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### EXTENDED THROUGH 4/15/2014

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public. Internal Revenue Service ▶ Information about Form 990 and its instructions is at www irs gov/form990 Open to Public Inspection

<u>A</u>	For the	2013 calendar year, or tax year beginning S	EP 1, 2012 and ending	<u>AUG 31,</u>	<u> 2013 </u>			
В	Check if applicable	C Name of organization		D Employer	identific	ation number		
Г	Addres	BOTA FOUNDATION						
	Name change				23-73	303138		
	Initial	Number and street (or P.O. box if mail is not deli	vered to street address) Room/su					
	Termin	· ·				756-710	0	
	Amend			G Gross receipt	s \$	1,689	,602.	
	Application	CHAITANOOGA, IN 3/402		H(a) Is this a	group ret	:um		
	pendin	F Name and address of principal officer WIL.	LIAM R. RUSSELL	for subo	rdinates?	Yes	X No	
		TALLAN FINANCIAL CENTER	TWO UNION SQ., CHA	TT H(b) Are all sub	ordinates inc	luded? Yes	No	
1	Tax-exe	empt status: X 501(c)(3) 501(c) ( )·		527 If "No," a	attach a lı	ist (see instruct	ions)	
		e: ▶ N/A		H(c) Group e				
K	Form of	organization; [22]	sociation Other ▶ L Y	ear of formation: 1	<u>973 м</u>	State of legal don	nicile: <b>TN</b>	
P		Summary						
. 8	1	Bnefly describe the organization's mission or most	significant activities. SEE SCH	<u> </u>				
Governance	-							
ı e	1	•	ntinued its operations or disposed of m	ore than 25% of i	1 . 1	sets	-	
. g	1	Number of voting members of the governing body			3			
_ eg	1	Number of independent voting members of the gov			4		5	
ë ₹	1	Total number of individuals employed in calendar y	ear 2013 (Part V, me 2a)		5	· ·	0	
ર્કે	1	Total number of volunteers (estimate if necessary)			6		0	
Į Š	1	Total unrelated business revenue from Part VIII, co	المنافق المناف		7a		0.	
Z Z	b	Net unrelated business taxable income from Form	990-1, line 34		7b		0.	
Revenue Activities &		One table there are discussed (Double)		Prior Year	703.	Current Yo	,500 •	
<b>Sel</b>	1	Contributions and grants (Part VIII, line 1h)	-	-	0.	191	0.	
Š Š	1	Program service revenue (Part VIII, line 2g)		21,		672	$\frac{0.}{153.}$	
æ	1	Investment income (Part VIII, column (A), lines 3, 4,	· ·	<u> </u>	0.	0/2		
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		2.2	444.	063	<u>0.</u> ,653.	
	1	Total revenue - add lines 8 through 11 (must equal		161,			, 655. , 414.	
	1	Grants and similar amounts paid (Part IX, column (A		161,	0.	800	, <u>414.</u> 0.	
	1	Benefits paid to or for members (Part IX, column (A			0.			
Expenses	15	Salaries, other compensation, employee benefits (F	1		0.		<u> </u>	
ĕ	16a	Professional fundraising fees (Part IX, column (A), li			- 0.			
Ĕ	1.0	Total fundraising expenses (Part IX, column (D), line	11620ECEIVED	16	656.	2	,112.	
	17	Other expenses (Part IX, column (A), lines 11a-11वि, Total expenses. Add lines 13-17 (must equal Part ।)	(, column-(A), line 25)	177,			$\frac{112.}{526.}$	
	18	Povenue less expenses. Subtrest line 19 from line	12	<155,			$\frac{127.}{127.}$	
es -	19	Total expenses. Add lines 13-17 (must equal Part Revenue less expenses Subtract line 18 from line	B APR 18 2017   SI	Beginning of Curre				
ets c	20	Total assets (Part X, line 16)	8	22,464,		End of Ye 24,011		
Ass	21	Total liabilities (Part X, line 16)	OGDEN, UT	22,404,	0.	24,011	0.	
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from	Ine-20	22,464,		24,011	<u>,921.</u>	
P	art II	Signature Block		22/101/	2031	21,011	7 2 2 2 0	
_		Ities of perjury, I declare that I have examined this return,	including accompanying schedules and sta	tements, and to the	best of my	knowledge and b	elief, it is	
		t, and complete. Declaration of preparer (other than office			-			
		Bue Sil	and a		4/13	114		
Sig	ın	Signature of officer		Date	7			
He		WILLIAM R. BUSSELL, TR	EASURER					
_		Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Pai	d	Time Type property a marile	r roparor a arginaturo		rt setf-employed	-		
	parer	Firm's name		Firm's	EIN 🛌	·		
	Only	Firm's address		1 111113	- E-111			
	,			Phone	e no.			
Ma	y the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)			Yes	☐ No	
	001 10-2			-			<b>90</b> (2013)	

Form 990 (2013) BOTA FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
11	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	_4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımılar 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	_10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	_11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			7.
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		<u>14a</u>		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		446		Х
46	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		Λ
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ 15		A
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		**-
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>''</u>		
	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,"	<del></del>		_ <u></u> -
.5	complete Schedule G, Part III	19		X
20a	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?	20b		
	The second secon		990	(2013)

		<u>-7303138</u>	P	age <b>4</b>
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		i	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part	IX,		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's currently	ent		
	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 o	f 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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeas	e		
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, ar	nd		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			-
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	r		
	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, Part IV	- <del></del> -		
20	instructions for applicable filing thresholds, conditions, and exceptions)			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			X
-	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an o	I		
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in norreasin continuously. In res, complete conservation bid the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<del> </del> -
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 55		
31	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
0.4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		1	<del></del>
34		34	x	
	Part V, line 1	35a	<del>  ^</del> -	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled enti-	35b		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.	36		х
	If "Yes," complete Schedule R, Part V, line 2	36	+	┼^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		$+\Delta$

Form **990** (2013)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Form	990 (2013) BOTA FOUNDATION 23-7303	<u> 138</u>	Pa	age <b>5</b>
Par	t 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			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b_		_
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
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>
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	ļ		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>f</del>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g_		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8_		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	ł		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	. '		
	amounts due or received from them)	} _		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	-	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
	Note. See the instructions for additional information the organization must report on Schedule O			
b	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	1		
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>_b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(2012)

Form 990 (2013) BOTA FOUNDATION 23-7303138 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions								
`	Check if Schedule O contains a response or note to any line in this Part VI	_		X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 5								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 5								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3	_X_						
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		<u> </u>					
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 approval by) members, stockholders, or								
	persons other than the governing body?	7b		<u>X</u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	-	X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			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 such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13		<u> </u>					
14	Did the organization have a written document retention and destruction policy?	14		_X_					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		X					
	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 similar arrangement with a								
	taxable entity during the year?	16a	<u> </u>	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶TN								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	avaılab	le						
	for public inspection. Indicate how you made these available Check all that apply								
	Own website X Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d fınar	icial						
	statements available to the public during the tax year								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books and person of the person of	tion. 🕨							
	WILLIAM R. RUSSELL - 423. 756-7100								
	TALLAN FINANCIAL CENTER TWO UNION SQ. SUITE 1100, CHATTANOOG	Α,_	TN	37					
		F		10040					

## 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.

(A) Name and Title	(B) Average hours per week	box,	not c	Posi heck ss pe	more	than s bot r/trus	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	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
(1) MORTON J. KENT	0.00								•	
CHAIRMEN	0.00	X						0.	0.	0
(2) WILLIAM R. RUSSELL	0.00	,,						•	•	0
IREASURER	0.00	Х						0.	0.	0
(3) HUGH J. MOORE JR. ESQ.	0.00	x						0.	0.	0
SECRETARY	0.00	Λ						U •	Ų.	
(4) THOMAS A. CALDWELL II. ESQ. AT LARGE MEMBER	0.00	x						0.	0.	0
(5) JOHN F. GERM	0.00	125								
AT LARGE MEMBER	0.00	х						0.	0.	0
									<del> </del>	

23-7303138

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			
	(A)	(B)			(0	C)			(D)	(E)	-	(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable	E	stimate	∌d
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation	ar	nount	of
		week	Η.	Cerai	luau	a director/trustee)		100)		from related		other	
		(list any hours for	lirecto				_		the organization	organizations	- 1	pensa	
		related	e or d	翼			sated		(W-2/1099-MISC)	(W-2/1099-MISC)		rom the janizati	
		organizations	truste	I ta		8	шреп		(** 2) 1033 141100)		-	d relati	
		below	Individual trustee or director	Institutional trustee	, in	Key employee	est co	ē			- 1	anızatı	
		line)	thdiv	Instit	Officer	Key e	Highest compensated employee	<b>Former</b>					
			1										
					<u>.</u>								
						ļ					-		
						<u> </u>							
			L	<u> </u>				<u></u>					
			1					ł					
				<u> </u>			<u> </u>						
1b	Sub-total								0.	0			0.
C	Total from continuation sheets to Part V	II, Section A							_0.	0			0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	0.	0	•		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	oove	e) wh	no re	eceived more than \$100	,000 of reportable			
	compensation from the organization												C
_												Yes	No
3	Did the organization list any former officer,			e, ke	ey er	npic	yee,	, or I	highest compensated e	mployee on			37
_	line 1a? If "Yes," complete Schedule J for s										3	$\vdash$	Х
4	For any individual listed on line 1a, is the su									the organization		1	7.
_	and related organizations greater than \$15										4_	$\vdash$	Х
5	Did any person listed on line 1a receive or a							elat	ted organization or indiv	idual for services			77
	rendered to the organization? If "Yes," com	ipiete Scheaui	e J i	or s	исп	pers	son	_	·		5	L	X
	tion B. Independent Contractors  Complete this table for your five highest co		-1	d					that recoved more than	\$100,000 of sames			
1	the organization Report compensation for										isalion	10111	
		trie Caleridai y	eai	enui	ng v	YILII	OI W	<u> </u>		yeai		~	
	(A) Name and business	address	N	INC	R.				( <b>B)</b> Description of s	ervices	Compe	C) Insatio	n
			41	<u> </u>				-	<u> </u>				
								ļ					
								T					
									-				
								$\neg$					
								I					
2	Total number of independent contractors (	ncluding but n	ot li	mite	d to	tho	se li	sted	d above) who received n	nore than			
	\$100,000 of compensation from the organi	zation				- (	0						
											Form	990 (2	2013)

332008 10-29-13

BOTA FOUNDATION 23-7303138 Page 9 Form 990 (2013) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D)
Revenue excluded from tax under sections
512 - 514 (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a Membership dues 1b 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and 191,500 similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f \$ 191,500 Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 599,425. 599,425 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 898,6<u>77</u> assets other than inventory b Less cost or other basis 825,949. and sales expenses 72,728. c Gain or (loss) <u>72,7</u>28. 72,728 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c). See Part IV. line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d

863,653

0.

Total revenue. See instructions.

672,153.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A).	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	800,414.	800,414.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees		· · · ·		<del></del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				<del>_</del>
7	Other salaries and wages				<del></del>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		-		
11	Fees for services (non-employees):				
а	Management				
þ	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				<del>.</del>
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	<u>-</u>			
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		_		
20	Interest	-			
21	Payments to affiliates	1			
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	3,112.		3,112.	
b			-		
С					
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	803,526.	800,414.	3,112.	0.
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)				

		Check if Schedule O contains a response or not	to to an	Line in this Part Y			
		Check ii Scriedule O contains a response or not	ie to an	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		. ,,,,-,-,	86,499.	1	32,280.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	ormer of	ficers, directors,			
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	fied per	sons (as defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	tion 501	(c)(9) voluntary			
S.		employees' beneficiary organizations (see instr)	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		1,331,149.	7	1,133,990.	
Ä	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other	1 1				
		basis Complete Part VI of Schedule D	10a	65,000.			
	b		10b	- "	65,000.	10c	65,000.
	11	Investments · publicly traded securities			20,871,835.	11	22,670,651.
	12	Investments - other securities See Part IV, line 1	110,000.	12	110,000.		
	13	Investments - program-related See Part IV, line	•	13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	ĺ		15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	4)	22,464,483.	16	24,011,921.
	17	Accounts payable and accrued expenses			17		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete I	Part IV	of Schedule D		21	
S	22	Loans and other payables to current and former	r officers	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and	disqualified persons			
abi		Complete Part II of Schedule L				22	
<b>_</b>	23	Secured mortgages and notes payable to unrela	ated thii	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables 1	to related third			
		parties, and other liabilities not included on lines	s 17-24)	Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here ▶			
ŝ		complete lines 27 through 29, and lines 33 an	nd 34.				
anc	27	Unrestricted net assets			22,464,483.	27	24,011,921.
Bal	28	Temporarily restricted net assets				28	
2	29	Permanently restricted net assets		. —		29	
Ţ		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 📖			
ŏ		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30		
As	31	Paid-in or capital surplus, or land, building, or ed				31	
é	32	Retained earnings, endowment, accumulated in	ncome, d	or other funds	20 464 400	32	24 011 001
~	33	Total net assets or fund balances			22,464,483.	33	24,011,921.
	34	Total liabilities and net assets/fund balances			22,464,483.	34	24,011,921.

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

2012

Open to Public Inspection

Name of the organization

Employer identification number

_		BOTA FO	UNDATION						2	3-7303138	
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	) See inst	ructions			
he organ	zation is not a	private foundation	because it is: (For lines	through 1	11, check	only one b	ox.)				
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desci	nbed in se	ction 170	(b)(1)(A)(i)	).			
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E )							
з 🗔	A hospital or	a cooperative hospi	tal service organization (	described	n section	170(b)(1)(	A)(iii).				
4	A medical res	search organization	operated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital's name	<del>)</del> ,
	city, and stat	е	_								
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governi	mental uni	t describ	ed in	
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6 🗀	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit c	r from the	general	public described in	
	section 170(	b)(1)(A)(vi). (Comple	te Part II.)								
в 🗔	A community	trust described in <b>s</b>	ection 170(b)(1)(A)(vi).	(Complete	Part II)						
9 🗀	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support fi	rom contri	butions, m	nembershi	p fees, a	nd gross receipts fr	om
	activities rela	ted to its exempt fur	nctions - subject to certa	un exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross investi	nent
	income and u	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nızatıon	after June 30, 1975	5
	See section	<b>509(a)(2).</b> (Complete	Part III)								
10	An organizati	on organized and or	perated exclusively to te	st for publi	c safety S	See <b>sectio</b>	n 509(a)(4	<b>1</b> ).			
11 LX	An organizati	on organized and op	perated exclusively for the	ne benefit d	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes of one o	r
	more publicly	supported organiza	ations described in secti	on 509(a)(1	l) or section	on 509(a)(2	) See <b>se</b> c	ction <b>509</b> (	<b>a)(3).</b> Ch	eck the box that	
	describes the		organization and comple								
	a Type I	•	•	ype III - Fui	•	-		• •		n-functionally integr	
e X	-	-	it the organization is not								
			han one or more publicly						9(a)(1) or	section 509(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			$\overline{}$
		rganization, check th									ш
g	_		organization accepted ar			-		• .			
	••	•	rectly controls, either al	one or tog	ether with	persons d	lescribed	ın (ıı) and (	III) below		No
	•	• •	upported organization?							11g(i)	X
		•	n described in (i) above?		_					11g(ii)	<u>X</u>
	• •	•	person described in (i)							11g(iii)	<u>X</u>
h	Provide the f	ollowing information	about the supported or	ganization(	(s)						
	-	<u> </u>	<del></del>	<u> </u>				(vi) lo	tho		
· ·	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		irganization sted in your	(v) Did you organizati		(vi) Is organization	on in col.	(vii) Amount of mone	etary
orga	anization		above or IRC section	governing	•			(i) organız U.S	ed in the	support	
			(see instructions))	Yes	No	Yes	No	Yes	No		
א א מר	E GROVE			163		103	140	103	110		
CTR		62-0549365	LINE 2	х		x		x		800,41	14
<u> </u>		02 0343303	DINE 2	23		<u> </u>				000,41	<u> </u>
								ļ			
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			·								
	1	1	l	I	I	I	1	1	1	800 <i>4</i> 1	1 /

332021 09-25-13

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for

•	(Complete only if you checked fails to qualify under the tests				on failed to qualify	under Part III. If the	e organization
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-						ļ
	ızatıon's benefit and either paid to				•		
	or expended on its behalf			_			
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			<u> </u>		-	
4	Total. Add lines 1 through 3						<u> </u>
5	The portion of total contributions				1		
	by each person (other than a					ł	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)					-	
	Public support. Subtract line 5 from line 4			<u> </u>			
_	ction B. Total Support			1		1	
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012 _	(e) 2013	(f) Total
	Amounts from line 4					<del>                                     </del>	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				<del> </del>		
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on	<del></del>		<del></del>		<del> </del>	
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10					10	
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for		s iirst, second, trii	ra, iourin, or illin i	iax year as a secu	on 50 r(c)(3)	▶□
Sec	organization, check this box and storetion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (			column (f))		14	_%
15	Public support percentage from 2012		-	50idiiii (i))		15	%
	33 1/3% support test - 2013. If the			on line 13, and line	14 is 33 1/3% or		
	stop here. The organization qualifies						▶□
ŀ	33 1/3% support test - 2012. If the		•		d line 15 is 33 1/39	% or more, check t	his box
•	and stop here. The organization qual	-				.,	
17a	10% -facts-and-circumstances tes		• •		ne 13, 16a, or 16b.	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					J	ightharpoons
H	10% -facts-and-circumstances tes	-	•	• •	=	17a, and line 15 is	10% or
•	more, and if the organization meets the						
	organization meets the "facts-and-cire						ightharpoons
_18	Private foundation. If the organization		-	-		-	ns
						edule A (Form 990	

### Schedule A (Form 990 or 990-EZ) 2013 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II	If the organization fails to
qualify under the tests listed below, please complete Part II )	

Se	ction A. Public Support	.,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
2	include any "unusual grants")  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
Ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)				<u> </u>		
	ction B. Total Support		T .	1	<del></del>	<del></del>	T :
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  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 (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>		1	<u></u>
14	First five years. If the Form 990 is for	r the organization's	s first, second, thii	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	zation,
	check this box and stop here	<del></del>			<u> </u>		<u> </u>
	ction C. Computation of Publ					<del></del>	
15	Public support percentage for 2013 (			column (f))		15	9
16						16	
	ction D. Computation of Inve					7	
17	Investment income percentage for 20			ne 13, column (f))		17	
	Investment income percentage from	•				18	· <del>-</del>
19	33 1/3% support tests - 2013. If the						17 is not
_	more than 33 1/3%, check this box a	•					▶∟
t	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che		-				₽⊨
20	Private foundation, If the organization	on did not check a	Dox on line 14, 19	a, or 19b, check t	nis dox and see ii	ISTRUCTIONS	▶∟

chedule A (Form 990 or 990-EZ) 2013 BOTA FOUNDATION	23-7303138 Page
Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II	line 17a or 17b, and Part III, line 12
Also complete this part for any additional information. (See instructions).	
<del></del>	<del></del>
<del></del>	
	<del></del>
<del></del>	

#### SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

### Supplemental Financial Statements

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

► Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs gov/form990. OMB No 1545-0047 Open to Public Inspection

Name of the organization

BOTA FOUNDATION

Employer identification number

23-7303138 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a **2**b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2đ 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

b Assets included in Form 990, Part X

Schedule D (Form 990) 2013

	Complete if the organization answered "Yes"			direction Once the	ما مقريمهم مسمعان عديدا
	tion of security or category (including name of security)	(b) Book value	(c) Method of va	aluation Cost or en	d-of-year market value
Financia	al derivatives				<del> </del>
Closely-	held equity interests				_
Other	<u></u>				
(A)					
(B) _					
(C)					
(D)					
(E)					
(F) _					
(G)				<u>.</u>	
(H)				_	
	o) must equal Form 990, Part X, col. (B) line 12.)				
art VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c See Form 990, F	Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of va	aluation Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)				<del></del>	
				<del></del>	
(/)					
(7) (8)					
(8) (9) tal. (Col. (t	o) must equal Form 990, Part X, col. (B) line 13.)				
(8) (9) tal. (Col. (t	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV, line Description	11d See Form 990, F	Part X, line 15.	(b) Book value
(8) (9) tal. (Col. (t	Other Assets.  Complete if the organization answered "Yes"		11d See Form 990, F	Part X, line 15.	(b) Book value
(8) (9) tal. (Col. (t	Other Assets.  Complete if the organization answered "Yes"		11d See Form 990, F	Part X, line 15.	(b) Book value
(8) (9) tal. (Col. (t Part IX)	Other Assets.  Complete if the organization answered "Yes"		11d See Form 990, F	Part X, line 15.	(b) Book value
(8) (9) tal. (Col. (I Part IX )	Other Assets.  Complete if the organization answered "Yes"		11d See Form 990, F	Part X, line 15.	(b) Book value
(8) (9) tal. (Col. (t Part IX ) (1) (2) (3)	Other Assets.  Complete if the organization answered "Yes"		11d See Form 990, F	Part X, line 15.	(b) Book value
(8) (9) tal. (Col. (t) Part IX (1) (1) (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes"		11d See Form 990, F	Part X, line 15.	(b) Book value
(8) (9) tal. (Col. (t) Part IX (1) (1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes"		11d See Form 990, F	Part X, line 15.	(b) Book value
(8) (9) (al. (Col. (I) (art IX ) (1) (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes"		11d See Form 990, F	Part X, line 15.	(b) Book value
(8) (9) tal. (Col. (I) Part IX (1) (1) (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes"		11d See Form 990, F	Part X, line 15.	(b) Book value
(8) (9) tal. (Col. (I) Part IX   (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.	Description		<b></b>	
(8) (9) tal. (Col. (I) Part IX   (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"	Description	11e or 11f See Form	<b></b>	
(8) (9) tal. (Col. (to part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.	Description		<b></b>	
(8) (9) tal. (Col. (total X) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnation X)	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"	Description	11e or 11f See Form	<b></b>	
(8) (9) tal. (Col. (total X) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columnation X)	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description	11e or 11f See Form	<b></b>	
(8) (9) tal. (Col. (t) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X  (1) Fed	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description	11e or 11f See Form	<b></b>	
(8) (9) tal. (Col. (t) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X  (1) Fed (2)	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description	11e or 11f See Form	<b></b>	
(8) (9) tal. (Col. (t) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnation (Columnat	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description	11e or 11f See Form	<b></b>	
(8) (9) tal. (Col. (t) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X  (1) Fed (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description	11e or 11f See Form	<b></b>	
(8) (9) tal. (Col. (t) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X  (1) Fed (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description	11e or 11f See Form	<b></b>	
(8) (9) tal. (Col. (t) Part IX  (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X  (1) Fed (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description	11e or 11f See Form	<b></b>	
(8) (9) tal. (Col. (t) (art IX)  (1) (2) (3) (4) (5) (6) (7) (8) (9) cart X  (1) Fed (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description	11e or 11f See Form	<b></b>	

332053 09-25-13 Schedule D (Form 990) 2013

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2013 Owen to Public Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www irs.gov/form990.

Attach to Form 990.

**8** Schedule I (Form 990) (2013) \$105,138; UNFUNDED CLIENTS **Employer identification number** 23-7303138 ADJUSTMENTS - \$400,000 (h) Purpose of grant or assistance HABILITATION GRANT \$45,276; SALARY X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 800,414 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable 501(C)(3) Enter total number of other organizations listed in the line 1 table 62-0549365 General Information on Grants and Assistance (b) EIN BOTA FOUNDATION criteria used to award the grants or assistance? 1 (a) Name and address of organization or government CHATTANOOGA, TN 37404 Name of the organization 615 DERBY STREET ORANGE GROVE CTR Parti

Page 2 (f) Description of non-cash assistance 23-7303138 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients BOTA FOUNDATION (a) Type of grant or assistance Schedule I (Form 990) (2013) Part III

Schedule I (Form 990) (2013)

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332102 10-29-13

### 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.

Attach to Form 990 or 990-EZ.

2013
Open to Public Inspection

Départment of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Employer identification number 23 - 7303138

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE PURPOSE OF THE BOTA FOUNDATION IS TO ACCUMULATE FUNDS AND PROVIDE

ASSISTANCE TO CARRY OUT THE PRESENT AND FUTURE PURPOSES FOR WHICH

ORANGE GROVE CENTER WAS ESTABLISHED, ASSIST ORANGE GROVE CENTER OR ANY

PUBLIC OR PRIVATE AGENCIES HAVING LIKE PURPOSES OR OBJECTS, PROVIDED

THAT SUCH ACTIVITIES MUST BE FOR THE EXCLUSIVE BENEFIT OF OR TO CARRY

OUT THE PRESENT OR FUTURE PURPOSES OF ORANGE GROVE CENTER.

FORM 990, PART VI, SECTION A, LINE 3:

BOTA FOUNDATION

EXPLANATION: PERIODIC MEETINGS OF THE GOVERNING BODY ARE HELD AT WHICH THE TREASURER'S REPORT IS PRESENTED. THE CURRENT STATEMENT OF NET ASSETS IS REVIEWED AS WELL AS INFORMATION FROM THE INVESTMENT COMMITTEE (CONCERNING THE FOUNDATION'S INVESTMENT PORTFOLIOS). IN ADDITION, GRANT REQUESTS AS REVIEWED BY THE GRANT COMMITTEE ARE PRESENTED FOR APPROVAL.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: ORANGE GROVE CENTER ELECTS TWO MEMBERS OF THE GOVERNING BODY.

IN DECEMBER 2011, CERTAIN ACTIONS BY BOTA WERE TAKEN SO THAT BOTA WOULD

MEET THE DEFINITION OF A TYPE II SUPPORTING ORGANIZATION. PREVIOUSLY, THE

GOVERNING BODY HAD CONSISTED OF NINE MEMBERS. SOME OF THOSE ON THE BOTA

BOARD (A MINORITY) HAD NEVER SERVED ON THE ORANGE GROVE BROARD. THEIR

PARTICIPATION ON THE BOTA BOARD WAS A MEANS BY WHICH IT WAS FELT ORANGE

GROVE/BOTA COULD FURTHER INVOLVE INFLUENTIAL MEMBERS OF THE COMMUNITY. THE

GOVERNING BODY IN DECEMBER 2011 WAS REDUCED TO FIVE MEMBERS. ALL CURRENT

MEMBERS OF THE GOVERNING BODY HAVE SERVED ON THE BOARD OF ORANGE GROVE. ALL

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

332211

Name of the organization

Employer identification number 23-7303138

BOTA FOUNDATION

MEMBERS OF THE GOVERNING BODY ARE FORMER PRESIDENTS OF THE ORANGE GROVE
BOARD. ALL MEMBERS OF THE GOVERNING BODY ARE CURRENT MEMBERS OR HONORARY
MEMBERS OF THE ORANGE GROVE BOARD.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: A COPY OF THE CURRENT FORM 990 IS PROVIDED TO THE GOVERNING BODY MEMBERS PRIOR TO FILING FOR REVIEW AND COMMENT.

AS THE FORM 990 IS OPEN TO PUBLIC INSPECTION, MEMBERS OF THE GOVERNING BODY ARE ALSO ENCOURAGED TO ELECTRONICALLY ACCESS THE FORM FOR THEIR REVIEW UPON ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: AT EACH MEETING OF THE GOVERNING BODY, PRIOR TO ANY ACTION,

THE MEMBERS ARE REMINDED OF THE CONFLICT OF INTEREST POLICY AND ANY MEMBER
WITH A POTENTIAL CONFLICT IS REQUIRED TO ABSTAIN FROM VOTING.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

MORTON J. KENT - TALLAN FINANCIAL CENTER TWO UNION SQ 1100

CHATTANOOGA, TN 37402

WILLIAM R. RUSSELL - TALLAN FINANCIAL CENTER TWO UNION SQ 1100

CHATTANOOGA, TN 37402

HUGH J. MOORE JR. ESQ. - TALLAN FINANCIAL CENTER TWO UNION SQ 1100

CHATTANOOGA, TN 37402

09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)			Page 2
Name of the organization BOTA FOUNDATION	Employer i 23 - 7	dentification	n number
THOMAS A. CALDWELL II. ESQ TALLAN FINANCIAL CENTER TWO	UNION	SQ 110	0
CHATTANOOGA, TN 37402			
JOHN F. GERM - TALLAN FINANCIAL CENTER TWO UNION SQ 1100			
CHATTANOOGA, TN 37402			
			<del></del>
	-		
		·	
	-		
	<u> </u>		

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► See separate instructions. Related Organizations and Unrelated Partnerships

2013 Open to Public
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▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

Employer identification number 23-7303138 BOTA FOUNDATION

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

(a)	(q)	(0)				<b>£</b>	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	e End-of-year assets		Direct controlling entrty	
Part II Identification of Related Tax-Exempt Organizations Complete if organizations during the tax year	ations Complete if the organization ar	the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 bec	ause it had one or	more related tax-exen	ρt L	
(a)	(q)	(0)	(P)	(e)	<b>(</b> )	(g) Section 512(b)(13)	) (2(b)(13)
Name, address, and EIN of related organization	Pnmary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled entity?	illed y?
			-	501(c)(3))		Yes	ş
ORANGE GROVE CENTER - 62-0549365	OPERATES A LEARNING						
615 DERBY STREET	FACILITY FOR THOSE W/						ļ
CHATTANOOGA, TN 37404	PHYSICAL/MENTAL CHALLENGES	TENNESSEE	501(C)(3) L	LINE 2			×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.				Schedule R (Form 990) 2013	Form 990	) 2013

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Schedule R (Form 990) 2013 BOTA FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(q)	(၁)	Đ	(e)	ε	(6)	(F)	0	9	<b>(</b> E)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax index	Share of total	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box		General or Percentage managing ownership
		foreign country)		sections 512-514)	-	doodlo	Yes No	K-1 (Form 1065)		
					-					
	<b>-</b>								_	
	-1									
	•									
	_									
					-					
					_					
	;									
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year	ganizations Taxable or progration or trust duration	as a Corporung the tax		or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	tion answered "Yes	" on Form 990, Pa	art IV, line 34	because it had o	ine or mo	e related
(a)			(q)	(c) (d)	(e) (		(J)	(6)	(h)	(1)

1			!			ı		1		ı		I	
	ction (b)(13) rolled	Yes No											
	Sec 512(	Yes											
ε	Percentage 512(b)(13) ownership												
- 1	Share of end-of-year				:								
£	Share of total income			-									
(e)	Type of entity (C corp, S corp,	or trust)											
(p)	Legal domicile Direct controlling Ty (C) (state or entity			Ξ		-							
(3)	Legal domicile (state or	country)											
	ctivity												
(a) (b)	Name, address, and EIN of related organization						The second secon						

Schedule R (Form 990) 2013

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23-7303138

Schedule R (Form 990) 2013 BOTA FOUNDATION

Schedule R (Form 990) 2013 BOTA FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

tage ship				•		2013
(k) Percent owners					_	) 680)
General or managing partner? Yes No						3 (Forn
(h)         (i)         (j)         (k)           Dispropor- blorate allocations?         Code V-UBI of Schedule K-1         General or Percentage managing partner?         ownership           Yes         No         (Form 1065)         Yes         No						Schedule R (Form 990) 2013
(h) Disproportionate allocations?						
(g) Share of end-of-year assets						
(f) Share of total income						
(e) Are all partners sec 501(c)(3) 0053 4) Yes No						
Predominant income (related, unrelated, excluded from tax under section 512-514)						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

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