

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

Department of the Treasury

Return of Private Foundation

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

OMB No 1545-0052

Internal Revenue Service	•	be able to use a copy of this								
For calendar year 2009	<u> </u>		, and ending	MAR 31, 2010						
G Check all that apply	Initial return		ormer public charity	Final return						
Amended return Address change Name change Name of foundation A Employer identification number										
Use the IRS Name of	oundation			A Employer identification	number					
label.	John C. Dotton Hou		24 1740004							
	ohn C. Bates Fou	34-1749094								
	d street (or PO box number if mail is not do	elivered to street address)	Room/suite	B Telephone number	1616					
Coo Coorifie	Front Street			(419)-691-						
Instructions City or to	wn, state, and ZIP code			C If exemption application is pe						
				0 1. Foreign organizations,	check here					
H Check type of organiz	· · · · · · · · · · · · · · · · · · ·		_	Foreign organizations mee check here and attach con	nputation PL					
		Other taxable private founda		E If private foundation state						
I Fair market value of al	· · · · · · · · · · · · · · · · · · ·	-	Accrual	under section 507(b)(1)(A), check here					
(from Part II, col. (c) ►\$, line 16)	ther (specify)	hoora l	F If the foundation is in a 6						
		T	· · · · · · · · · · · · · · · · · · ·	under section 507(b)(1)(
(The total of am	evenue and Expenses ounts in columns (b), (c), and (d) may not al the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes					
	***	89,000.	111001110	N/A	(cash basis only)					
1 Contributions,	gifts, grants, etc., received	03,000.		74/ 1/2	***************************************					
	If the foundation is not required to attach Sch. B gs. and temporary s	<u> </u>								
1	interest from securities				***************************************					
5a Gross rents	interest nom securities									
D Net rental income	(()				······					
62	` ' 	 		·····						
Gross sales price	from sale of assets not on line 10 for all				······					
• assets on line of	ncome (from Part IV, line 2)		0.		·					
8 Net short-term										
9 Income modifi	. •	,,,,,								
10a Gross sales less and allowances										
D Less Cost of goo	ode sold		·							
c Gross profit or					······					
			<u> </u>		***************************************					
12 Total Add-in	VED 9 Innough 1.1	89,000.	0.							
	officers, directors trustees, etc	0.	0.		0.					
1 1 1 1	e sagrids and Wapes									
	employee barrefits									
9 16a Legal fees	18									
16a Legal fees b Accounting fee	Ŋ, U I		-							
C Other professi	onal fees		-		····					
§ 17 Interest										
18 Taxes										
19 Depreciation a	nd depletion									
20 Occupancy										
77 ' '	nces, and meetings									
22 Printing and p	•									
23 Other expense										
돌 24 Total operatin	g and administrative									
expenses. Add	lines 13 through 23	0.	0.		0.					
25 Contributions,	gifts, grants paid	76,000.			76,000.					
26 Total expense	s and disbursements.	· 1								
Add lines 24 a		76,000.	0.		76,000.					
27 Subtract line 2	6 from line 12									
2 Excess of revenu	e over expenses and disbursements	13,000.								
b Net investmen	t income (if negative, enter -0-)		0.							
c Adjusted net i	1COM8 (if negative, enter -0-)			N/A						
923501 02-02-10 LHA For Pr	vacy Act and Paperwork Reduction	Act Notice, see the instruct	ions.		Form 990-PF (2009)					

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	1,002,437.
2	Enter amount from Part I, line 27a	2_	13,000.
3	Other increases not included in line 2 (itemize)	3_	0.
4	Add lines 1, 2, and 3	4	1,015,437.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,015,437.

(a) List and descri	ribe the kind	(s) of property sold (e g common stock, 200 sh	, real estate,		P-	ow ac Purc Dona	iiase	(c) Date acc (mo , day,	quired , yr.)	(d) Date sold (mo , day, yr)
1a										
b NO	NE	<u> </u>								
<u>C</u>					1					
<u>d</u>					 					
<u>e</u>	(f) D.		(-) 0	A Ab b	1			(h) O		
(e) Gross sales price		preciation allowed or allowable)		t or other basis xpense of sale				(n) Gain (e) plus (f	or (loss)) minus (
a										
<u>b</u>										
<u> </u>		-								
<u>d</u>										
Complete only for assets showing	in usin in co	lumn (h) and owned by	the foundation	on 12/31/69		<u> </u>		Gains (Col	/h\ aaın	minus
(i) F M V as of 12/31/69	(j)	Adjusted basis s of 12/31/69	(k) Ex	cess of col (I)				(k), but not Losses (fr	less than	1 -0-) or
a					-					
b										
								 		
8										
2 Capital gain net income or (net ca	ipital loss)	{ If gain, also ente If (loss), enter -0	r in Part I, line)- in Part I, line	7 7	}	2				
Net short-term capital gain or (los if gain, also enter in Part I, line 8,		ed in sections 1222(5) ai	nd (6)		J					
If (loss), enter -0- in Part I, line 8 Part V Qualification U	· · · ·	ction 4940(e) for			لل	3				
Was the foundation liable for the sect f "Yes," the foundation does not qual Enter the appropriate amount in e	lfy under se	ction 4940(e) Do not co	omplete this pa	rt						Yes X No
	Bacii Coluiiii	(b)	detions before	making any entir	(C)			I		(d)
(a) Base period years Calendar year (or tax year beginnii	na in)	Adjusted qualifying dis	stributions	Net value of no		table-	use assets	(cc	Distrib (b) div	uition ratio ided by col (c))
2008	-	9	5,178.		1,	19	0,198			.079968
2007			5,476.				4,508			18.298594
2006			6,696.				2,746		_	24.062137
2005	_		0,882.	_			6,584			14.703656
2004		82	9,492.			3	2,055	: 		25.877149
2 Total of line 1, column (d)								2		83.021504
3 Average distribution ratio for the state the foundation has been in existent	•	*	on line 2 by 5,	or by the number	r of yea	rs		3		16.604301
Enter the net value of noncharitab	ole-use asse	ts for 2009 from Part X,	line 5					4		211,797
Multiply line 4 by line 3								5		3,516,741
Enter 1% of net investment incom	ne (1% of P	art I, line 27b)						6		0 .
Add lines 5 and 6								7		3,516,741
B Enter qualifying distributions from	n Part XII, lii	ne 4						8		76,000
If line 8 is equal to or greater than See the Part VI instructions	line 7, che	ck the box in Part VI, line	e 1b, and comp	lete that part usin	ng a 1%	tax ı	rate			

_	n 990-PF (2009) The John C. Bates Foundation art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), o			1749			Page 4
-, -,	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	1	770	366	HSUL	CHO	15)
1 4	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)						
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	İ	1				0.
	of Part I, line 27b	ŀ		•			
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)						
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	İ	2				0.
3		Ī	3				0.
4	Subtrile A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	Ī	4				0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	Ī	5				0.
	Credits/Payments			******		· · · · · · ·	
	2009 estimated tax payments and 2008 overpayment credited to 2009						
	Exempt foreign organizations - tax withheld at source						
C	Tax paid with application for extension of time to file (Form 8868)						
	I Backup withholding erroneously withheld 6d						
7	Total credits and payments Add lines 6a through 6d		7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	ſ	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ [9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ [10				
11	Enter the amount of line 10 to be Credited to 2010 estimated tax	▶ [11				
Pź	art VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interv	ene	n			Yes	No
	any political campaign?				1a		_X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publi	shed	or				,
	distributed by the foundation in connection with the activities.						
C	: Did the foundation file Form 1120-POL for this year?				10		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation						
	managers ► \$O.						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		X
	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	n, o	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3_		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			/-	4a_		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		. N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or		_		1		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the second conflict	tate	law		-	v	
_	remain in the governing instrument?			•	6	$\frac{x}{x}$	
,	Did the foundation have at least \$5,000 in assets at any time during the year?				7	Α	
0-	If "Yes," complete Part II, col. (c), and Part XV.						
83	Enter the states to which the foundation reports or with which it is registered (see instructions) OH						
0	of each state as required by General Instruction G? If "No," attach explanation See State	am,	an+	2	0.		х
o				4	8b		
ฮ	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	calef	ıudi		_		х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	Si	tmt	3	10	x	 ^

923541

orm 990-PF (2009) The John C. Bates Founda			<u>34–17490</u>	94 Page	6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No		
(2) Influence the outcome of any specific public election (see section 4955), o	er to carry on, directly or indire	· —			
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y ₁	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?		Yı	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	·	n Regulations	/-		
section 53 4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for					
expenditure responsibility for the grant?	N	I/A 🔲 Y	es L No		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Yı	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		-	6b X	
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Yı	es X No		
b If yes, did the foundation receive any proceeds or have any net income attribut				7b	_
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	/		
List all officers, directors, trustees, foundation managers and their	compensation.				_
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	_
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other	
- -	to position	James Cy	comportation		_
See Statement 4		0.	0.	0	
					Ť
]			
					_
-					
		İ			
					_
· · · · · · · · · · · · · · · · · · ·		1			
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		·	_
(-) Name and address of the barriers of the American	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expense	<u> </u>
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other	
NONE					_
					_
	1				
					_
	1				
				· · · · · · · · · · · · · · · · · · ·	_
	1				
					_
					_
Total number of other employees paid over \$50,000			•		0

Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
n/a no program-related investments		
		0.
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3		0.

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	205,400. 9,622.
b	Average of monthly cash balances	1b	9,622.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	215,022.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	215,022.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,225.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	211,797.
6	Minimum Investment return. Enter 5% of line 5	6	10,590.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part)	nd certain	<u> </u>
1	Minimum investment return from Part X, line 6	1	10,590.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI)		
	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	10,590.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	10,590.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	10,590.
P;	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		76 000
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	76,000.
	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	=
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	76,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	76,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for th	e section

4940(e) reduction of tax in those years

Part XIII Undistributed Income (s	see instructions)			
	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				10,590.
2 Undistributed income, if any, as of the end of 2009			**************************************	
a Enter amount for 2008 only			0.	
b Total for prior years			··· ··· · · · · · · · · · · · · · · ·	## '## '### ### ### ' ## .
,,		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004 827,889.				
b From 2005 389,553.				
c From 2006 306,059.				
d From 2007 264,751.				
e From 2008 35,668.				
f Total of lines 3a through e	1,823,920.			
4 Qualifying distributions for 2009 from				
Part XII, line 4 \triangleright \$ 76,000.				
a Applied to 2008, but not more than line 2a			0.	***************************************
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				10,590.
e Remaining amount distributed out of corpus	65,410.	 	''' ''' ''' ''' '''' '''' ''''	
Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,889,330.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2008 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010		*************		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	827,889.	·····		
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	1,061,441.	·····		
10 Analysis of line 9				
a Excess from 2005 389,553.				
b Excess from 2006 306,059.				
c Excess from 2007 264,751.	[
d Excess from 2008 35,668.				
e Excess from 2009 65, 410.	1	_		

3 Grants and Contributions Paid During the	rear or Approved for Future F	ayment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
See Statement 5				
Total			. ► 3a	76,000
b Approved for future payment				
		i		
Mana				
None				
			L	
Total			▶ 3b	0

Part XVI-A	Analysis of	Income-	Producina	Activities
· ·	,			

ter gross amounts unless otherwise indicated Program service revenue				ided by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
<u> </u>			1		
Fees and contracts from government agencies					
Vembership dues and assessments					_
nterest on savings and temporary cash					
nvestments		:		i	
Dividends and interest from securities					
Net rental income or (loss) from real estate					
Debt-financed property					
Not debt-financed property					
Net rental income or (loss) from personal			1		
property Other investment income		-	+		
Gain or (loss) from sales of assets other					
han inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory			ļ		
Other revenue					
<u> </u>	-		 		
1	-		ļ		
	1		1		
<u> </u>	_		1		
e	-		ļ		
Subtotal Add columns (b), (d), and (e)		0.		0.	
Total. Add line 12, columns (b), (d), and (e)				13	
e worksheet in line 13 instructions to verify calculations) art XVI-B Relationship of Activities	to the Acc	omplishment of Ex	kemp	it Purposes	
	come is reported	ın column (e) of Part XVI-A			nplishment of
Relationship of Activities No. Explain below how each activity for which inc	come is reported	ın column (e) of Part XVI-A			nplishment of
Relationship of Activities No. Explain below how each activity for which inc	come is reported	ın column (e) of Part XVI-A			nplishment of
No. Explain below how each activity for which inc	come is reported	ın column (e) of Part XVI-A			nplishment of
Relationship of Activities No. Explain below how each activity for which inc	come is reported	ın column (e) of Part XVI-A			nplishment of
Relationship of Activities No. Explain below how each activity for which inc	come is reported	ın column (e) of Part XVI-A			nplishment of
Relationship of Activities No. Explain below how each activity for which inc	come is reported	ın column (e) of Part XVI-A			nplishment of

	art X		egarding Transfe	ers To a	and Transactions a	nd Relationship	s With Noncharital		aye 13
•	****	Exempt Organ	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,,,,	
1	Did th	e organization directly or ind		ne followin	o with any other organization	n described in section	501(c) of	Yes	No
٠		ode (other than section 501(o			- · · · · · · · · · · · · · · · · · · ·			-	1
2		fers from the reporting found	• • • •						
•	(1)				3-		. 1a(1)	X
		Other assets					1a(X
H	• •	transactions				•	· · ·		
٠		sales of assets to a noncharit	able exempt organization				16(11	X
		urchases of assets from a no	• •	nization		•	1b(X
		tental of facilities, equipment,				•	1b(X
	٠,	Reimbursement arrangements	•				1b(X
	• •	oans or loan guarantees.	•				1b(X
		erformance of services or m	embershin or fundraising	solicitatio	ins		1b(X
•		ng of facilities, equipment, m					11		X
		answer to any of the above is		•	•	ways show the fair mar			1
٠		vices given by the reporting		-		=	=		
		nn (d) the value of the goods,						•	
(a)	Line no	(b) Amount involved		_	e exempt organization	(d) Description of	ransfers, transactions, and sharing	arrangem	ents
``			1	N/A		<u> </u>			
			-						
			-						
	•								
						_			
						- \ \			—
_		,					· · · · · · · · · · · · · · · · · · ·		
					· · · · · · · · · · · · · · · · · · ·				
						•			
						<u> </u>			
	_								
2:	ls the	foundation directly or indirec	rtly affiliated with or relat	ento one	or more tax-exempt organi	zations described	· · · · · · · · · · · · · · · · · · ·		
		tion 501(c) of the Code (other	•	•	• •	zationo desembed		. ГX	□ No
		s," complete the following sci		, 01 0000					
<u>`</u>	<u>,</u>	(a) Name of or			(b) Type of organization	(c)	Description of relationship		
_		N/A	<u> </u>		,,,,,				
_									
_									
_									
_						_			
	Under p	enalties of penury, I declare that I	have examined this return, inc	cluding acco	mpanying schedules and statem	nents, and to the best of my	knowledge and belief, it is true, c	orrect,	
	and cor	nplete Declaration of preparer (oth	ner than taxpayer or fiduciary)	is based on	all information of which preparer	has any knowledge			
		Styl & Keles			8/3/10	▲ Treasur	er		
e e	SI	gnature of officer or trustee			Date	Title			
Į		Preparer's \	1011	•		Date Check	If Preparer's ide	itifying nui	mber
Sign Here	r.'s ≥	signature			1	7/29/10 setf-	ved ►		
S)	Paid Preparer's Use Only		ins, Bates	& Ca	rey, LLP		IN ▶		
	rep Use				, Suite 1900	۲			
	~ ~	hone no (419)-2	41-2	100					

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer identification number Name of the organization The John C. Bates Foundation 34-1749094 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

for Form 990, 990-EZ, or 990-PF.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

 $_1$ of 1 of Part I

Name of organization

Employer identification number

The J	ohn C. Bates Foundation	34	1-1749094	
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
1	Heidtman Steel Products, Inc. 2401 Front Street Toledo, OH 43605	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
140.	Name, address, and zir + 4	\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	

Book Value	Fair Market Value
1,000,576.	205,400.
1,000,576.	205,400.
•	1,000,576.

Explanation

Pursuant to rules established by the State of Ohio's Office of the Attorney General, the Foundation submitted the form "Verification of Filing With the Internal Revenue Service" to the State of Ohio in lieu of a copy of the federal return.

Form 990-PF		stantial Contributors Statement VII-A, Line 10	± 3
Name of Contributor		Address	
Heidtman Steel Produc	ts, Inc.	2401 Front St., Toledo, OH 43605	
Centaur, Inc.		630 Lavoy Rd., Erie, MI 48133	
HS Processing, LP		2401 Front St., Toledo, OH 43605	
John C. Bates		24340 Parke Lane, Grosse Ile, MI 4813	3

	t of Officers, D Foundation Mana		State	ement 4
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
Darlene L. Dotson 9435 Secor Road Temperance, MI 48182	President & Tr 0.00	rustee 0.	0.	0.
Mark E. Ridenour 2401 Front Street Toledo, OH 43605	Treasurer & Tr 0.00	rustee 0.	0.	0.
John M. Carey 405 Madison Ave., Suite 1900 Toledo, OH 43604	Secretary & Tr 0.00	rustee 0.	0.	0.
Sarah J. Bates 24340 Parke Lane Grosse Ile, MI 41838	Trustee 0.00	0.	0.	0.
Debra A. Shinkle 9425 Secor Road Temperance, MI 48182	Trustee 0.00	0.	0.	0.
Totals included on 990-PF, Page 6	, Part VIII	0.	0.	0.

	and Contributions During the Year	State	ement 5
Recipient Name and Address	Recipient Relationship and Purpose of Grant	Recipient Status	Amount
Komen NW OH Race for the Cure 3100 W. Central Ave. 2nd Fl. Toledo, OH 43606	none general	public	1,000.
Multiple Sclerosis Society 415 Tomahawk Blvd. Maumee, OH 43537	none general	public	1,000.
Mount Carmel 6150 E. Broad St. Columbus, OH 43213	none general	public	1,000.
Oxalosis Hyperoxaluria Foundation 408 Courtney Estates Dr. Fenton, MO 63026	none general	public	5,000.
Servant Leadership Center 1618 W. Sylvania Ave. Toledo, OH 43612	none general	public	1,000.
Sylvania Franciscan Academy 5335 Silica Dr. Toledo, OH 43560	none general	public	35,850.
St. Ursula Academy 4025 Indian Rd. Toledo, OH 43606	none general	public	19,150.
The Ohio State University 1480 W. Lane Ave. Columbus, OH 43221	none general	public	2,500.

The John C. Bates Foundation			34-1749094
Toledo Zoological Society P.O. Box 140130 Toledo, OH 43614	none general	public	5,000.
Diabetes Youth Services 5871 Monclova Rd. Maumee, OH 43537	none general	public	1,000.
Norman and Louise Jones Foundation 6202 Trust Dr. Holland , OH 43528	none general	public	2,000.
Fellowship of Christian Athletes 6657 Owens Lake Dr. Walbridge, OH 43465	none general	public	1,000.
Our Lady of Lourdes Hospitality 6149 Hill Ave. Toledo, OH 43615	none general	public	500.
Total to Form 990-PF, Part XV, li	ne 3a		76,000.