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EXTENDED TO 2/17/2015 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Department	of the	Treasury
1-4	-, -, -	

Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No. 1545-0052

For	alen	dar year 2013 or tax year beginning JUL	1, 2013	, and ending	JUN 30, 2014	!
Nar	ne of	foundation			A Employer identification	number
_					60 1514514	
		FOUNDATION	62-1714714	<u>:</u>		
		nd street (or P.O box number if mail is not delivered to street N. OCOEE STREET, 5TH	B Telephone number (423)476–2	140		
		own, state or province, country, and ZIP or foreign p				
		VELAND, TN 37312	ostai code		C If exemption application is p	bending, check here
		all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return		, ,	
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test,
H_ (heck	type of organization X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	tus was terminated
			Other taxable private founda	tion	under section 507(b)(1	
		rket value of all assets at end of year J Accounti	-	Accrual	F If the foundation is in a	
			her (specify)		under section 507(b)(1)(B), check here . \blacktriangleright
	\$	Analysis of Revenue and Expenses	mn (d) must be on cash b		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	(d) Diskussian
Pa	irt I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment Income	(c) Adjusted net income	(0) Disbursements for charitable purposes
	1	Contributions, gifts, grants, etc., received	173,567.		N/A	(cash basis only)
	2	Check If the foundation is not required to attach Sch B	1/0/30/4		217.22	
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental Income or (loss)				
0	6a	Net gain or (loss) from sale of assets not on line 10				
Revenue	b	Gross sales price for all assets on line 6a			<u></u>	<u> </u>
ě	7	Capital gain net income (from Part IV, line 2)		0.	'	
	ı	Net short-term capital gain				
	9-	Income-modifications Gross sales less returns / LD and allowances				
	103				[. 	
	P					
	44	Gosspetiborgioss) 2015				
		Total - Add lines 1 through 11	173,567.	0.		
	13	Compensation of officers, directors, thustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
Ses	16a	Legal fees				
Pe		Accounting fees STMT1	550.	0.		550.
Operating and Administrative Expens		Other professional fees				
tive		Interest	0.05			
stra	l		285.	0.		285.
ij	19	Depreciation and depletion				
μĐ	20	Occupancy	879.	0.		879.
þ	21 22	Travel, conferences, and meetings	684.	0.		684.
g	23	Other expenses	3,063.	0.		3,063.
aţį	24	Total operating and administrative	3,0001			3,003.
per		expenses. Add lines 13 through 23	5,461.	0.		5.461.
ō	25	Contributions, gifts, grants paid	168,178.			5,461. 168,178.
	26	Total expenses and disbursements.				
	L	Add lines 24 and 25	173,639.	0.		173,639.
	27	Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	-72.		••••••••••••	
	l	Net investment income (if negative, enter -0-)		0.	37./-	
	C	Adjusted net income (if negative, enter -0-)			N/A	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2013)

SCANNED FEB 2 1 2013

100		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	540.	468.	468.
	2	Savings and temporary cash investments			
	3	Accounts receivable -			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less. allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	ľ	disqualified persons			
	7	Other notes and loans receivable		`	
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
Ä	10a	Investments - U.S. and state government obligations			
		Investments - corporate stock			
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less. accumulated depreciation			
	12	Investments - mortgage loans			
		Investments attack			,
	14	Investments - other Land, buildings, and equipment. basis 23,620.			**************************************
		Land, buildings, and equipment. basis 23,620. Less accumulated depreciation STMT 4 23,620.			
	15	Other assets (describe)			
	i	Total assets (to be completed by all filers - see the			
		instructions Also, see page 1, item 1)	540.	468.	468.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ģ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
a E	21	Mortgages and other notes payable			
	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here	ï		
	•	and complete lines 24 through 26 and lines 30 and 31.			
Ces	24	Unrestricted			
ğ	25	Temporarily restricted			
ß	26	Permanently restricted			
Net Assets or Fund Balanc		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.			
SO	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ş	29	Retained earnings, accumulated income, endowment, or other funds,	540.	468.	
Set	30	Total net assets or fund balances	540.	468.	
_					
	31	Total liabilities and net assets/fund balances	540.	468.	
Б	***	Analysis of Changes in Net Assets or Fund B	alances		
_					
		net assets or fund balances at beginning of year - Part II, column (a), line			
		at agree with end-of-year figure reported on prior year's return)		1	540.
		amount from Part I, line 27a	•••	2	<u>-72.</u>
		r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3			468.
		eases not included in line 2 (itemize)		5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	468.

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(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)				l P) Date acquired (d) Date sold (mo., day, yr.)		(d) Date sold (mo., day, yr.)	
1a					1 -					
b NON	ΙE				1					
C										
d										
8										
(e) Gross sales price		preciation allowed (or allowable)		t or other basis xpense of sale				(h) Gain or (e) plus (f) n)
а										
b										
С									····	
d										
<u>e</u>			1 4. 1 11.	40 10 4 10 0						
Complete only for assets showing							(I) (Bains (Col. (h k), but not le	ı) gain n ce than	ninus -0-) or
(i) F.M.V. as of 12/31/69	(0)	Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any				Losses (fron	n col. (h)) -0-, 6 1
a						ļ				
b										
С						ļ				
d										
8						ļ 				
2 Capital gain net income or (net cap	ital loss)	If gain, also enter If (loss), enter -0-	in Part I, line in Part I, line	7 7	}	2				
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c		ed in sections 1222(5) an			ì					
If (loss), enter -0- in Part I, line 8	olullii (c)	•			ľ	3				
Part V Qualification Ur	nder Se	ection 4940(e) for	Reduced	Tax on Net	: Inv	estm	ent Inco	me		
If section 4940(d)(2) applies, leave this Was the foundation liable for the section of the secti	on 4942 t	ax on the distributable am ection 4940(e) Do not co	mplete this pa	rt.					[Yes X No
(a)		(b)		,	(C)					(d) ition ratio
Base periód years Calendar year (or tax year beginnin	a in)	Adjusted qualifying dis	tributions	Net value of no			use assets	(col.	Distribu (b) divid	ition ratio ded by col. (c))
2012	"/ -	15	6,993.				2,668.		.,,	58.842954
2011		19	1,840.			3.	4,696.			5.529168
2010			6,773.				7,816.			1.064992
2009		13	8,559.			5	4,766.			2.530019
2008		13	1,150.			3	8,320.			3.422495
2 Total of line 1, column (d)								2		71.389628
3 Average distribution ratio for the 5 the foundation has been in existen	-	•		•	-			3		14.277926
4 Enter the net value of noncharitable	e-use assi	ets for 2013 from Part X,	line 5					4		4,570.
5 Multiply line 4 by line 3								5		65,250.
6 Enter 1% of net investment incom				1				6		0.
										65,250.
8 Enter qualifying distributions from If line 8 is equal to or greater than								8		173,639.
See the Part VI Instructions.		- ,								

15020212 758617 X00051

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see i	nstru	ctio	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1_	<u> </u>			0.
	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-)	2				0.
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:					
а	2013 estimated tax payments and 2012 overpayment credited to 2013					
b	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868) 6c					
	Backup withholding erroneously withheld					
	Total credits and payments. Add lines 6a through 6d	7	1			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2014 estimated tax	11				
Pa	rt VII-A Statements Regarding Activities		*-			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	in			Yes	No
	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 the definition			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	•				
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			10		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	• ••••	•••••			
_	(1) On the foundation. \triangleright \$ 0 . (2) On foundation managers. \triangleright \$ 0 .					
8	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		Х
	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,	r				
_	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		•••	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		Х
Ū	If "Yes," attach the statement required by General Instruction T.	•				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
٠	By language in the governing instrument, or					
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state 	law				
	remain in the governing instrument?	1011		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	 ,	•••••	7	X	
•	bis the realisation have at least 40,000 in assets at any time during the year? If Tes, Complete Fart II, Con. (c), and Fart Av	•••••	•	· · · · · ·		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
-	TN					
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
				0.	Х	
9	of each state as required by General Instruction G? If "No," attach explanation	nder	••	8b	43	
9	year 2012 or the tayable year hadinaing in 2012 (and instructions for Bort VIVI) If IVA II an model, Bort VIVI			,		Х
10	· · · · · · · · · · · · · · · · · · ·	TMT	5	10	X	-12
	See any possession substantial contributors during this tax years in tes, attach a schedule listing their names and addresses	⇔ ∧ ∧ ∻	~	l I U	41	

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
3 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	ice (c) Compensation
NONE	
-	
Total number of others receiving over \$50,000 for professional services	> (
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 CREATING CHRISTMAS MEMORIES - CHILDREN FROM POOR AND LOW	
INCOME FAMILIES ARE GIVEN A SHOPPING SPREE TO BUY CLOTHES	
AND CHRISTMAS PRESENTS. 1,181 CHILDREN BENEFITED IN 2013.	131,640
DIAPER LOVE - DISTRIBUTES INFANT DIAPERS TO NEEDY FAMILIES	•
619 FAMILIES BENEFITED IN 2013.	
	36,538
3	
4	
Part IX-B Summary of Program-Related Investments	1
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
	0
•	0
2	
No. 2 de limbre de	
All other program-related investments. See instructions.	
3 NONE	
	0
Total. Add lines 1 through 3	▶ 0
	Form 990-PF (2013

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	0. 4,640.
b	Average of monthly cash balances	1b	4,640.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	4,640.
8	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		_
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,640.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	70.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,570.
6	Minimum investment return. Enter 5% of line 5	6	229.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	229.
2 a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	20	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	229.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	229.
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	229.
P	Qualifying Distributions (see instructions)		·
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		170 600
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	173,639. 0.
b	Program-related investments - total from Part IX-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:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	173,639.
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	173,639.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	nualifies for th	e section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

			The state of the s	
	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI,	COTPUS	10010 pilot to 2012		2010
line 7			'	229.
2 Undistributed income, if any, as of the end of 2013.	***************************************	***************************************		
a Enter amount for 2012 only			0.	1
b Total for prior years:				***************************************
,,		0.		
3 Excess distributions carryover, if any, to 2013:				
a From 2008 129,234.				
b From 2009 135,821.				
c From 2010 139,882.				
d From 2011 190, 105.				
B From 2012 156,860.			•	
f Total of lines 3a through e	751,902.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ►\$ 173,639.			,	
a Applied to 2012, 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	0.			
(Election required - see instructions)	V •		***************************************	229.
d Applied to 2013 distributable amount B Remaining amount distributed out of corpus	173,410.			229.
5 Excess distributions carryover applied to 2013	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a).)				0.
6 Enter the net total of each column as Indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	925,312.			
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 2012. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2014			***************************************	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3)	0.	***************************************		
8 Excess distributions carryover from 2008	129,234.			
not applied on line 5 or line 7	129,234.			
Subtract lines 7 and 8 from line 6a	796,078.			
O Analysis of line 9:	7507070	······································		
a Excess from 2009 135,821.				
b Excess from 2010 139,882.				
c Excess from 2011 190, 105.				
d Excess from 2012 156, 860.		-		
e Excess from 2013 173, 410.				
				Farm 000 DE (2012)

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed.

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution **Foundation** show any relationship to status of Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year "CREATING CHRISTMAS MEMORIES" PROGRAM NONE PROGRAM EXPENSES EXPENSES - SEE PART IX-A P.O. BOX 2370 CLEVELAND, TN 37320-2370 131,640. DIAPER LOVE NONE 501(C)(3) PROGRAM EXPENSES 10301 COGDILL ROAD, SUITE 310 KNOXVILLE, TN 37932 36,538. ➤ 3a Total 168,178. b Approved for future payment NONE **▶** 3b ٥. Total

Part XVI-A	Analysis o	of Income-Produ	ıcina Activities
1 KH 2 KV 4 1 KK	Allalysis	oi iiiooiiio-i ioat	SOUTH WORLANDS

Enter gross amounts unless otherwise indicated.	Unrelate	Unrelated business income		ded by section 512, 513, or 514	(e)		
•	(a) Business	(b) Amount	Exclu- slon	(d) Amount	Related or exempt function income		
1 Program service revenue:	code	7 111 1 2 111	code	Amount	Tunction income		
a					~~		
b			-				
C			 				
d			<u> </u>				
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		*****	 				
5 Net rental income or (loss) from real estate:			1				
a Debt-financed property	1		1				
b Not debt-financed property		· · · · · · · · · · · · · · · · · · ·					
6 Net rental income or (loss) from personal property							
7 Other investment income			<u> </u>				
8 Gain or (loss) from sales of assets other than inventory							
9 Net income or (loss) from special events				·····			
Gross profit or (loss) from sales of inventory			+				
1 Other revenue					<u>-</u>		
_							
					·····		
			┼				
d			1				
u			 				
2 Subtotal. Add columns (b), (d), and (e)		0.	-	0.	0.		
3 Total. Add line 12, columns (b), (d), and (e)	<u></u>		<u></u>				
See worksheet in line 13 instructions to verify calculations)	• • • •		••	13	0.		
Oce Worksheet in line 15 instructions to verny calculations)				·····			

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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Part)	KVII :	Information Re Exempt Organ		sfers To a	and Transactions a	and Relations	hips With Nonchar	itable	•		
l Did	the ore		•	of the followin	g with any other organization	on described in secti	on 501/c) of	T	Yes	No	
		•			7, relating to political organ		011 30 1(0) 01				
		rom the reporting founda				nzutiono:				ĺ	
		···· ········ · · · · · · · · ·		ibio oxonipt oil	gameation or.			1a(1)	[[Х	
				••••		••••		1a(2)		X	
		assets					********** * * *	10(2)			
			hla avemnt argeniza	tion				15/11	1	Х	
(1)	Durch	oi assets to a nonchantai	ole exempt organiza			•••••		1b(1)		X	
								1b(2)		X	
								1b(3)		X	
		ursement arrangements						1b(4)		X	
		or loan guarantees						1b(5)			
		mance of services or me		_				1b(6)		X	
	-	facilities, equipment, ma	~	-	• •					X	
or	services		oundation. If the fou	ndation receive			narket value of the goods, of or sharing arrangement, sh		ets,		
a) Line n		(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, and s	harina ar	manama		
a) Lille II	" 	(b) Amount involved	(c) Name o	N/A	s exempt organization	(u) Description	or transiers, transactions, and s	namny ar	rangerne	nus	
				N/A		-					
	\dashv		<u> </u>			-					
		<u></u>									
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	+						· · ··· · · · · · · · · · · · · · · ·				
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		···					······································				
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	_ _										
	_						···				
		·					·				
in s	ection	dation directly or indirect 501(c) of the Code (other molete the following sche	r than section 501(c		or more tax-exempt organicion 527?] Yes	X] No	
		(a) Name of org	janization		(b) Type of organization		(c) Description of relationsh	ip			
		N/A									
		·									

							•				
Sign Here	Under and be	penalties of perjury, I declare lief, it is true, correct, and con	that I have examined the implete. Declaration of processing the control of the co	is return, including reparer (other than	ng accompanying schedules and n taxpayer) is based on all inform	statements, and to the nation of which prepared	r has any knowledge. May retur show	n with th	discuss t e prepar (see Ins	er :	
	Sign	ature of officer or trustee			Date	Title					
		Print/Type preparer's na	ame	Reparer's s	ignature	Date	Check if PTIN				
Paid		JOHN E. HE	NEGAR	May	Styman	2-13-215	-self- employed	411	898		
Prepa Use (Firm's name ► ELL		S DECO	SIMO, LLC /F	LLC	Firm's EIN ► 57-03				
		Firm's address ▶ 11	00 TALLAN	FINAN	CIAL CENTER						
				•			Phone no 423-75	6-7	100		
	CHATTANOOGA, TN 37402 Phone no 423-756-7100			CHATTANOOGA, TN 37402 Phone no 42							

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

2013

	BG	L FOUNDATION	62-1714714						
Organiza	ation type (check o	ne):							
Filers of	;	Section:							
Form 99	0 or 990-EZ	501(c)() (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private foundation							
		527 political organization							
Form 99	O-PF	X 501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
General	Rule For an organization contributor. Complete	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule of the General Rule of the Gen							
	509(a)(1) and 170(l	e)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regol(1)(A)(vi) and received from any one contributor, during the year, a contribution of the of Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	total contributions	e)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or edi ruelty to children or animals. Complete Parts I, II, and III.	- ·						
	contributions for us If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contribute exclusively for religious, charitable, etc., purposes, but these contributions did not to ed, enter here the total contributions that were received during the year for an exclusive amplete any of the parts unless the General Rule applies to this organization because its, etc., contributions of \$5,000 or more during the year	tal to more than \$1,000. By religious, charitable, etc.,						

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

BGL FOUNDATION

62-1714714

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if	additional space is needed.
--------	--------------	---------------------	----------------------	--------------	-----------------------------

(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
BRENDA G. LAWSON P.O. BOX 2370 CLEVELAND, TN 37320	\$\$.	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
KMART 3333 BEVERLY ROAD HOFFMAN ESTATES, IL 60179	\$ 12,238.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Occash Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Occash Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	Name, address, and ZIP + 4 BRENDA G. LAWSON P.O. BOX 2370 CLEVELAND, TN 37320 (b) Name, address, and ZIP + 4 KMART 3333 BEVERLY ROAD HOFFMAN ESTATES, IL 60179 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	Name, address, and ZIP+4 Total contributions

Name of organization

Employer Identification number

BGL FOUNDATION

62-1714714

art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) lo. om art i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) lo. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Employer identification number

GL FO	UNDATION			62-1714714							
art III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if addition	ne following line entry. For organization c., contributions of \$1,000 or less for	ns completing Part III, enter	_							
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held							
	Transferee's name, address, a	(e) Transfer of gift		nsferor to transferee							
-	Transferee a name, accress, a		nelationship of train	isieror to transferee							
n) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held							
— -											
	(e) Transfer of gift										
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee							
a) No. Irom Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held							
- -		(e) Transfer of gift									
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee							
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held							
[-											
	Transferee's name, address, a	(e) Transfer of gift		nsferor to transferee							
-											
-											

FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	550.	0	•	550.
TO FORM 990-PF, PG 1, LN 16B	550.	0	•	550.
FORM 990-PF	TAX	ES.		STATEMENT 2
				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BUSINESS TAXES	285.	0	•	285.
TO FORM 990-PF, PG 1, LN 18	285.	0	•	285.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE SUPPLIES INSURANCE COMPUTER MAINTENANCE BANK FEES	1,221. 1,200. 500. 142.	0 0 0 0	•	1,221. 1,200. 500. 142.
TO FORM 990-PF, PG 1, LN 23	3,063.	0	•	3,063.
FORM 990-PF DEPRECIATION OF	ASSETS NOT	HELD FOR IN	VESTMENT	STATEMENT 4
DESCRIPTION			CUMULATED PRECIATION	BOOK VALUE
COMPUTER SOFTWARE WEB DATABASE WEB DESIGN WEB DESIGN REWORK DATABASE		4,356. 6,104. 2,151. 10,189. 820.	4,356. 6,104. 2,151. 10,189. 820.	0. 0. 0. 0.
TOTAL TO FM 990-PF, PART II,	LN 14	23,620.	23,620.	0.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	
NAME OF CONTRIBUTOR	ADDRESS		
BRENDA G. LAWSON	P.O. BOX 2370 CLEVELAND, TN 37320-2370		
K-MART	3333 BEVERLY RD HOFFMAN ESTATES, IL 60192		
FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAGERS	STATEMENT	6

NAME OF MANAGER

BRENDA LAWSON STANLEY C. LAWSON

2013 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

990-PF

Current Year Deduction	0	0	0	0	0	0	
Current Sec 179		*********				Ċ.	
Accumulated Depreciation	4,356.	6,104.	2,151.	10,189.	820.	23,620.	
Basis For Depreciation	4,356.	6,104,	2,151.	10,189.	820.	23,620.	
Reduction In Basis						Φ	
Bus % Excl	***		**		**	*********	
Unadjusted Cost Or Basis	4,356.	6,104.	2,151.	10,189.	820.	23,620.	
ŠŠ	43	43	43	43	43		
Life	Ж9 Е	36M	36M	36M	36M		
Method	• • • • • • • • • • • • • • • • •						
Date Acquired	070107	073107	083107	101607	113007	+++	
Description	COMPUTER SOFTWARE	2WEB DATABASE	WEB DESIGN	4WEB DESIGN	, (2)	DEPR & AMORT	
Asset	[™]	N	m¯	***	. 5		

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

20

Form **8868**

(Rev. January 2014)

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.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

-	are filing for an Automatic 3-Month Extension, complete	-	***			X	
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form).			
	complete Part II unless you have already been granted a						
	nic filing (<i>e-file)</i>. You can electronically file Form 8868 if y						
	to file Form 990-T), or an additional (not automatic) 3-mor						
	to file any of the forms listed in Part I or Part II with the exc						
Persona	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elect	ronic filing of this fo	orm,	
visit ww	w.irs.gov/efile and click on e-file for Chanties & Nonprofits						
Part							
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete			
Part I or	• • • • • • • • • • • • • • • • • • • •						
	corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	st an extens	ion of time		
	come tax returns.			Enter filer	's identifying num	ber	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer i	dentification numb	er (EIN) or	
print	Dat House Have						
File by the	BGL FOUNDATION		·		<u>62-171471</u>	Pentifying number Itification number (EIN) or Pentifying number (EIN) or Pentifying number (SSN) Pentifying number (EIN) or Pentifying number (EIN) or	
due date for filing your	or Number, street, and room or suite no. If a P.O. box, sorting 13855 N. OCOEE STREET. 5TH T		tions.	Social sec	urity number (SSN))	
return See instruction	City, town or post office, state, and ZIP code. For a fo		lress, see instructions.				
	CLEVELAND, TN 37312		· · · · · · · · · · · · · · · · · · ·			····	
Enterth	a Patura and for the return that this application is for /file		An application for each until			$\bigcap A$	
Liitei tii	e Return code for the return that this application is for (file	a separa	te application for each return)		•	0 4	
Applica	tion	Return	Application			Patura	
Is For		Code	12				
	0 or Form 990-EZ	01	Form 990-T (corporation)				
Form 99		02	Form 1041-A				
	'20 (individual)	03	Form 4720 (other than individual)				
Form 99		04	Form 5227				
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
	0-T (trust other than above)	06	Form 8870				
<u></u>	LAURA THOMPSON		1 0111 0070		· · · · · · · · · · · · · · · · · · ·		
• The b	pooks are in the care of ▶ 3855 N. OCOEE S	STREET	r. 5TH FLOOR - CLE	VELAND	. TN 3731	2	
Teler	phone No. ► (423) 476-2140		Fax No. ▶	·	7 211 0702		
	organization does not have an office or place of business	s in the Lin					
	s is for a Group Return, enter the organization's four digit (the whole group, of	hack this	
box ▶	. If it is for part of the group, check this box						
	equest an automatic 3-month (6 months for a corporation				S THE EXTENSION IS	101.	
	FEBRUARY 15, 2015, to file the exempt	t organiza	tion return for the organization name	ad above Ti	he extension		
is	for the organization's return for:	g	werretern for the organization flam.	Ja above. 11	10 OXIGIISION		
•	calendar year or						
•	X tax year beginning JUL 1, 2013	. an	dending JUN 30, 2014				
		,			. '		
2 If 1	the tax year entered in line 1 is for less than 12 months, cl	heck reas	on: Initial return	Final return			
20 15	Change in accounting period	. 0000					
	this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			^	
	onrefundable credits. See instructions.			3a	<u>\$</u>	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
	timated tax payments made. Include any prior year overp			3b	\$	0.	
	plance due. Subtract line 3b from line 3a. Include your pa				•	^	
	using EFTPS (Electronic Federal Tax Payment System).				\$	0.	
Caution	. If you are going to make an electronic funds withdrawal	(airect del	Dit) with this Form 8868, see Form 8	453-EO and	Form 8879-EO for	payment	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

instructions.

LHA 323841 12-31-13

Form 8868 (Rev. 1-2014)