	121		+
Operating	23	•	STMT 4	171.	131.	<u> </u>	40.
era	24	Total operating and admin expenses Add lines 13 thr		1,671.	1,631.		40.
o	25	Contributions, gifts, grants		28,001.			28,001.
	•	Total expenses and disbur	•				
	<u> </u>	Add lines 24 and 25		29,672.	1,631	·	28,041.
	l	Subtract line 26 from line 1		60 055			
	ı	Excess of revenue over expense Net investment income (if r		62,255.	92,352	 	
	ı	: Adjusted net income (if neg			72,332	N/A	
2235 12-0	01 5-12	LHA For Paperwork Rec		instructions.			Form 990-PF (2012)

For	<u>m 99</u>	0-PF (2012) THE WATSON FOUNDATION,	INC.		5045681 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing	6,981.	4,441.	4,441.
		Savings and temporary cash investments	7,521.	24,896.	24,896.
	3	Accounts receivable ► 1,239.		4 000	4 000
		Less: allowance for doubtful accounts		1,239.	1,239.
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts	·		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		ĺ	
		disqualified persons .			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts	,		
ests.	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
٩		Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 5	224,881.	301,730.	526,397.
	C	Investments - corporate bonds STMT 6	88,683.	58,015.	71,967.
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
	15	Other assets (describe	 		
	4.0	Tabel access (to be completed by all files)	328,066.	390,321.	628,940.
	17	Total assets (to be completed by all filers)	520,000.		020, 540.
	18	Accounts payable and accrued expenses			
	1	Grants payable Deferred revenue			
Liabilities	19				
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
<u>.</u>	21	Mortgages and other notes payable	<u> </u>		
	22	Other liabilities (describe >)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
	20	Foundations that follow SFAS 117, check here			
	1	and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted			
or Fund Balances	25	Temporarily restricted			
Bal	26	Permanently restricted			
2		Foundations that do not follow SFAS 117, check here			
죠	ĺ	and complete lines 27 through 31.			
ğ	27	Capital stock, trust principal, or current funds	0.	0.	
ě	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	328,066.	390,321.	
Net Assets	30	Total net assets or fund balances	328,066.	390,321.	
_					
_	31	Total liabilities and net assets/fund balances	328,066	390,321.	
F	art	III Analysis of Changes in Net Assets or Fund E	Balances		
1	Tota	Il net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		n het assets of lund balances at beginning of year - Part II, column (a), line st agree with end-of-year figure reported on prior year's return)	. 00	1.1	328,066.
9	-	er amount from Part I, line 27a	•	2	62,255.
2		er increases not included in line 2 (itemize)		. 2	02,233.
3 4		lines 1, 2, and 3		4	390,321.
5		reases not included in line 2 (itemize)		. 5	0.
6		al net assets or fund balances at end of year (line 4 minus line 5) - Part II, o	column (b), line 30	6	390,321.
<u>~</u> _	100	at the accord of fund bullances at one of year time 4 finites into 0) 11 att ii, t	Joint 10 H into 00		Form 990-PF (2012)

	nd Losses for Tax on In						<u> </u>	5001 Tugo 0
(a) List and describ	e the kınd(s) of property sold (e.g. house; or common stock, 200 shs	., real estate,		(b) How P - Pu D - Do	acquired (e rchase onation	;) Date ac (mo., day		(d) Date sold (mo., day, yr.)
1a 700 SHARES CHUR	CHILLDOWNS, INC	•			0	9/10	/81	02/16/12
b 500 SHARES CHUR	CHILLDOWNS, INC	•				9/10		02/17/12
c 100 SHARES CHUR		·				9/10		02/17/12
d 30000 BONDS JPM					0	6/18	/07	07/12/12
e CAPITAL GAINS D								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				n or (loss f) minus ((g)
a 39,576.			1,50					38,071.
b 28,459.		<u> </u>	1,07					27,384.
<u>c</u> <u>5,696.</u>			21					5,481.
d 30,000.		<u> </u>	30,64	4.				-644. 314.
e 314.	gain in column (h) and owned by	the foundation	on 12/31/69			Counce (Col	l (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1)		còl. (k), but no	l. (h) gaın it less tha rom col. (n -0-) or
2			(),					38,071.
<u>a</u> b								27,384.
c								5,481.
d								-644.
e								314.
2 Capital gain net income or (net capi	If gain, also enter of lf (loss), enter -0			} 2				70,606.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, co if (loss), enter -0- in Part I, line 8		nd (6):		}			N/A	
Part V Qualification Un	der Section 4940(e) for	Reduced	Tax on Net	Inves	tment Inco	me	41/ 44	<u> </u>
If section 4940(d)(2) applies, leave this Was the foundation liable for the section If "Yes," the foundation does not qualify Enter the appropriate amount in each	on 4942 tax on the distributable an y under section 4940(e). Do not co	omplete this pa	ırt.				-	Yes X No
(a) Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying dis	stributions	Net value of no	(c) incharitab	le-use assets	(0	Dıstrıl col. (b) dı	(d) bution ratio vided by col. (c))
2011		28,581.		5	37,058			.053218
2010		27,088.		5	21,598			.051933
2009	2	23,790.		5	06,639			.046957
2008	3	33,539.		6	31,251			.053131
2007	4	15,191.	<u> </u>	8	98,881	.		.050275
2 Total of line 1, column (d)						2		.255514
3 Average distribution ratio for the 5- the foundation has been in existence		on line 2 by 5,	or by the number	of years		3		.051103
4 Enter the net value of noncharitable	e-use assets for 2012 from Part X,	line 5				4		606,807.
5 Multiply line 4 by line 3						5		31,010.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)					6		924.
7 Add lines 5 and 6				-		7	· - ·	31,934.
8 Enter qualifying distributions from		a th and some	alete that nest usin	na 10/ +	av rate	8		28,041.
If line 8 is equal to or greater than See the Part VI instructions.			uiat part usin		ал I аку. —			Form 990-PF (2012)

Form 990-PF (2012) THE WATSON FOUNDATION, INC. 62-69 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	045681 see instruc	ր ction	age 4 S)
1a Exèmpt operating foundations described in section 4940(d)(2), check here	1	. , 84	17.
of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			Λ
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2		. , 84	17.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		. , .	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	1	1,84	17.
6 Credits/Payments:			
a 2012 estimated tax payments and 2011 overpayment credited to 2012 6a 129.			
b Exempt foreign organizations - tax withheld at source			
c Tax paid with application for extension of time to file (Form 8868) 6c 2,650.			
d Backup withholding erroneously withheld 7. Tatal and the and appropriate Add lines Se through Sd.		2,7	70
7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		<u> </u>	13.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		9:	31.
11 Enter the amount of line 10 to be: Credited to 2013 estimated tax			0.
Part VII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
any political campaign?	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		<u>X</u>
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
distributed by the foundation in connection with the activities.		İ	
c Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 •			
(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 . e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
managers. > \$ 0.			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If "Yes," attach a detailed description of the activities.			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u> _
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X</u>
b If "Yes," has it filed a tax return on Form 990-T for this year?			
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>
If "Yes," attach the statement required by General Instruction T.		į	
 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or 		ļ	
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		l	
remain in the governing instrument?	6	\mathbf{x}	
7 Did the foundation have at least \$5,000 in assets at any time during the year?	7	Х	
If "Yes," complete Part II, col. (c), and Part XV.			
8a Enter the states to which the foundation reports or with which it is registered (see instructions)			
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
of each state as required by General Instruction G? If "No," attach explanation	<u>8b</u>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		}	v
year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV	10		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	Form 990	-PF (

orm	990-PF (2012) THE WATSON FOUNDATION, INC.	62-6045	681	F	age 5
Pa	rt VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	-			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory i	orivileges?		1	
	If "Yes," attach statement (see instructions)		12		<u>X</u> _
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website address N/A	NOCE 21	6 6	720	
14	· · · _ · _ · _ · _ · _ · _ ·	►865-21		140	
15	Located at ► 116 EAST MAGNOLIA LANE, OAK RIDGE, TN Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	ZIP+4 ► <u>37</u>	030		
15	and enter the amount of tax-exempt interest received or accrued during the year	15	M	/A	0.
10	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,	13		Yes	No.
10	securities, or other financial account in a foreign country?		16	.03	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign				
	country			ļ	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		 _		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	'es 🗓 No	'	[
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		1		
		es X No	1 1		
		es X No			
		es X No		}	
	(5) Transfer any income or assets to a disqualified person (or make any of either available	. 🖼			
		es X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"				
	if the foundation agreed to make a grant to or to employ the official for a period after	es X No			
	, , , , , , , , , , , , , , , , , , , ,	es LAJ No	· ·		
L	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	N/A	1Ь		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/ 11	10	-	
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		l	}	
Ī	before the first day of the tax year beginning in 2012?		1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1			
	defined in section 4942(j)(3) or 4942(j)(5)):		}	,	
á	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginn	ng]	
	before 2012?	res 🗓 No			
	If "Yes," list the years ►,,,				
i	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorre				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack		1	1	
	statement - see instructions.)	N/A	2b		 -
•	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			} ;	
٠,	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time]	
30		Yes X No		}	
1	b If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons a				
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to]
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule				
	Form 4720, to determine if the foundation had excess business holdings in 2012)	N/A	3b	İ	
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	-	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpo	se that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2012?		4b	<u> </u>	X
		For	m 99 0)-PF ((2012)

orm 990-PF (20	12) THE WATSON FOUNDATION, Statements Regarding Activities for White	INC.	Poquirod (62-6045	<u>681</u>	Page 6
	year did the foundation pay or incur any amount to:	CII FUIII 4/20 Way be F	required (continu	iea)		
	on propaganda, or otherwise attempt to influence legislation (si	ection 4945(e)\?	Ye	s X No	}	
	ice the outcome of any specific public election (see section 49		•		}	1 1
• •	ter registration drive?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		s X No		1 1
,	e a grant to an individual for travel, study, or other similar purp	ooses?		s X No		1 1
	e a grant to an organization other than a charitable, etc., organ				ĺ	1 1
	(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	s X No	1	1 1
	e for any purpose other than religious, charitable, scientific, lite	erary, or educational purposes, or f	or		ł	} } .
	evention of cruelty to children or animals?			s 🗓 No	1	} }
b If any answ	ver is "Yes" to 5a(1)-(5), did any of the transactions fail to quali	fy under the exceptions described (ın Regulations]	1
section 53.4	4945 or in a current notice regarding disaster assistance (see	instructions)?		N/A	5b	
Organizatıo	ns relying on a current notice regarding disaster assistance ch	neck here			}	
c If the answe	er is "Yes" to question 5a(4), does the foundation claim exemp	tion from the tax because it mainta	ined			1 1
expenditure	e responsibility for the grant?	N.	I/A	s L No	Ì	1
If "Yes," at	ttach the statement required by Regulations section 53	.4945-5(d).			ł	1
6a Did the four	ndation, during the year, receive any funds, directly or indirect	ly, to pay premiums on			ļ	}
•	benefit contract? .		Ye	es X No	j	
	ndation, during the year, pay premiums, directly or indirectly, o	on a personal benefit contract?			6b	X
	o 6b, file Form 8870.	_	·—	[==]	1	1 1
-	e during the tax year, was the foundation a party to a prohibited) Ye	s X No	<u> </u>	
b If "Yes," did	the foundation receive any proceeds or have any net income			_N/A_	7b	 _
Part VIII	Information About Officers, Directors, To Paid Employees, and Contractors	rustees, Foundation Ma	anagers, Higniy	y 		
1 List all office	cers, directors, trustees, foundation managers and t	heir compensation.				
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee benefit pla and deferred compensation	ns a	(e) Expense account, other allowances
FORREST	I. WATSON	CHAIRMAN				
116 EAS'	T MAGNOLIA LANE					
OAK RID	GE, TN 37830	0.00	0.).	<u> </u>
MARGERY	G. WATSON	SECRETARY		l	-	
116 EAS'	T MAGNOLIA LANE		1	ı		
OAK RID		0.00	0.).	0.
SAMUEL Z		PRESIDENT-TRE	EASURER	1	}	
	T MAGNOLIA LANE					_
OAK RID	GE, TN 37830	0.00	0.	ļ). _	<u>0.</u>
				-		
				1		
2 Company	ation of five highest-paid employees (other than thos	es included on line 1) If none	enter "NONE "	<u> </u>		
Compensa	ation of five highest-paid employees (other than thos	(b) Title, and average	, etiter NONE.	(d) Contributions employee benefit pla	to	(e) Expense
(a) Na	me and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit pla and deferred compensation	ins :	account, other allowances
N	ONE	dovoted to position	 	- companional	_	
				j		
			 -	 	_	
					_	
			<u> </u>			
					T	
					l_	
			1	<u> </u>		
Total number of	of other employees paid over \$50,000				ــــــــــــــــــــــــــــــــــــــ	0
				Fo	orm 9 9	90-PF (2012)

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orm 990-PF (2012) THE WATSON FOUNDATION, INC.	62-6	5045681 Page 7
Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	tion Managers, Highly	
B Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	 	_
	-	
		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced to the conference of the conferenc	tical information such as the fuced, etc.	Expenses
N/A		
<u> </u>		
	-	·
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
N/A		
2		
All other program-related investments. See instructions.		
3		
		i
Total. Add lines 1 through 3	<u> </u>	0 .
		Form 990-PF (2012

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	572,054.
b	Average of monthly cash balances	1b	572,054. 43,994.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	616,048.
е	Reduction claimed for blockage or other factors reported on lines 1a and	-	
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	616,048.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	9,241.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	606,807.
6	Minimum investment return. Enter 5% of line 5	6	30,340.
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Mınımum ınvestment return from Part X, line 6	1	30,340.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,847.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	28,493.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	28,493.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	28,493.
P	Part XII Qualifying Distributions (see instructions)	_ _	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а		1a	28,041.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	28,041.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	28,041.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	
	4940(e) reduction of tax in those years.	-	

Form **990-PF** (2012)

Part XIII Undistributed Income (see instructions)

· · · · · · · · · · · · · · · · · · ·				
	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,	Corpus	rears prior to 2011	2011	2012
line 7				28,493.
2 Undistributed income, if any, as of the end of 2012			-	
a Enter amount for 2011 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007 4,405.				
b From 2008 2,480.				
c From 2009 755.	ĺ			
d From 2010 1,372.				
e From 2011 2, 106.				
f Total of lines 3a through e	11,118.			
4 Qualifying distributions for 2012 from				
Part XII, line 4: ► \$ 28,041.		ļ		
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				[
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount			<u> </u>	28,041.
e Remaining amount distributed out of corpus	0.		<u> </u>	 -
Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	452.			452.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,666.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously		,	!	
assessed .		0.		
d Subtract line 6c from line 6b. Taxable	-			
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line				
4a from line 2a. Taxable amount - see ınstr.			_0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must			ľ	1
be distributed in 2013		<u> </u>		0.
7 Amounts treated as distributions out of			ŀ	
corpus to satisfy requirements imposed by	•			
section 170(b)(1)(F) or 4942(g)(3)	0.	<u> </u>	 	
8 Excess distributions carryover from 2007	2 052			
not applied on line 5 or line 7	3,953.		 	
9 Excess distributions carryover to 2013.	<i>C</i> 711			
Subtract lines 7 and 8 from line 6a	6,713.		 	
10 Analysis of line 9:				
a Excess from 2008				
b Excess from 2009 755. c Excess from 2010 1, 372.				
d Excess from 2011 2, 106.		1		
e Excess from 2012				1
C EXCUSS O 20 2		<u> </u>		Form 990-PF (2012)

	SON FOUNDAT)45681 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part V	II-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2012, enter the date of t	the ruling	▶ ∟		
b Check box to indicate whether the found	lation is a private operatir	ng foundation described	ın section	4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a			†	 	
c Qualifying distributions from Part XII,			 		
line 4 for each year listed		}			
d Amounts included in line 2c not			 		
used directly for active conduct of					
exempt activities			 	 	
e Qualifying distributions made directly		}			
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	ļ		_	 	
alternative test relied upon:					
a "Assets" alternative test - enter:				1	
(1) Value of all assets		<u> </u>	<u> </u>		
(2) Value of assets qualifying under section 4942(i)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:			1		
(1) Total support other than gross		İ			1
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public			 	 	
and 5 or more exempt	•				
organizations as provided in section 4942(j)(3)(B)(iii)				İ	
(3) Largest amount of support from					
an exempt organization					
, ,				-	
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	to this part only	if the foundation	n had \$5 000 or m	nore in assets
at any time during t			in the roundation	πιαα φο,σοσ στ π	ioro iii assets
1 Information Regarding Foundation	-	than 00/ of the total co	ntributions reasoned by th	a foundation before the al	aga of any tay
a List any managers of the foundation why year (but only if they have contributed it			ntributions received by th	e toutidation before the ci	ose of any tax
	ποιο επαπ φο,ουσή: (ουσ	00000011 001 (0)(2).)			
NONE	100/ 00 000 014	ha ataali af a aarnaratios	/or an aqually large nor	tion of the ourse-ship of a	northerebyn or
b List any managers of the foundation when the coundation has been desired as a contract of the foundation has been desired.			I (OI all equally large por	non of the ownership of a	partitet Strip Of
• •	ou re re or ground, milere				
NONE		0111111			
2 Information Regarding Contribut Check here ► X If the foundation				not appeal upoplicated re-	augusta for funda 16
the foundation makes gifts, grants, etc.					
				oomploto nome za, b, e, a	
a The name, address, and telephone num	iber or e-mail of the pers	on to whom applications	s snould be addressed.		
b The form in which applications should	be submitted and informa	ation and materials they	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	ls, such as by geographic	cal areas, charitable field	s, kınds of ınstitutions, o	r other factors:	

Form 990-PF (2012) THE WATSON FOUNDATION, INC.

Part XV | Supplementary Information (continued)

Recipient See methyden See methyd See	Part XV 'Supplementary Information				
AMERICAN FRIENDS SERVICE COMMITTEE N/A N/A ANNUAL BUDGET 1501 CMERCY ST. FFILADELPHIA, PA 19102 1,000 CARE 151 ELLIS ST., NE ATLANTA. GA 19303 3,000 FOOD FOR THE POOR 6401 LYONS ROAD COCONUT. CREEK, Ft. 33073 3,000 HEISER INTERNATIONAL 1 MORLD AVENUE LITTLE ROCK, AR 72202 2,000 INTERPAITH HEALTH CLINIC N/A N/A ANNUAL BUDGET 2,000 INTERPAITH HEALTH CLINIC N/A N/A ANNUAL FUND DRIVE 1515 GILL AVE. SEE CONTINUATION SHEET(S) 33 300 Total SEE CONTINUATION SHEET(S) 33 000 Total NONE		ear or Approved for Future	Payment		
AMERICAN FRIENDS SERVICE COMMITTEE N/A N/A ANNUAL BUDGET 1501 CMERCY ST. FFILADELPHIA, PA 19102 1,000 CARE 151 ELLIS ST., NE ATLANTA. GA 19303 3,000 FOOD FOR THE POOR 6401 LYONS ROAD COCONUT. CREEK, Ft. 33073 3,000 HEISER INTERNATIONAL 1 MORLD AVENUE LITTLE ROCK, AR 72202 2,000 INTERPAITH HEALTH CLINIC N/A N/A ANNUAL BUDGET 2,000 INTERPAITH HEALTH CLINIC N/A N/A ANNUAL FUND DRIVE 1515 GILL AVE. SEE CONTINUATION SHEET(S) 33 300 Total SEE CONTINUATION SHEET(S) 33 000 Total NONE		show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
AMERICAN FRIENDS SERVICE COMMITTEE S/A N/A ANNUAL BUDGST 1501 CHERRY ST. ### ### ### ### ### ### ### ### ### #		or substantial contributor	recipient	<u> </u>	
1501 CHERRY ST. PRILADELPHIA, PA 19102 CARE N/A N/A N/A N/A N/A N/A N/A N/	a Paid dunng the year				
1501 CHERRY ST. PRILADELPHIA, PA 19102 CARE N/A N/A N/A N/A N/A N/A N/A N/					
1501 CHERRY ST. PRILADELPHIA, PA 19102 CARE N/A N/A N/A N/A N/A N/A N/A N/				}	
1501 CHERRY ST. PRILADELPHIA, PA 19102 CARE N/A N/A N/A N/A N/A N/A N/A N/	AMERICAN FRIENDS SERVICE COMMITTEE	N/A	N/A	ANNUAL BUDGET	
ARE 151 ELLIS ST., NE N/A N/A HAITI RELIEF FUND 151 ELLIS ST., NE ATLANTA, GA 30303 3,000 FOOD FOR THE FOOR N/A N/A ANNUAL BUDGET 6401 LYONS ROAD COCONUT CREEK, FL 33073 3,000 HEIFER INTERNATIONAL N/A N/A ANNUAL BUDGET LITTLE ROCK, AR 72202 2,000 INTERFAITH HEALTH CLINIC N/A N/A ANNUAL FUND DRIVE 315 GILL AVE. ENOXULLE, TN 37917 3,000 b Approved for future payment NONE Total > 30 Total		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[]		
151 ELLIS ST., NE ATLANYA, GA 30303 FOOD FOR THE FOOR 6401 LYONS ROAD COCONUT CREEK, FL 33073 HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202 INTERPAITH HEALTH CLINIC 315 GILL AVS. KNOKVILLE, TN 37917 Total NONE NONE ANNUAL FUND DRIVE 32 28 001		L			1,000.
151 ELLIS ST., NE ATLANYA, GA 30303 FOOD FOR THE FOOR 6401 LYONS ROAD COCONUT CREEK, FL 33073 HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202 INTERPAITH HEALTH CLINIC 315 GILL AVS. KNOKVILLE, TN 37917 Total NONE NONE ANNUAL FUND DRIVE 32 28 001		İ			
151 ELLIS ST., NE ATLANYA, GA 30303 FOOD FOR THE FOOR 6401 LYONS ROAD COCONUT CREEK, FL 33073 HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202 INTERPAITH HEALTH CLINIC 315 GILL AVS. KNOKVILLE, TN 37917 Total NONE NONE ANNUAL FUND DRIVE 32 28 001					
151 ELLIS ST., NE ATLANYA, GA 30303 FOOD FOR THE FOOR 6401 LYONS ROAD COCONUT CREEK, FL 33073 HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202 INTERPAITH HEALTH CLINIC 315 GILL AVS. KNOKVILLE, TN 37917 Total NONE NONE ANNUAL FUND DRIVE 32 28 001					
### ATLANTA, GA 30303 FOOD FOR THE FOOR		N/A	N/A	HAITI RELIEF FUND	
FOOD FOR THE FOOR 6401 LYONS ROAD COCONUT CREEK, FL 33073 HEIPER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202 INTERFAITH HEALTH CLINIC 315 GILL AVE. KNOXVILLE, TN 37917 Total NONE Total Total Total NONE					3 000
6401 LYONS ROAD COCONUT CREEK, FL 33073 HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202 INTERFAITH HEALTH CLINIC N/A 115 GILL AVE. KNOXVILLE, TN 37917 Total SEE CONTINUATION SHEET(S) 3,000 Approved for future payment NONE	ATLANTA, GA 30303		1		
6401 LYONS ROAD COCONUT CREEK, FL 33073 HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202 INTERFAITH HEALTH CLINIC N/A 115 GILL AVE. KNOXVILLE, TN 37917 Total SEE CONTINUATION SHEET(S) 3,000 Approved for future payment NONE			1		
6401 LYONS ROAD COCONUT CREEK, FL 33073 HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202 INTERFAITH HEALTH CLINIC N/A 115 GILL AVE. KNOXVILLE, TN 37917 Total SEE CONTINUATION SHEET(S) 3,000 Approved for future payment NONE				1	
COCONUT CREEK, FL 33073 HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202 INTERFAITH HEALTH CLINIC 315 GILL AVE. KNOXVILLE TN 37917 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE NONE	FOOD FOR THE POOR	N/A	N/A	ANNUAL BUDGET	
HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202 2,000 INTERFAITH HEALTH CLINIC 315 GILL AVE. KNOXVILLE TO 37917 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE NONE					
1 WORLD AVENUE LITTLE ROCK, AR 72202 INTERFAITH HEALTH CLINIC 315 GILL AVE. KNOXVILLE, TN 37917 Total SEE CONTINUATION SHEET(S) NONE Total	COCONUT CREEK, FL 33073		-		3,000,
1 WORLD AVENUE LITTLE ROCK, AR 72202 INTERFAITH HEALTH CLINIC 315 GILL AVE. KNOXVILLE, TN 37917 Total SEE CONTINUATION SHEET(S) NONE Total			1]	
1 WORLD AVENUE LITTLE ROCK, AR 72202 INTERFAITH HEALTH CLINIC 315 GILL AVE. KNOXVILLE, TN 37917 Total SEE CONTINUATION SHEET(S) NONE Total					
1 WORLD AVENUE LITTLE ROCK, AR 72202 INTERFAITH HEALTH CLINIC 315 GILL AVE. KNOXVILLE, TN 37917 Total SEE CONTINUATION SHEET(S) NONE Total	UPTEED INTERNATIONAL	NI / A	N/A	ANNIIAI, BUDGET	
INTERFAITH HEALTH CLINIC 315 GILL AVE. KNOXVILLE, TN 37917 Total SEE CONTINUATION SHEET(S) NONE NONE Total Total Total Total		N/A	T/A	ALTONE BOBOST	
INTERFAITH HEALTH CLINIC 315 GILL AVE. KNOXVILLE, TN 37917 Total SEE CONTINUATION SHEET(S) NONE SEE CONTINUATION SHEET(S) NONE					2.000.
315 GILL AVE. KNOXVILLE, TN 37917 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE Total Total ▶ 3a 28,001					
315 GILL AVE. KNOXVILLE, TN 37917 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE Total Total ▶ 3a 28,001					
315 GILL AVE. KNOXVILLE, TN 37917 Total SEE CONTINUATION SHEET(S) Approved for future payment NONE Total Total ▶ 3a 28,001					
NONE SEE CONTINUATION SHEET(S) 3a 28,001		N/A	N/A	ANNUAL FUND DRIVE	
Total SEE CONTINUATION SHEET(S) Approved for future payment NONE Total					3 000
NONE NONE Total NONE		NTINUATION SHE	ET(S)	▶ 3a	28 001.
NONE Total	· · · · · · · · · · · · · · · · · · ·				
	NONE				
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]		
				_	
5 000 DE 40 4	Total			▶ 3b	0.

Form **990-PF** (2012)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated but	siness income	Excluded	by section 512, 513, or 514	(e)
	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
•					
	_				-
	- 				
d	_				
0	-				
e	- 				
g Fees and contracts from government agencies	- 				
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	23,282.	
5 Net rental income or (loss) from real estate:				23,202.	
a Debt-financed property					
b Not debt-financed property			 		
6 Net rental income or (loss) from personal	 		 		
			1 1		
7 Other investment income	211110	-4,053.	14	92.	
	211110	-4,055.	14		
8 Gain or (loss) from sales of assets other			18	70,606.	
than inventory			10	70,000.	
9 Net income or (loss) from special events			 -		
10 Gross profit or (loss) from sales of inventory	<u> </u>		 		
11 Other revenue:					
a	_	 -	 		
b	_		╁┷┼		
<u> </u>	_		├		
d	_		 -		
e	_	4 050	+	02.000	
12 Subtotal. Add columns (b), (d), and (e)		<u>-4,053</u> .	1	93,980.	20.00
13 Total. Add line 12, columns (b), (d), and (e)				13	89,92'
(See worksheet in line 13 instructions to verify calculations	s.)				

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).								

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	990-PF (20		ATSON	FOUND	MOITA	, INC.		62-6045			ge 13
Par	t XVII			Transfer	s To an	d Transactions	s and	Relationships With Nonchar	itable	€	
	D.d.4b.a.a.a	Exempt Organ					otion d	Jacob and un acceptant FOM(a) of	$\overline{}$	Yes	No
								lescribed in section 501(c) of		163	140
		other than section 501(c from the reporting found		•			yanızaı	nons:			
		tom the reporting round	מווטוו נט מ ווטו	iichantable ex	Kenipi diyan	nzation of.			1a(1)		x
	(1) Cash	nonata					•	•	1a(1)		X
	(2) Other Other trans							•	INCL	-	
		of assets to a noncharita	hla avamnt c	raanization					16(1)	1	X
		ases of assets from a no	=	_	ızation				1b(2)		X
		of facilities, equipment,			ization	•			1b(3)		X
		oursement arrangements		010		•	•		1b(4)		X
		or loan guarantees	•					•	1b(5)		_ <u>x</u>
		mance of services or me	embership or	fundraising s	solicitations				16(6)	1	X
		facilities, equipment, ma				vees			1c		X
							d alway	s show the fair market value of the goods, o		sets.	
								n any transaction or sharing arrangement, st		•	
) the value of the goods,									
(a)Lir	ne no	(b) Amount involved	(c)	Name of none	charitable ex	cempt organization		(d) Description of transfers, transactions, and s	haring a	rangeme	ents
					N/A						
						_					
			<u> </u>								
											_
		·	<u> </u>								_
		_									
		<u> </u>									
			ļ								
			<u> </u>								
			 								
			ļ								
			<u> </u>								
2a		ndation directly or indire					ganızat	ions described	_	r -	_
		501(c) of the Code (other		on 501(c)(3))	or in section	า 527?		L	Yes	L.X	☐ No
<u>_b</u>	If "Yes," co	omplete the following scl				(h) Tuno of organization		(a) Description of relational			
		(a) Name of or	ganization			b) Type of organization	011	(c) Description of relations	<u> </u>		
		N/A					-				
						· · · · · · · · · · · · · · · · · · ·					
											_
	Under	penalties of periury. I declare	e that I have ex	amined this retu	ırn, including a	accompanying schedules	and sta	atements, and to the best of my knowledge			
Sig	and be	elief, it is true, correct, and co	omplete Declar	ation of prepare	r (other than to	axpayer) is based on all in	nformatı	on of which preparer has any knowledge retu	rn with t	discuss he prepa	rer
He	re	Samu of A	Lat	an		111.15.13	3		Wn belov	w (see in:	No
		nature of officer or truste	18			Date		Title	10		_, 140
	1 3.	Print/Type preparer's r		Pre	eparer's sign			Date Check X if PTIN			_
						20.		self- employed			
Pa	id	J. TODD E	LLIS.	CPA	< \ \\d\	Illa CPA	3 1	1 15 2013 PO	028	5504	Ļ
Pre	eparer	Firm's name ► ST		& ELLÍ	S, PL	LC	<u></u>	Firm's EIN ► 62-1			
	e Only)·	-			- •	•	

865-212-3800 Form **990-PF** (2012)

Phone no.

Firm's address > 5516 LONAS DRIVE, STE 260 KNOXVILLE, TN 37909

THE WATSON FOUNDATION, INC. 62-6045681

3 Grants and Contributions Paid During the				
• Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	A 1
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
KNOX AREA RESCUE MINISTRIES	N/A	N/A	ANNUAL BUDGET	
418 N. BROADWAY				
KNOXVILLE, TN 37917				2,00
RONALD MCDONALD'S HOUSE	N/A	N/A	ANNUAL BUDGET	
1705 W. CLINCH AVE. KNOXVILLE, TN 37916				2,00
			AND THE PROPERTY OF THE PROPER	
THE NATURE CONSERVANCY 2021 21ST AVE. S., SUITE 400	N/A	N/A	ANNUL BUDGET	
NASHVILLE, TN 37212				3,00
THE SALVATION ARMY	N/A	N/A	ANNUAL BUDGET	
409 N. BROADWAY				
KNOXVILLE, TN 37917				3,00
UNITED NEGRO COLLEGE FUND	N/A	N/A	ANNUAL SUPPORT	
8260 WILLOW OAKS CORPORATE DR. FAIRFAX, VA 22031			CAMPAIGN	3,00
UNIVERSITY OF TENNESSEE	N/A	N/A		
600 ANDY HOLT TOWER	17.43	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
KNOXVILLE, TN 37996		 		3,00
PASSTHROUGH DETERMINED	N/A	N/A	DETERMINED BY PASS	
FROM K-1 ENERGY TRANSFER PARTNERS KNOXVILLE, TN 37996			THROUGH ENTITY	
				
		-		

FORM 990-PF DIVID	ENDS AND	INTERI	EST ———	FROM	SECU	RITIES	STATEMENT	1
SOURCE		GROSS	AMC	UNT		PITAL GAINS DIVIDENDS	COLUMN (A	.)
INVESTMENT DIVIDEND INCOME INVESTMENT INTEREST INCOME				885. 711.		314.	15,5 7,7	71.
TOTAL TO FM 990-PF, PART I	, LN 4		23,	596.		314.	23,2	82.
FORM 990-PF	0	THER II	NCOM	IE			STATEMENT	2
DESCRIPTION]	REV	A) ENUE BOOK		(B) NET INVEST- MENT INCOME		
FROM K-1 ECA MARCELLUS 27- FROM K-1 ENERGY TRANSFER F 73-1493906 FROM K-1 LINN ENERGY 65-11 FROM K-1 KINDER MORGAN 76- FROM K-1 ENERGY TRANSFER F 73-1493906 FROM K-1 LINN ENERGY 65-11	PARTNERS .77591 -0380342 PARTNERS			-1, -1,	904. 839. 310.	13 0 0 0 -81 4	•	
FROM K-1 LINN ENERGY 05-1177391 FROM K-1 KINDER MORGAN 76-0380342 TOTAL TO FORM 990-PF, PART I, LINE		11	-3,961.		159	·		
FORM 990-PF	AC	COUNTI	NG I	FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS		(B) VNI T NT IN	EST-	(C) ADJUSTED NET INCOM		
TAX RETURN PREPARATION	 ,	1,500.		1	,500			0.
TO FORM 990-PF, PG 1, LN 1	 L6B	1,500.		1	,500			0.

FORM 990-PF	OTHER EX	XPENSES		STATEMENT	4	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC				
INVESTMENT FEES STATE REGISTRATION FEE AMORTIZATION	125. 40. 6.		125. 0. 6.			0. 40. 0.
TO FORM 990-PF, PG 1, LN 23	171.		131.			40.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	5
DESCRIPTION			вос	OK VALUE	FAIR MARKE VALUE	т
MERRILL LYNCH				301,730.	526,3	97.
TOTAL TO FORM 990-PF, PART I	I, LINE 10B	:		301,730.	526,3	97.
FORM 990-PF	CORPORAT	E BONDS			STATEMENT	6
DESCRIPTION			во	OK VALUE	FAIR MARKE VALUE	T
MERRILL LYNCH				58,015.	71,9	67.
TOTAL TO FORM 990-PF, PART I	I, LINE 10C			58,015.	71,9	67.

Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

ightharpoons• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or print 62-6045681 THE WATSON FOUNDATION, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN) due date for filing your 116 EAST MAGNOLIA LANE City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions OAK RIDGE, TN 37830 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) Return Return Application **Application** Code Code Is For Is For Form 990-T (corporation) 07 01 Form 990 or Form 990-EZ 02 Form 1041-A 08 Form 990-BL 03 Form 4720 09 Form 4720 (individual) Form 990-PF 10 04 Form 5227 05 Form 6069 11 Form 990-T (sec 401(a) or 408(a) trust) 06 Form 8870 12 Form 990-T (trust other than above) SAMUEL A. WATSON The books are in the care of > 116 EAST MAGNOLIA LANE - OAK RIDGE, TN 37830 Telephone No ► 865-216-6720 FAX No If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

If this is for the whole group, check this box If it is for part of the group, check this box In and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2013 , to file the exempt organization return for the organization named above. The extension is for the organization's return for ► X calendar year 2012 or tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason. ___ Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 2,779. nonrefundable credits. See instructions If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev 1-2013)

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	68 (Rev. 1-2013)					Page 2
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	s box		▶ X
	nly complete Part II if you have already been granted an a			led Form 8	1868.	
	are filing for an Automatic 3-Month Extension, comple					
Part	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies need	led).
			Enter filer's	identifyin	g number, s	ee instructions
Type or	Name of exempt organization or other filer, see instru	Employer	nployer identification number (EIN) or			
print						
File by the	THE WATSON FOUNDATION, INC.		62-604	<u> 15681 </u>		
due date f	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity numbe	r (SSN)
filing your return Sea	116 EAST MAGNOLIA LANE					
Instruction	s. City, town or post office, state, and ZIP code. For a for	oreign add	fress, see instructions.			
	OAK RIDGE, TN 37830					
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)		•••••	0 4
Applica	tion	Return	Application			Return
is For		Code	ls For			Code
Form 99	30 or Form 990-EZ	01	A STATE OF THE STA			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Form 99	90-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720			09
Form 99	90-PF	04	Form 5227			10
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	90-T (trust other than above)	06	Form 8870			12
STOP!	Do not complete Part II if you were not already granted	d an autor	matic 3-month extensi <u>on on a pre</u> y	riously file	d Form 8860	3.
	SAMUEL A. WATS					
• The	books are in the care of > 116 EAST MAGNO		ANE - OAK RIDGE, T	N 378	30	
Tele	phone No. ► 865-216-6720		FAX No. ▶			
	organization does not have an office or place of busines	s in the U				▶ 🔲
	s is for a Group Return, enter the organization's four digit					
box 🕨	. If it is for part of the group, check this box	and atta	ach a list with the names and EINs o	f all memb	ers the exter	sion is for.
4 1		NOVEM	BER 15, 2013.			
5 F	or calendar year 2012 , or other tax year beginning	·	, and endin	.g		
	the tax year entered in line 5 is for less than 12 months,	check reas	son: Initial return	Final r	eturn	
[Change in accounting period					
7 S	tate in detail why you need the extension					
P	DDITIONAL TIME IS NEEDED TO	GATHE	R THE NECESSARY IN	FORMA	TION TO)
Ē	REPARE A COMPLETE AND ACCURA	TE RE	TURN.			
_						
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
nonrefundable credits. See instructions.					\$	1,781.
b if	this application is for Form 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and estimated			_
	ax payments made. Include any prior year overpayment a				ĺ	
	previously with Form 8868.		·	8b	\$	2,779.
c E	alance due. Subtract line 8b from line 8a. Include your p	ayment wi	ith this form, if required, by using			
E	FTPS (Electronic Federal Tax Payment System). See insti	ructions.		8c	\$	0.
			st be completed for Part II	only.		
Under p	enalties of perjury, I declare that I have examined this form, inclu	ding accom	panying schedules and statements, and t	to the best o	of my knowlede	ge and belief,
it is true	, correct, and complete, and that I am authorized to prepare this	form.				
Signatu	e Samuel A. Watoon Title ▶	PRESI	DENT	Date	► Augus	+142013
					Form 8	868 (Rev. 1-2013)
					••	