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EXTENDED THROUGH 4/18/2016

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 Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

Inspection

A	For the	2015 calendar year, or tax year beginning SEP 1, 2014 and	ending A	UG 31, 2015	5			
В	Check if applicable	C Name of organization BOTA FOUNDATION		D Employer identit	ication number			
_	Addres	S C C THE D DIFFERENT						
	Name change	Doing business as		23-7	303138			
	Initial return	1 '	Room/suite	E Telephone number				
	Final return/		100	423. 756-7100				
	termin- ated			G Gross receipts \$ 9,341,871.				
Ļ	Amend return	CHATTANOOGA, IN 3/402		H(a) Is this a group i				
	Applica	Finame and address of principal officer. WILDIAM R. ROSSELL		for subordinate	s? Yes X No			
_	pendin	1629 MARKET STREET, CHATTANOOGA, TN 374	<u>402</u>	H(b) Are all subordinates	included? Yes No			
	Tax-exe	mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	a list. (see instructions)			
		e: > N/A		H(c) Group exempte	on number			
<u>K</u>	Form of	organization: X Corporation Trust Association Other ►	L Year	of formation: 1973	M State of legal domicile: TN			
		Summary						
91/4 Clivities & Good Tanger	1 1	Bnefly describe the organization's mission or most significant activities: ${\color{red} {\bf SEE} = {\bf S}}$	SCH O	· 				
LE.	2	Check this box If the organization discontinued its operations or dispose	sed of more	than 25% of its net a	ssets.			
Ğ	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	5			
چق	4	Number of independent voting members of the governing body (Part VI, line 1b)	مثآ الأ	1	5			
₹,	5	Total number of individuals employed in calendar year 2015 (Part V, Jing 2a)		5	0			
솔	6	Total number of volunteers (estimate if necessary)		6	0			
ڄ	7a	Total unrelated business revenue from Part (III), Tolumn (C), line (C)	,	7a				
یق	b	Net unrelated business taxable income from \$90.T, line 34	•	7b				
<u> </u>				Prior Year	Current Year			
		Contributions and grants (Part VIII, line 1h)		4,008.	0.			
ĕ	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 354 and 7d)		7,263,543.	526,454.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7	0.	0.			
		Total revenue - add lines 8 through 11 (must/equal Part VIII, column (A), line 12)		7,267,551.				
_		Grants and similar amounts paid (Part IX, column (A), lines 1.3)		968,725.	600,000.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	. 0.			
(A)	J	Salaries, other compensation, employee benefits (Part IX, Column (A)) lines 5,10)		0.	0.			
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ber	. h	Total fundraising expenses (Part IX, column (D), line 25)	0.	<u>y</u> ,	 			
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	45,865.	122,053.			
	ŀ	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,014,590				
		Revenue less expenses. Subtract line 18 from line 12		6,252,961.				
Net Assets or	3		Be	ginning of Current Year	End of Year			
Sign	20	Total assets (Part X, line 16)		26,027,429.	24,070,517.			
ASS	21	Total liabilities (Part X, line 26)		0.	0.			
E E	22	Net assets or fund balances. Subtract line 21 from line 20		26,027,429.				
Ϊ́Р	art II	Signature Block			2270,0702,1			
Und	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of n	ny knowledge and belief, it is			
		t, and co mpletes Declaration of preparer (ether than officer) is based on all information of wh		•	,,,			
_		1 Sec- 3 & well			116			
Sig	าก	Signature of officer		Date				
He		WILLIAM R. RUSSELL, TREASURER						
		Type or print name and title		·				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	id	A See Linear Committee of the Committee		if self-emplo	ved			
	parer	Firm's name		Firm's EIN				
	B Only	Firm's address			· · · · · · · · · · · · · · · · · · ·			
	- · · · ·			Phone no.				
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)		11	Yes No			

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2015)

532002 12-16-15 Form 990 (2015) C/O WM. R RUSSELL
Part IV Checklist of Required Schedules

			T.,	T
_	In the case of the development of 504(-)(0) and 4047(-)(4) (1) and (1)	Γ	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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, VII, 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	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VII	11b		х
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	1.0		
Ī	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		-	
120	Schedule D, Parts XI and XII	40-		х
L	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		-23
Ŋ	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	105		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a	Did the organization maintain an office, employees, or agents outside of the office States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b_		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			3.7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_
	1c and 8a? If "Yes," complete Schedule G, Part II	_18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		Form	990	(2015)

Form 990 (2015) C/O WM. R RUSSELL Part IV Checklist of Required Schedules (continued)

b If Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If Yes," complete Schedule I, Parts I and III 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If Yes," complete Schedule I, Parts I and III 22 Did the organization answer Yes' to Part IVI, Section A. Inia 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If Yes," complete Schedule I, Part IVI, and IVI Yes, 'complete Schedule I, Part IVI Yes, 'the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes, 'answer lines 24b through 24d and complete Schedule I, IVI Yes, 'that was issued after December 31, 2002? If Yes, 'answer lines 24b through 24d and complete Schedule I, IVI Yes, 'that is was sued after December 31, 2002? If Yes, 'answer lines 24b through 24d and complete Schedule II Yes, 'that is a report of year and that the year is the year is the year is a section Store of the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 22d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception and year is the year is the year is the year is a section of the year is the year is a section of the year is the year is a section of the year is the year is a section of the year is the year is a section of the year is the year is a section of year is a year is a section of year is a year is a year is a year is a year				Yes	No
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domestic government on Part IX, column (A), line 1? If "vss." complete Schedule I, Parts I and II 20 Did the organization expert mere than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "ves," complete Schedule I, Parts I and III 20 Did the organization answer "ves" to Part IVI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "viss," complete Schedule I, Part II and IVI wis grant and IVI more of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "ves," answer lines 24b through 24d and complete Schedule IX "Into "go to the organization mixest any proceeds of tax-exempt bonds beyond a temporary parid exception? 24b Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary parid exception? 25c Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary parid exception? 25d Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary parid exception? 25d Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary parid exception? 25d Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary parid through the year? 25d Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary parid through the year? 25d Did the organization mixes that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and an access benefit transaction engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization engage in any excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the orga	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, couring (A), line 21 if "Yes," complete Schedule Parts I and II 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustess, key employees, and highest compensated employees? "If "Yes," complete Schedule II Part IV 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002 "If "Yes," answer lines 24b through 24d and complete Schedule K If "No", por time 25e 24a Did the organization maintain an earce wascount other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d bid the organization maintain an earce wascount other than a refunding escrow at any time during the year? d bid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d bid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d bid the organization avare that it engaged in an excess benefit transaction with a disqualified person and a significant to transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization in year 990 or 990-27? "Yes," complete Schedule L, Part IV 25chedule L, Part IV 35chedule L, Pa	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX. column (A), Ine 27 if "Yes," complete Schedule I, Parts I and III 2 Dct the organization of weary "Yes" to Part VII, Section A, Ine 3. 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I 2 Dct the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule If "No", go to time 25e b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? C Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dd the organization engage in an excess benefit transaction with a disqualified person of uning the year? 25d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dd the organization engage in an excess benefit transaction with a disqualified person of uning the year? 25d Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sport Forms 990 or 990-E72 If "Yes," complete Schedule I, Part II 25d Dd the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 35% contribute antity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV 25d Dd the organization provide a grant or other assistance to an officer, director, trustee, or direct primate in the part I was a complete Schedule I, Part IV 25d Dd the organization for part I are		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
23 Did the organization answer "Yes" to Part VII, Section A, Inio 3. 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? // "Yes," complete Schedule // "Yes," complete Schedule // "Yes," or Inio 256 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", to to line 25e 24 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25 Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person of the year? If "Yes," complete Schedule L, Part I put the organization is prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I put the organization is prior transpaced on any of the organization is prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II put the organization is prior to the organization sport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or designaling persons? If "Yes," complete Schedule L, Part II put the part pays to a business transaction with one of the following parties (see Schedule L, Part IV or An entity of which a current or former officer, director, trustee, or key employee or a family member of a current or former officer, director, trustee, or key employee or a family employee, substantial contributions of "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key emplo	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
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Schedule <i>I</i> 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule <i>K</i> . If "No", go to line 25s bit of the organization meant any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 32d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 32d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 32d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization with a disqualified person in a pinor year, and that the transaction with a disqualified person in a pinor year, and that the transaction with a disqualified person in a pinor year, and that the transaction with one any of the organization's pinor forms 990 or 990-E27 If "Yes," complete Schedule I, Part I Politic Press, "complete Schedule I, Part I Politic Press," complete Schedule I, Part I Politic Press, "complete Schedule I, Part I Politic Press, "complete Schedule I, Part I Politic Press," complete Schedule I, Part I Politic Press, "complete Schedule I, Part I Politic Press, "complete Schedule I, Part I Politic Press," complete Schedule I, Part I Politic Press, "complete Schedule I, Part I Politic Press, "complete Schedule I, Part I Politic Press," compl	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K if "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? C Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization act as an "on behalf of" issuer for bonds outstanding acrow at any time during the year to defease any tax-exempt bonds? 25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I is 18 the organization eport any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV is 19b A family immethered, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV is another or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is A family immember of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is A family immember of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is A family immember of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is 25a Did the organization lequidate, terminate, or disconsideration of the second of the part of the second o		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
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Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 To did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI To 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	C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
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contributions? If "Yes," complete Schedule M 30 2 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Inne 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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If "Yes," complete Schedule N, Part I 31		contributions? If "Yes," complete Schedule M	30		Х
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33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 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 38 X	37				
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Note. All Form 990 filers are required to complete Schedule O	38				
			38	Х	
			Form	990	(2015)

Form 990 (2015) C/O WM. R RUSSELL Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l
	(gambling) winnings to prize winners?	1c	i	1
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			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	İ	
	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		Х
þ	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		ŀ	İ
	any contributions that were not tax deductible as charitable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		ļ	
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		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		ŀ	
	to file Form 8282?	7c		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year	j	į	
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?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	_		7.5
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter	. 1		
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
Б 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders	ł		
a	Gross income from other sources (Do not net amounts due or paid to other sources against			
U	amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
	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.	ioa		
h	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			
c	Enter the amount of reserves on hand	. [
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\neg \neg$	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990 (2015)

C/O WM. R RUSSELL 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	<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing			i
	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	<u>[</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ļ		
	officer, director, trustee, or key employee?	2		<u> </u>
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u> </u>
6	Did the organization have members or stockholders?	6	<u> </u>	<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		X
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	Х	
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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		X
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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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);	vailah	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, and	l finan	cial	
-	statements available to the public during the tax year	- 11110411		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	WILLIAM R. RUSSELL - 423. 756-7100			
	629 MARKET STREET SUITE 100, CHATTANOOGA, TN 37402			
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C/O WM. R RUSSELL 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

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 (Ď), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization (A) Name and Title	(B) Average hours per week	(do box offic	not c		c) ition more rson	than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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)		compensation from the organization and related organizations
(1) JOHN F. GERM	0.00								<u>-</u>	-
CHAIRPERSON		X						0.	0.	0
(2) WILLIAM R. RUSSELL	0.00									
TREASURER		X	<u> </u>					0.	0.	0
(3) HUGH J. MOORE JR. ESQ.	0.00									
SECRETARY		X	L					0.	0.	0
(4) STEPHEN PERRY	0.00									
AT LARGE DIRECTOR		X						0.	0.	0
(5) JONATHAN F. KENT	0.00	x						0.	0.	0
										-
		_	_							-
	-									
			-							
						L	_			

532007 12-16-15

Form 990 (2015)

Paı	t VII	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
		(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	the or director by cop)	not c	(0	ition more erson firecto	than	one h an itee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estima amour other compen from organizand rel organizand	ated at of er sation the ation
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	Sub-	tota। l from continuation sheets to Part VI	I, Section A						^	0.) .		<u>0.</u>
<u>d</u>		(add lines 1b and 1c) number of individuals (including but n	at limited to th		lioto		20110	طر د د	>	0.) .		0.
		pensation from the organization	Ot illilited to th		11516	o ai	JOV6	*) WI		eceived more than \$100	,000 or reportable			0
3		ne organization list any former officer,		ıste	e, ke	y en	nplo	yee,	or h	nighest compensated e	mployee on		Yes	
4		a? If "Yes," complete Schedule J for s ny individual listed on line 1a, is the su		le co	ompe	ensa	ation	anc	oth	ner compensation from	the organization		3	X
5		elated organizations greater than \$150 ny person listed on line 1a receive or a									dual for senuces	-	4	X
	rende	ered to the organization? If "Yes," com							·				5	x
Sec 1		. Independent Contractors plete this table for your five highest co	mpensated inc	depe	nde	nt c	ontr	acto	rs th	nat received more than	\$100,000 of compe	nsati	on from	
		rganization. Report compensation for								the organization's tax				
		(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Cor	(C) npensati	on
				 -					+					
									+	·			_	
									_	· · · · · · · · · · · · · · · · · · ·				
				_								_		
	Total	number of independent contractors (i	ncluding but n	ot lır	nite	d to	thos	se lis	sted	above) who received m	ore than		··· <u>-</u>	
		,000 of compensation from the organi					(_						
53200	3											Fo	orm 990	(2015)

Form 990 (2015) C/O WM. R RUSSELL
Part VIII Statement of Revenue

		Check if Schedule O conf	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Am's	С	Fundraising events	1c	_		l		
Fig	d	Related organizations	1d					
ië,	е	Government grants (contribut	tions) 1e					
Fig	f	All other contributions, gifts, gran	nts, and					
1		similar amounts not included abo	ve 1f					
50	g	Noncash contributions included in lines	s 1a-1f \$					
<u>8</u> 8	h	Total, Add lines 1a-1f		>				
				Business Code				
Program Service Revenue	2 a	·						
e G	b							
n S	С			<u> </u>				
Par	d						. ,	
<u> </u>	е	·						
•		All other program service reve	enue	L				
	g	Total, Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			669,465.		· -	669,465.
	4	Income from investment of ta	x-exempt bond p	roceeds -				
Į	5	Royalties		. •				
		_	(i) Real	(II) Personal				
	6 a							
		Less. rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	8,672,406.					
	b	Less. cost or other basis						
		and sales expenses	8,815,417.	1				
		Gain or (loss)	<143,011.	. 1				
1		Net gain or (loss)			<143,011.	>		<143,011.
힐	8 a	Gross income from fundraisin	-					
Ę		including \$:					
Other Rever		contributions reported on line	1c) See					
ğ		Part IV, line 18	a .	<u> </u>				
ᅗ		Less: direct expenses	, b	L				
		Net income or (loss) from fund						
	9 а	Gross income from gaming ad		1				
		Part IV, line 19	a					
		Less direct expenses	b					
		Net income or (loss) from gan	_					
	10 а	Gross sales of inventory, less						
		and allowances	a	<u> </u>				
		Less cost of goods sold	b					
ŀ	<u> </u>	Net income or (loss) from sale		Business Oads		-		
ŀ	11 -	Miscellaneous Revenu		Business Code				
	11 a			 			· · · · · · · · · · · · · · · · · · ·	
	b						-	
	c							
	d						····	
		Total, Add lines 11a-11d						
	12	Total revenue. See instructions.	 	P	526 454	0.	0	526,454.

Part IX Statement of Functional Expenses

Seci	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			mplete column (A)	
Do	not include amounts reported on lines 6b,	(A)		(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	600,000.	600,000.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	- "			
10	Payroll taxes	,			<u></u>
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				<u></u>
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				 -
f	Investment management fees	119,914.		119,914.	
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				
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				
22	Depreciation, depletion, and amortization				
23	Insurance	V-11			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	2,139.		2,139.	
b				2/2001	 -
С					
d					
-	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	722,053.	600,000.	122,053.	0.
26	Joint costs. Complete this line only if the organization				<u>·</u>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		1		
	Check here if following SOP 98-2 (ASC 958-720)				
	,				

BOTA FOUNDATION C/O WM. R RUSSELL

Form 990 (2015)
Part X Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		13,790.	1	11,651.
	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 officers, directors,			
		trustees, key employees, and highest compensa-	ated employees Complete			
		Part II of Schedule L	<u> </u>		5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
	İ	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ঠ		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	<u></u>
Assets	7	Notes and loans receivable, net	.	1,034,508.	7	912,812.
⋖	8	Inventories for sale or use	<u> </u>		8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
		basis. Complete Part VI of Schedule D	10a 65,000.			
	ь	Less. accumulated depreciation	10b	65,000.		65,000. 22,971,054.
	11	Investments - publicly traded securities	24,804,131.	11	<u>22,971,054.</u>	
	12	Investments - other securities. See Part IV, line	110,000.	12	110,000.	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34) .	26,027,429.	16	24,070,517.
	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	Ī	-	21	
ies	22	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employee	es, and disqualified persons.			
<u>E</u>	i 	Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela		· ·=	23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	s 17-24) Complete Part X of		0.5	
		Schedule D		0.	25	0.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958	N sheek have N Y and		26	
/A			ı			
ĕ	27	complete lines 27 through 29, and lines 33 ar Unrestricted net assets	id 34.	26,027,429.	27	24,070,517.
lan	27 28	Temporarily restricted net assets		20,021,427.	28	<u> </u>
B	29	Permanently restricted net assets			29	
Ē	29	Organizations that do not follow SFAS 117 (A		25		
Ē			isc 956), check here			
Net Assets or Fund Balances	30	and complete lines 30 through 34. Capital stock or trust principal, or current funds			30	
sse	30 31	Paid-in or capital surplus, or land, building, or ed			31	
τÀ	١.	Retained earnings, endowment, accumulated in	· ·	<u> </u>	32	
Š	32 33	Total net assets or fund balances	. l	26,027,429.	33	24,070,517.
	34	Total liabilities and net assets/fund balances	ł	26,027,429.	34	24,070,517.
	- 54	Total natinities and flet assets/fully balances		<u> </u>	<u> </u>	Form 990 (2015)

Form **990** (2015)

Form	990 (2015) C/O WM. R RUSSELL	<u>23-7</u>	<u> 30313</u>	8 Pa	<u>ige 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
			_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	26,4	154.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>)53.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>99.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,0	<u> 27,4</u>	<u> 129.</u>
5	Net unrealized gains (losses) on investments	_5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<1,7	<u>61,3</u>	<u> 313.</u> >
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	24,0	<u>70, 5</u>	<u>517.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			 : -	
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	·		_2	a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	ļ	ŀ	İ
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		_2	b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,			Ì
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,		}	
	review, or compilation of its financial statements and selection of an independent accountant?		_2	c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			
	Act and OMB Circular A-133?		3	a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3		
			Fo	rm 99 0	(2015)

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.lrs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number BOTA FOUNDATION C/O WM. R RUSSELL 23-7303138 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No X 600,000. ORANGE GROVE CTR 62-0549365

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

600.000.

Total

Schedule A (Form 990 or 990-EZ) 2015 Part II Support Schedule for Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")				ļ. <u>.</u>		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ł					
	or expended on its behalf		<u> </u>	<u> </u>			
3	The value of services or facilities						
	furnished by a governmental unit to		•				
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		•		1		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			<u> </u>			
	Public support. Subtract line 5 from line 4		<u> </u>	1	<u> </u>		
	tion B. Total Support		г	 	T	T	
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
•	Amounts from line 4			 	 	ļ	<u> </u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	·		 			
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on			 			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)				+	-	<u> </u>
	Total support. Add lines 7 through 10	L.,,	1		1	10	
	Gross receipts from related activities,			و طائلة عند خالف رحاء المس	tov voor oo o oootu	12	
13	First five years. If the Form 990 is for		s tirst, second, tri	ira, touritt, or tilitt	tax year as a section	on 50 ((c)(3)	▶□
Sec	organization, check this box and storetion C. Computation of Publ	ic Support Pe	rcentage	•	-		
	Public support percentage for 2015 (column (f))		14	%
	Public support percentage from 2014			00.0 (.,,		15	%
	33 1/3% support test - 2015. If the			on line 13. and line	e 14 is 33 1/3% or		
	stop here. The organization qualifies					,	▶□
H	33 1/3% support test - 2014. If the				d line 15 is 33 1/39	% or more, check t	his box
~	and stop here. The organization qual					,	▶□
17:	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"						ightharpoons
ŀ	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
•	more, and if the organization meets t						
	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) 2015 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 failed	ails to
qualify under the tests listed below, please complete Part II.)	

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-		1			1	
	formed, 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 bus-						
	iness under section 513				<u> </u>		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to		ĺ				
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to		1				
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and		,				
	3 received from disqualified persons		ļ				
b	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		ĺ		Ì		
	Add lines 7a and 7b						
_							
	Public support. (Subtract line 7c from line 6) Stion B. Total Support		·	<u> </u>		<u> </u>	·
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	(a) 2011	10/2012	(0) 2013	(u) 2014	(e) 2013	(I) Total
	Gross income from interest,				 		
	dividends, payments received on			1			
	securities loans, rents, royalties and income from similar sources			<u> </u>			
	Unrelated business taxable income				 		
	(less section 511 taxes) from businesses	1		[[
	acquired after June 30, 1975		ļ			1	
_	·		 		 	 	
11	Add lines 10a and 10b Net income from unrelated business		 				
• • •	activities not included in line 10b.					İ	
	whether or not the business is		1				
10	regularly carried on Other income Do not include gain		<u> </u>		 	ļ	
12	or loss from the sale of capital						
	assets (Explain in Part VI)				 		
13	Total support. (Add lines 9, 10c, 11, and 12)	L	<u> </u>	1		<u> </u>	
14	First five years. If the Form 990 is fo	r the organization?	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) org	anization,
	check this box and stop here						▶□
Sec	ction C. Computation of Publ						
15	Public support percentage for 2015 (•	column (f))		15	%
16	Public support percentage from 2014			· -	- 	16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)15 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
198	1 33 1/3% support tests - 2015. If the	organization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and I	ne 17 is not
	more than 33 1/3%, check this box a	and stop here. The	e organization qua	lifies as a publicly	supported organiz	zation	▶∟
t	33 1/3% support tests - 2014. If the	organization did i	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	%, and
	line 18 is not more than 33 1/3%, che	eck this box and s	stop here. The org	anızatıon qualifies	as a publicly supp	oorted organiza	tion . ►
<u>20</u>	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶□

Schedule A (Form 990 or 990-EZ) 2015 C/O WM. R RUSSELL

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A.	ΑII	Supporting	Organizations
------------	-----	------------	----------------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1	х	
		Х
2		
3a		X
3b		_
3c		
4a		x
4b		
4c_		
		v
5a		Х
5b 5c	<u> </u>	
6		х
7		х
8		х
		х
9a		
9b_	 	X
9c		X
		х

	BOTA FOUNDATION			
Sche	dule A (Form 990 or 990-EZ) 2015 C/O WM. R RUSSELL 23-	730313	8 Pa	aae 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		ĺ	ĺ
_	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	 	X
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		_	-
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	Ì		ĺ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	<u>le</u>		
	tion of Type in outporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	J		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		х
Sec	tion D. All Type III Supporting Organizations	<u> </u>	I	- 45
	tion b. An Type in capporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Γ	162	INO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ĺ	·	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	}	}	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-	 	-
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
			İ	
•	the organization maintained a close and continuous working relationship with the supported organization(s)	2		 -
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
		ĺ		[
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		, ,	
500	supported organizations played in this regard tion E. Type III Functionally-Integrated Supporting Organizations	3	ــــــــــــــــــــــــــــــــــــــ	L
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction			
1 a	The organization satisfied the Activities Test. Complete line 2 below	s).		
b	The organization satisfied the Activities rest. Complete line 2 Below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization is the parent of each of its supported organizations. Complete line of below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	notruotione	.1	
C	Activities Test. Answer (a) and (b) below.	nsuucuons	Yes	N.
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	<u> </u>	res	No
а]]
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		1	
	that these activities constituted substantially all of its activities	2a	 	_
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		-	l
	reasons for the organization's position that its supported organization(s) would have engaged in these			}
_	activities but for the organization's involvement.		 -	
3	Parent of Supported Organizations Answer (a) and (b) below.		'	1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1	1	į.

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard 532025 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

trustees of each of the supported organizations? Provide details in $\textit{\textbf{Part VI}}.$

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

	BOTA FOUNDATION 90 or 990-EZ) 2015 C/O WM. R RUSSELL			23-7303138 Pa
Part V Type	III Non-Functionally Integrated 509(a)(3) Support	ng Organ	izations	
1 Check h	nere if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970. See instr	uctions. All
other Ty	pe III non-functionally integrated supporting organizations must	complete Sec	ctions A through E	. ,
ection A - Adjuste	ed Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-tern	n capital gain	1		
2 Recoveries of	prior-year distributions	2		
3 Other gross in	ncome (see instructions)	3		
4 Add lines 1 th	rough 3	4		
5 Depreciation	and depletion	5		
6 Portion of ope	erating expenses paid or incurred for production or			
collection of g	ross income or for management, conservation, or			
maintenance	of property held for production of income (see instructions)	6		
7 Other expens	es (see instructions)	7		
8 Adjusted Net	t Income (subtract lines 5, 6 and 7 from line 4)	8		
ection B - Minime	um Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fai	r market value of all non-exempt-use assets (see			
instructions fo	or short tax year or assets held for part of year).			
a Average mon	thly value of securities	1a		
b Average mon	thly cash balances	1b		
c Fair market va	alue of other non-exempt-use assets	1c		
d Total (add line	es 1a, 1b, and 1c)	1d		
e Discount cla	med for blockage or other			
factors (expla	ın ın detail ın Part VI).			
2 Acquisition in	debtedness applicable to non-exempt-use assets	2		
3 Subtract line	2 from line 1d	3		
4 Cash deemed	held for exempt use Enter 1.1/2% of line 3 (for greater amount,	1 1	_	
see instructio	ns)	4		
Net value of r	non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5	by .035	6		
7 Recoveries of	f prior-year distributions	7		
8 Minimum As	set Amount (add line 7 to line 6)	8		
ection C - Distrib	outable Amount			Current Year
1 Adjusted net	income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of		2		
	et amount for prior year (from Section B, line 8, Column A)	3		
	of line 2 or line 3	4		
	nposed in prior year	5		
	Amount. Subtract line 5 from line 4, unless subject to			
	emporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2015

Par	t V	Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	anizations (continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes	· <u></u>	
2	Amou	nts paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organization	s	
4	Amou	nts paid to acquire exempt-use assets			
5_	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions			
7	Total	annual distributions. Add lines 1 through 6			
8	Distrit	outions to attentive supported organizations to which th	ne organization is responsive	•	
	(provi	de details in Part VI) See instructions			
9	Distrit	outable amount for 2015 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii)	(iii)
O 4:			Excess Distributions	Underdistributions	Distributable
Secti	on E -	Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distrib	outable amount for 2015 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2015	_		
	(reaso	onable cause required-see instructions)			
3	Exces	s distributions carryover, if any, to 2015:			
а					
b					
С					
d	From	2013			
е	From	2014			
f	Total	of lines 3a through e			
		ed to underdistributions of prior years			
h	Applie	ed to 2015 distributable amount			
i		over from 2010 not applied (see instructions)			
j		under. Subtract lines 3g, 3h, and 3i from 3f			
4		outions for 2015 from Section D,			
	line 7	\$		L	
а	Apple	ed to underdistributions of prior years			
		ed to 2015 distributable amount			
c	Rema	under. Subtract lines 4a and 4b from 4.			
5		uning underdistributions for years prior to 2015, if			
		Subtract lines 3g and 4a from line 2 (if amount			
		er than zero, see instructions)			
6		uning underdistributions for 2015. Subtract lines 3h			
		b from line 1 (if amount greater than zero, see			
		ictions)			
7		ss distributions carryover to 2016. Add lines 3j			
	and 4	- I			
8		down of line 7.			
a					
b			<u> </u>		
	Exces	ss from 2013			
		ss from 2014			
		ss from 2015		-	
<u> </u>					

Schedule A (Form 990 or 990-EZ) 2015

BOTA FOUNDATION

Schedule A	(Form 990 or 990-EZ) 2015 C/O WM. R RUSSELL	23-7303138 Page 8
Part VI	Supplemental Information Provide the evaluations required by Part II has 10. Pe	+ II has 17s or 17h. Dark III has 10
	Supplemental Information. Provide the explanations required by Part II, line 10; Part III	cu, inte 1/a or 1/b, Part III, line 12,
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Se	ction B, lines 1 and 2, Part IV, Section C,
	line 1: Part IV. Section D. lines 2 and 3: Part IV. Section E. lines 1c. 2a. 2b. 3a and 3b. Part IV.	/. line 1. Part V. Section B. line 1e: Part V.
	Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part	for any additional information
	Section B, lines 3, 0, and 0, and Fart V, Section E, lines 2, 3, and 0 Also complete this part	ioi arry additional miornation
	(See instructions)	
		
		<u></u>
		
		
		
		
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

➤ 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

C/O WM. R RUSSELL

Employer identification number

23-7303138

Total number at end of year Aggregate value of ornthotones to (during year) Aggregate value of grants from (during year) Aggregate value of grants from (during year) Aggregate value of ornthotones to (during year) Aggregate value of grants from (during year) Aggregate value of grants from (during year) Aggregate value of grants from (during year) Aggregate value of grants from (during year) Aggregate value of grants from (during year) Aggregate value of grants from (during year) Aggregate value of grants from (during year) Aggregate value of the following and donors and donor advisors in writing that the assets held in donor advised funds are the organization form all grantees, donors, and donor advisor, or for any other purpose conferring impermentation properties of the donor or donor advisor, or for any other purpose conferring impermentation provided for the donor or donor advisor, or for any other purpose conferring impermentation provided for the donor or donor advisor, or for any other purpose conferring impermentation for such as a formation assessments for purpose conferring impermentation or formation assessments for purpose conferring impermentation or formation assessments for purpose conferring impermentation or formation assessments or formation (check all that apply) Protection of natural habitat Prosesorvation of land for public use (e.g., recreation or advisor) Preservation of a hostonically important land area Preservation of a conferring manufacture of the donor provided in (a) Author of open apace Complete less 22 through 2d if the organization held a qualified conservation contribution in the form of a conservation assessment in the state of the formation of the formation assessment and a certified in storic attractive included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of conservation have a written poblicy regarding the periodic monitoring, inspection, handling of v	Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of prairs from (during year) 4 Aggregate value of and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that at praint 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 impairmable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impairmable purposes benefit? Part III Conservation Easements. Complete of the organization answered "Yes" on Form 990, Part IV, line 7 1 Purpose(o) do conservation assements be donor or doucation) Preservation of a instoncially important land area Preservation of and for public use (e.g., recreation or advisation) Preservation of a conference and accommendation and		organization answered "Yes" on Form 990, Part IV, Iir	ne 6.	
2 Aggregate value of contributions to (during year) 4 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Dot the organization inform all otions and donor advisors in writing that the assets held in donor advised funds are the organization inform all otions on the organization informal grantees, donors, and donor advisors in writing that grant funds can be used only for charatsle purposes and not for the benefit of the donor or donor advisor, or for any other purpose confering impermisable private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (sheek all that apply) Preservation of land for public uses (e.g., recreation or education) Preservation of of a confiend historical protection of natural habitat Protection of natural habitat Proservation of open space 2 Complete lens 2 a through 2 off the organization held a qualified conservation contribution in the form of a conservation easement on a certified historic structure is the protection of conservation easements. 2 Intel at the End of the Tax Year 3 Total number of conservation easements in certified historic structure is to conservation easements in certified historic structure is to conservation easements in certified historic structure is to the organization habitat of the conservation easements in tholds? Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 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 b Number of organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year b Number of explanation have a written policy regarding the periodic monit			(a) Donor advised funds	(b) Funds and other accounts
3 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legial contro? Old the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legial contro? Port and the property and in grantees, donors, and donor advisors in writing that the property and property and the property and the property and the property and the property and the organization answered "Yes" or Form 990, Part IV, line 7 Pert III Conservation Easements. Complete if the organization answered "Yes" or Form 990, Part IV, line 7 Perservation of laind for public use (e.g., recreation of education) Preservation of a historically important land area Protection of natural habitat Protection of natural habitat Protection of natural habitat Protection of natural habitat Preservation of open space 2 Complete lines 2 at through 2 of the organization held a qualified conservation contribution in the form of a conservation easement of taxy year a trait and the tax year. a Total number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure stated in the National Registed of yourseless estimated by conservation easements included in (c) acquired after 8/17/06, and not on a historic structure and the protection of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the pendic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶ Society of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the pendic monitoring, inspecting, handling of violations, and enforcing conservation easement	1	Total number at end of year		
A Aggregate value at end of year Dethe organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantless, donors, and donor advisors in writing that the assets held in donor advised by the organization inform all grantless, donors, and donor advisors or writing that grant funds can be used only for charatide purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring mammasble private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an for public use (e.g., recreation or education) Preservation of a conservation easement is held by the organization (check all that apply) Preservation of natural habitat Preservation of a conservation easement is adjusted to the tax year. 2 Complete lines 2 at through 2 of the organization held a qualified conservation contribution in the form of a conservation easement on a certified historic structure adjust the time of the tax year. 2 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 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 easements in holds? 3 Number of states where property subject to conservation easements in holds? 4 Number of states where property subject to conservation easements in holds? 5 Does the organization hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year like the final properties of the conservation easements holds? 5 Does sech conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(d)(B)(t) 1 In Part XIII, describe how the o	2	Aggregate value of contributions to (during year)		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's properly, subject to the organization's exclusive legal control? 6 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 impermissable private benefit? Part III Conservation Easements. Complete if the organization can severed "Yes" on Form 990, Part IV, line 7 1 Purpose(g) do conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of John short and the preservation of a certified historic structure Preservation of open space 2 Complete lines 2s 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. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure last in the National Register 3 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure assements and the structure included in (a) 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 2 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(B)	3	Aggregate value of grants from (during year)		
are the organization's property, subject to the organization's exclusive legal control? Post 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 Post No P	4	Aggregate value at end of year		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferming movemessole project benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purposely of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or advisation) Preservation of a historically important land area Preservation of pen space Preservation of open space Preservation open space Pr	5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised to	funds
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Imparmisable private benefit? Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 7	6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply) □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a histonically important land area □ Protection of natural habitat □ Preservation of open space 2 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. 3 Total number of conservation easements b Total acreage restricted by conservation assements c Number of conservation easements on a certified histonic structure included in (a) d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 3 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) □ Yes □ No 9 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" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not report in its revenue statement and balance sheet works of art, historical treasures, or other similar		for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con	ıferrıng
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b Assets included in Form 990, Part X	-	·	TO MOO SOOP TELEBRING TO THESE WHITS	▶ ¢
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Sche		R RUSSELL						0313		ıge 2
Par	rt III Organizations Maintaining Co	ollections of Art	t, Historical T	reasures, or	Other:	Similar	Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessio	n, and other records	s, check any of the	e following that a	re a signi	ıfıcant us	e of its	collection	ı ıtems	à
	(check all that apply)									
а	Public exhibition	d		change programs	s					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's col						e in Part	XIII		
5	During the year, did the organization solicit or				sımılar as	sets	_	,		1
	to be sold to raise funds rather than to be mai							Yes		No
Pai	rt IV Escrow and Custodial Arrang		te if the organizati	on answered "Ye	es" on Fo	rm 990, I	Part IV,	line 9, or		
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia	in or other intermedi	ary for contributio	ns or other asset	ts not inc	luded	_	٦.,		1
	on Form 990, Part X?						L	Yes	L	No
þ	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table					A		
								Amount		
	Beginning balance					1c				
	Additions during the year					1d				
e	Distributions during the year					1e				
7	Ending balance Did the organization include an amount on Fo	rm 990 Part Y line 3	21 for ecorow or a	suetodial accoun	t liability?		. [Yes		No
	If "Yes," explain the arrangement in Part XIII					•		1 163		
Pai						•		<u> </u>		
		(a) Current year	(b) Prior year	(c) Two years b		Three yea	rs back	(e) Four	vears t	back
12	Beginning of year balance	(a) Carrotti you.		(6)	(4)			(0): 00	,	
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance					·	ļ			
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column	(a)) held as						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held	and administered	for the	organızat	ion			
	by.								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	ed on Schedule R	?				3b	i	
4	Describe in Part XIII the intended uses of the		wment funds.							
Pa	rt VI Land, Buildings, and Equipm		5			4.0				
	Complete if the organization answered									
	Description of property	(a) Cost or ot		st or other	• •	imulated		(d) Bool	k value)
		basis (investm		s (other)	depre	ciation			- A	
	Land	65,0	000.					ь.	5,00	<u> </u>
	Buildings	ļ	-				_			
C	'						+-			—
d	• •				_					
	Other	muni Form 000, Raid V	V 00/4mm (P) 1/m=	100)		<u> </u>	$\overline{}$		5,0	<u> </u>
rota	il. Add lines 1a through 1e (Column (d) must ed	<u> yuai roitti 990, Part /</u>	∧, coluttiti (B), lifie	100/					١٠, ٠	<u> </u>

Schedule D (Form 990) 2015

(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Column (b) must equal Form 990, Part X, col (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2015

Sche	dule D (Form 990) 2015 C/O WM R RUSSELL		<u>23-730313</u>	8 Page 4
Par		itements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, III	ne 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
	Add lines 4a and 4b	<u> 1941 </u>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	1	5	
	t XII Reconciliation of Expenses per Audited Financial St	atements With Expe		
. u.			isos poi riotaini.	
	Complete if the organization answered "Yes" on Form 990, Part IV, III	10 12a.		
1	Total expenses and losses per audited financial statements		1	·
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
	A STATE OF THE STA		ł l	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
	Amounts included on Form 990, Part IX, line 25, but not on line 1. Investment expenses not included on Form 990, Part VIII, line 7b	4a		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4a 4b	4c	
a b c	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b	4b	4c	
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 1	4b	4c 5	
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information.	4b 8.)	5	art XI.
b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4, Part IV, lines 1b and 2b;	5	art XI,
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b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4, Part IV, lines 1b and 2b;	5	art XI,
b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4, Part IV, lines 1b and 2b;	5	art XI,
b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4, Part IV, lines 1b and 2b;	5	art XI,
b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4, Part IV, lines 1b and 2b;	5	art XI,
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b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4, Part IV, lines 1b and 2b;	5	art XI,

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

C/O WM. R RUSSELL BOTA FOUNDATION

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047	2015	Open to Public

Employer identification number

Inspection

23-7303138

Part	Part I General Information on Grants and Assistance	
1 Doe		
crit	oritena used to award the grants or assistance?	ĝ
2 Des	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	-
Part II	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000. Part II car	be duplicated if additive	onal space is need	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) iRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORANGE GROVE CTR 615 DERBY STREET CHATTANOOGA, TN 37404	62-0549365	501(C)(3)	600,000.	0			SEE PART III OF FORM 990 QUESTION 4.
2 Enter total number of section 501(c)(3) and government organization 3 Enter total number of other organizations listed in the line 1 table	nd government or slisted in the line	<u> </u>	s listed in the line 1 table				A A
ا ا	see the Instruct	lions for Form 990.		ı.			Schedule I (Form 990) (201

Schedule I (Form 990) (2015)

BOTA FOUNDATION

23-7303138

C/O WM. R RUSSELL

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2015)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) 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 (a) Type of grant or assistance

Schedule I (Form 990) (2015)

SCHEDÛLÊ 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.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

BOTA FOUNDATION Name of the organization C/O WM. R RUSSELL **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:
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:
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. THE MAJORITY
OF THE MEMBERS OF THE GOVERNING BODY ARE FORMER PRESIDENTS OF THE ORANGE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015) 532211 609-02-15

Schedule O (Form 990 or 990-EZ) (2015) Page 2 Name of the organization BOTA FOUNDATION **Employer identification number** C/O WM. R RUSSELL 23-7303138 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: 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: 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: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: <u>JOHN</u> F. GERM - 629 MARKET STREET SUITE 100, CHATTANOOGA, TN 37402 WILLIAM R. RUSSELL - 629 MARKET STREET SUITE 100, CHATTANOOGA, TN 37402 HUGH J. MOORE JR. ESQ. - 629 MARKET STREET SUITE 100, CHATTANOOGA, TN 37402

STEPHEN PERRY - 629 MARKET STREET SUITE 100, CHATTANOOGA, TN 37402

JONATHAN F. KENT - 629 MARKET STREET SUITE 100, CHATTANOOGA, TN 37402

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

Sched	ule O (Form 99	0 or 9	90-EZ) (2015)					Page 2
	of the organiza			ATION			Employer identification	number
	-		C/O WM. R I	RIISSELL			23-7303138	
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NET	CHANGE	IN	UNREALIZED	APPREC./(DEPR	EC.) FOR THE	E PERIOD	-1,761	<u>,313.</u>
								
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Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 ► Attach to Form 990. C/O WM. R RUSSELL BOTA FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part

Open to Public Inspection OMB No 1545-0047 2015

Employer identification number 23-7303138 ŧ 3

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations Complete organizations during the tax year		f the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 be	cause it had one o	more related tax-exen	ηρt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	12(b)(13)
				501(c)(3))		Yes	No
	OPERATES A LEARNING FACILITY FOR THOSE W/	THE OF THE PROPERTY OF THE PRO	76/70/10	Consti			*
CDATTANOGCA, IN 37404		יין דיין איין איין איין איין איין איין א	/c / / 2 / 10 c	7 2417			;
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2015	(Form 990	0) 2015

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BOTA FOUNDATION

C/O WM. R RUSSELL Schedule R (Form 990) 2015

Page 2,

23-7303138

General or Percentage managing ownership partner? Schedule R (Form 990) 2015 Yes No (i) Section 512(b)(13) controlled Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year 3 Percentage ownership 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 9 Ξ Code V-UBI amount in box 20 of Schedule J K-1 (Form 1065) y Share of end-of-year assets \equiv Orsproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) **e** Share of total псоте Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) € © Legal domicile (state or foreign country) 31 3 (d)
(Direct controlling entity Primary activity (C)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 532162 09-08-15 Part IV Part

BOTA FOUNDATION Schedule R (Form 990) 2015 C/O WM. R RUSSELL

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	vered "Yes" on Form	990, Part IV, line 34, 35b,	or 36.	•
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	slated organizations listed	ın Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				Ta X
b Gift, grant, or capital contribution to related organization(s)				db X
c Gift, grant, or capital contribution from related organization(s)				1c X
				Td X
e Loans or loan guarantees by related organization(s)				at X
f Dividends from related organization(s)				1f X
				Tg X
				th X
i Exchange of assets with related organization(s)				i= X
j Lease of facilities, equipment, or other assets to related organization(s)				i.
k Lease of facilities, equipment, or other assets from related organization(s)				*
	nization(s)			T X
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			æ. X
n Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			† X
 Sharing of paid employees with related organization(s) 				To X
p Reimbursement paid to related organization(s) for expenses				John X
q Reimbursement paid by related organization(s) for expenses				1g X
r Other transfer of cash or property to related organization(s)				± X
10				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete the	nis line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nt involved
(1)				
(2)				
(4)				
(9)				
(9)				
532163 09-08-15	32		Sched	Schedule R (Form 990) 2015

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Page 4

BOTA FOUNDATION C/O WM. R RUSSELL Schedule R (Form 990) 2015 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

ilat was not a related organization over instructions regarding exclusion to certain investment parties in pa	silactions regarding excita	מוסון וסו כפו נמווו וווא								
(a)	(p)		(p)		€	(6)	ε	©	9	€
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income partin (related, unrelated, 501 excluded from tax under or sections 512-514)	partners sec 501(c)(3) orgs >	Share of total income	Share of end-of-year assets	Dispropor- tionate allocations?	Dispropor- Code V-UBI General or Percentage bloate amount in box 20 managing ownership of Schedule K-I Farm 10RS)	General or managing partner?	Percentage ownership
		1	()))))))))))))))))))				<u> </u>	(200	ON COL	
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