

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

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

OMB No 1545-0052

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-PF and its separate instructions is at www.irs.gov/form990pf. 2014

Open to Public Inspection For calendar year 2014, or tax year beginning 2014, and ending Name of foundation Employer identification number 38-3278032 THE BATES FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/surte В Telephone number (see instructions) 49059 WOODWARD AVENUE 306 (248) 594-5770 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here. BLOOMFIELD HILLS 48304 Check all that apply Initial return Initial return of a former public charity **D** 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check Address change Name change here and attach computation Check type of organization. X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt chantable trust If private foundation status was terminated Other taxable private foundation Ε under section 507(b)(1)(A), check here . . Fair market value of all assets at end of year Accounting method: |X |Cash Accrual (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination ► s 43,050. column (d) must be on cash basis) under section 507(b)(1)(B), check here . . Part I | Analysis of Revenue and (b) Net investment (a) Revenue and (c) Adjusted net (d) Disbursements Expenses (The total of amounts in columns (b), (c), and (d) may not necesexpenses per books income income for charitable purposes sanly equal the amounts in column (a) (cash basis only) (see instructions)) 2,000 Contributions, gifts, grants, etc, received (attach schedule) . 2 X If the foundn is not required to attach Sch B Interest on savings and temporary cash investments Dividends and interest from securities 465 465 5 a Gross rents . . b Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 L-<u>6a</u> Stmt **b** Gross sales price for all assets on line 6a · · · 72 ~~ + 13# } Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10 a Gross sales less returns and allowances . **b** Less Cost of Other income (attach schedule) . . Total Add lines 1 through 11. 2,537. 465. 12 13 Compensation of officers, directors, trustees, etc. Other employee salaries and wages Pension plans, employee benefits . . . 16 a Legal fees (attach schedule). . . . b Accounting fees (attach sch) . . . c Other prof fees (attach sch) . . . NISTRATIVE Interest 18 Taxes (attach schedule)(see mstrs) 19 Depreciation (attach sch) and depletion . 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications . . Other expenses (attach schedule) MERRILL LYNCH 65 65 Total operating-end-administrative 65. 4,300. 4,300. Total expenses and disbu lo 65 4,300. 4,365 a Excess of revenue over ex -1,828400.



		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End or	yeai
		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing			
	2	Savings and temporary cash investments	2,504.	675.	675.
	3	Accounts receivable		_	
		Less. allowance for doubtful accounts			
	4	Pledges receivable			
	_	Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach sch)			
A		Less allowance for doubtful accounts			
š	8	Inventories for sale or use			
S S E T	9	Prepaid expenses and deferred charges			
S	10 a	a Investments — U.S and state government obligations (attach schedule)			
Ì	t	b Investments — corporate stock (attach schedule)	968.	968.	9,893.
	•	c Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans	· · · · · · · · · · · · · · · · · · ·		
	13	Investments – other (attach schedule)	28,776.	28,776.	32,482.
	14	Land, buildings, and equipment. basis	20,770.	20,770.	32/102.
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
	16	`	32,248.	30,419.	43,050.
Ļ	17	Accounts payable and accrued expenses			- Line
Å	18	Grants payable			-
В	19	Deferred revenue	-		
L l	20	Loans from officers, directors, trustees, & other disqualified persons			
Ţ	21	Mortgages and other notes payable (attach schedule)			
T	22	Other liabilities (describe			ı
E S	23	Total liabilities (add lines 17 through 22)			• u
	23	Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
N F E U	24	Unrestricted			F
TN	25	Temporanly restricted			t.
, D	26	Permanently restricted			
A S B S A E L T A		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
EL	27	Capital stock, trust principal, or current funds	6,109.		
SN	28	Paid-in or capital surplus, or land, bldg, and equipment fund			ř
OE	29	Retained earnings, accumulated income, endowment, or other funds	26,139.	30,419.	
RS	30	Total net assets or fund balances (see instructions)	32,248.	30,419.	
	31	Total liabilities and net assets/fund balances (see instructions)	32,248.	30,419.	
Part	111	Analysis of Changes in Net Assets or Fund Balance		·	
		net assets or fund balances at beginning of year — Part II, column (a of-year figure reported on pnor year's return)		th	32 240
		r amount from Part I, line 27a			32,248.
_				 	-1,828.
4	Add I	Increases not included in line 2 (itemize)			30,420.
		ases not included in line 2 (itemize) ROUNDING ADJUS		5	30,420.
		net assets or fund balances at end of year (line 4 minus line 5) — Pa			30,419.

BAA

Par	(a) List and describe	Losses for Tax on Investmenthe kind(s) of property sold (e.g., reale, or common stock, 200 shares MLC	estate.	(b) How acq P — Purcha D — Donat	ase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a							-
Ł)	· · · · · · · · · · · · · · · · · · ·					
				•			
		–					
-							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basi plus expense of sale			(h) Gain or (e) plus (f) mil	
a							
b						 -	
`							
		ng gain in column (h) and owned by th	e foundation on 12/31/60		-		
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (over column (j), if any			(f) Gains (Col ain minus column (k an -0-) or Losses (fro), but not less
а				-			
	1						
2	Capital gain net income or (net o	capital loss) If gain, also	enter in Part I, line 7 er -0- in Part I, line 7		2	-	
3	Net short-term capital gain or (lo	oss) as defined in sections 1222(5) and	' d (6)	F			
	If gain, also enter in Part I, line 8 in Part I	3, column (c) (see instructions). If (loss	s), enter -0-		3		
Par		r Section 4940(e) for Reduce		ent Inco	me	<u> </u>	
Was		s part blank on 4942 tax on the distributable amou y under section 4940(e). Do not comp		nod?		· · · ☐Yes	No
1	Enter the appropriate amount in	each column for each year, see the ir	structions before making an	y entries			
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use asse		(colu	(d) Distribution mn (b) divided b	
	2013	3,000.	42	,084.			0.071286
	2012	4,300.		,184.			0.093106
	2011	5,690.	47	,578.		-	0.119593
	2010	4,891.	46	5,520.			0.105138
	2009	4,963.	4.5	6,673.			0.108664
2	Total of line 1, column (d) .				2		0.497787
3	Average distribution ratio for the number of years the foundation	5-year base period — divide the total has been in existence if less than 5 years.	on line 2 by 5, or by the ears		3		0.099557
4	Enter the net value of nonchanta	able-use assets for 2014 from Part X,	line 5		4	<u></u> .	43,504.
5	Multiply line 4 by line 3				5		4,331.
6	Enter 1% of net investment inco	me (1% of Part I, line 27b)			6_		4.
7	Add lines 5 and 6				7		4,335.
8	Enter qualifying distributions from	m Part XII, line 4		[8		4,300.
	If line 8 is equal to or greater that Part VI instructions.	an line 7, check the box in Part VI, line	1b, and complete that part u	sing a 1%	tax r	ate See the	

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruc	tions)		
	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1	,		
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)			
Ŀ	Domestic foundations that meet the section 4940(e) requirements in Part V,			8.
	check here - and enter 1% of Part I, line 27b	.		
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
3	Add lines 1 and 2			8.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			8.
6	Credits/Payments:			
a	2014 estimated tax pmts and 2013 overpayment credited to 2014 6 a			
	Exempt foreign organizations — tax withheld at source 6 b			
	Tax paid with application for extension of time to file (Form 8868) 6 c			
	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			8.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0.
11	Enter the amount of line 10 to be Credited to 2015 estimated tax			
	t VII-A Statements Regarding Activities			
		- 	Ye	s No
та	в During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1 a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		1 Б	×
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?		1 c	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	7,4		
_	(1) On the foundation	·	* *	
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ► \$			7 114.
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	· ·		352
_	· · · · · · · · · · · · · · · · · · ·			1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	-;	3	X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4 a	Х
b	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	🔽	4 b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	Х
	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			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	. .	 6 X	, -
7	Did the foundation have at least \$5,000 in assets at any time during the year? If Yes, complete Part II, column (c), and Part XV	. 7	7 X	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)		7	
	MI - Michigan		-	
b	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If 'No,' attach explanation		вы х	
_	· · · · · · · · · · · · · · · · · · ·	··/-	3 b X	+
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9	3	Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10	,	x
BAA				(2014)

_	THE BATES FOUNDATION 38-32/803			age 3
Pai	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If 'Yes,' attach statement (see instructions)	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
14	Website address	594		. – – .
	The books are in care of JAMES H. LOPRETE Telephone no (248) Located at 40950 WOODWARD AVENUE SUITE 306 BLOOMFIELD HILLS MI ZIP + 4 48304			<u> </u>
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041 — Check here			
	and enter the amount of tax-exempt interest received or accrued during the year			Ш
46			Yes	No
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If 'Yes,'			
	enter the name of the foreign country			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			i l
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)			another consumer of the consum
t	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b		<u></u> 3]
	Organizations relying on a current notice regarding disaster assistance check here	-		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2014? Yes X No			;
	If 'Yes,' list the years ► 20 _ , 20 _ , 20	j		. !
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions)	2 ь		; ;
	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	-		
	► 20 _ ,20 _ ,20 _ ,20 _			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			i I
		i		. !
Ľ	of Yes, did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved	İ		
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or beguest, or]	ı
	(3) the lapse of the 10-, 15-, or 20-year first phase holding penod? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014)	зь		ı
<i>A</i> -	- ,			
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a	Į	х
				<u></u>
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of		ŀ	
	the tax year beginning in 2014?	4 Ы	İ	Х

Form 990-PF (2014) THE BATES FOUNDAT	ION		38-32	78032	Page 6
Part VII-B Statements Regarding Activit	ies for Which Forn	n 4720 May Be Rec	uired (continued)		
5 a During the year did the foundation pay or incur a					
(1) Carry on propaganda, or otherwise attempt t		,	····· Yes X	No	
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registratio	n dnve?`			No	
(3) Provide a grant to an individual for travel, stu			····· ∐Yes χ	No	
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions).		• • • • • • • • • • •	Yes X	No	
(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	, chantable, scientific, lite of cruelty to children or a	erary, or nımals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in a (see instructions)?	current notice regarding	disaster assistance		5 b	
Organizations relying on a current notice regardi	ng disaster assistance ch	heck here	▶ [
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib	ulity for the grant?		· · · · · Yes	No	
If 'Yes,' attach the statement required by Regular	tions section 53 4945-5(d	d)			
6 a Did the foundation, during the year, receive any on a personal benefit contract?	funds, directly or indirectl	ly, to pay premiums	Yes X	No	
b Did the foundation, during the year, pay premium If 'Yes' to 6b, file Form 8870.	ns, directly or indirectly, o	on a personal benefit con	tract?	6b	Х
7 a At any time during the tax year, was the foundati	on a party to a prohibited	d tax shelter transaction?	Yes x	No	
b If 'Yes,' did the foundation receive any proceeds				7 b	
Part VIII Information About Officers, D and Contractors	irectors, Trustees,	Foundation Mana	gers, Highly Paid I	Employees,	,
1 List all officers, directors, trustees, foundatio	n managers and their c	compensation (see inst	ructions)		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense a other allo	
MARTHA J. BATES					· · · · · ·
1005 AUDUBON	PRESIDENT				
GROSSE POINTE PARK MI 48230	1.00	0.	0.		0.
JAMES H. LOPRETE					
40950 WOODWARD AVENUE SUITE 306	TRUSTEE				
BLOOMFIELD HILLS MI 48304	0.00	0.	0.		0.
				_	
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1 – see ir	nstructions). If none, e	nter 'NONE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense a other allo	
NONE					
	:				
				ļ	
				<u> </u>	

Total number of other employees paid over \$50,000

3 Five highest-paid independent contractors for professional services (see	e instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
	-	
	_	
		
	-	
	-	
	7	
	7	
	_	
Total number of others receiving over \$50,000 for professional services		None None
Part IX-A Summary of Direct Charitable Activities		
		·
List the foundation's four largest direct charitable activities during the tax year. Include relevant statisti organizations and other beneficiaries served, conferences convened, research papers produced, etc.	cal information such as the number of	Expenses
1		
2		
3		
·		
4		
		
Part IX-B Summary of Program-Related Investments (see inst	nuctions)	
	, <u> </u>	
Describe the two largest program-related investments made by the foundation during	ng the tax year on lines 1 and 2	Amount
1		
		
2		
*		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		
BAA		Form 990-PF (2014)

	see instructions.)		
	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes Average monthly fair market value of securities	1 a	41,587.
ı	Average of monthly cash balances	1 b	2,580.
•	Fair market value of all other assets (see instructions)	1 c	
•	Total (add lines 1a, b, and c)	1 d	44,167.
•	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	44,167.
4	Cash deemed held for chantable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	663.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	43,504.
6	Minimum investment return. Enter 5% of line 5	6	2,175.
Pa	t XI ☑ Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here ☐ and do not complete this part.)	foundat	ions
1	Minimum investment return from Part X, line 6	1	2,175.
2 8	Tax on investment income for 2014 from Part VI, line 5		
ı	Income tax for 2014 (This does not include the tax from Part VI.)	,	
•	Add lines 2a and 2b · · · · · · · · · · · · · · · · · ·	2 c	8.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	2,167.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,167.
6	Deduction from distributable amount (see instructions)	6	
_7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	2,167.
Pai	t XII Qualifying Distributions (see instructions)		
ě	Amounts paid (including administrative expenses) to accomplish chantable, etc, purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	4,300.
ı	Program-related investments — total from Part IX-B	1 b	
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 chantable projects that satisfy the Suitability test (prior IRS approval required)	3 a	
ı	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	4,300.
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 (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,300.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo qualifies for the section 4940(e) reduction of tax in those years	undation	
BAA		F	orm 990-PF (2014)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
Distributable amount for 2014 from Part XI, line 7				2 167
2 Undistributed income, if any, as of the end of 2014				2,167.
a Enter amount for 2013 only			2,090.	
b Total for prior years 20 , 20 , 20			2,000.	
3 Excess distributions carryover, if any, to 2014				
a From 2009 0 .				
b From 2010 0 .				
c From 2011 0 .			ĺ	
d From 2012 4,300.				
e From 2013 3,000.				
f Total of lines 3a through e	7,300.			
4 Qualifying distributions for 2014 from Part	7,300.			
XII, line 4 \$ 4,300.				
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior years (Election required — see instructions)				
c Treated as distributions out of corpus (Election required — see instructions)				
d Applied to 2014 distributable amount				
e Remaining amount distributed out of corpus .	4,300.			
5 Excess distributions carryover applied to 2014				
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	11,600.			
b Pnor years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of pnor years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount – see instructions		0.		
e Undistributed income for 2013 Subtract line 4a from		<u> </u>		
line 2a Taxable amount — see instructions			2,090.	
f Undistributed income for 2014. Subtract lines				-
4d and 5 from line 1. This amount must be				
distributed in 2015				2,167.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)				
,				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	11,600.	<u> </u>		
10 Analysis of line 9				
a Excess from 2010 0 .			1	
b Excess from 2011 0 .		İ		
c Excess from 2012 4,300.				
d Excess from 2013 3,000.			Į.	
e Excess from 2014 4,300.				
BAA		·		Form 990-PF (2014)

Form 990-PF (2014) THE BATES FOUNDATION	38-3278032 Page 10
Part XIV Private Operating Foundations (see instructions an	d Part VII-A, question 9) N/A
g	· · · · · · · · · · · · · · · · · · ·
b Check box to indicate whether the foundation is a private operating foundation	
2a Enter the lesser of the adjusted net Income from Part I or the minimum	Prior 3 years
investment return from Part X for each year listed	013 (c) 2012 (d) 2011 (e) Total
b 85% of line 2a	
c Qualifying distributions from Part XII, line 4 for each year listed	
d Amounts included in line 2c not used directly for active conduct of exempt activities	
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	
3 Complete 3a, b, or c for the alternative test relied upon	
a 'Assets' alternative test — enter	
(1) Value of all assets	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	
c 'Support' alternative test — enter	
(1) Total support other than gross investment income (interest, dividends, rents, payments on secunties loans (section 512(a)(5)), or royalties)	
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)	
(3) Largest amount of support from an exempt organization	
(4) Gross investment income	
Part XV Supplementary Information (Complete this part onl assets at any time during the year — see instruction	
1 Information Regarding Foundation Managers:	13.1
a List any managers of the foundation who have contributed more than 2% of close of any tax year (but only if they have contributed more than \$5,000) (\$ NONE	the total contributions received by the foundation before the See section 507(d)(2))
b List any managers of the foundation who own 10% or more of the stock of a a partnership or other entity) of which the foundation has a 10% or greater in NONE	corporation (or an equally large portion of the ownership of iterest
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc Check here ☐ if the foundation only makes contributions to preselected requests for funds. If the foundation makes gifts, grants, etc (see instructions complete items 2a, b, c, and d	d charitable organizations and does not accept unsolicited
a The name, address, and telephone number or e-mail address of the person	to whom applications should be addressed
See Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.	Programs
b The form in which applications should be submitted and information and ma	enals they should include.
c Any submission deadlines	
d Any restrictions or limitations on awards, such as by geographical areas, cha	antable fields, kinds of institutions, or other factors
BAA TEEA0310 06/1	7/14 Form 990-PF (2014)

Part XV Supplementary Information (continued)

3 · Grants and Contributions Pa			If recipient is an individual.	F		
Recipient			show any relationship to any foundation manager or	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or	busines	ss)	substantial contributor	reapient		
a Paid during the year						
AMERICAN RED CROSS						
100 MACK AVENUE						
DETROIT	MI	48201		501 (c) (3)	AID	500
COTS						
26 PETERBORO STREET DETROIT	NAT	40201		F01 (-) (2)	CDNDDAT CHARTMAN	200
HABITAT FOR HUMANITY	MI	48201		201 (C) (3)	GENERAL CHARITABLE	200
14325 JANE STREET						
DETROIT	MI	48205		501 (0) (3)	GENERAL CHARITABLE	500
FOCUS ON THE FAMILY	LIT	40205		301 (0) (3)	GENERAL CHARITABLE	300
P. O. BOX 2816						
OMAHA	NE	63103		501 (c) (3)	GENERAL CHARITABLE	200
FORGOTTEN HARVEST		00200				200
21800 GREENFIELD						
OAK PARK	ΜI	48237		501 (c) (3)	GENERAL CHARITABLE	300
SAMARITAN'S PURSE				` ` ` `		
P. O. BOX 3000						
BOONE	NC	28607		501 (c) (3)	GENERAL CHARITABLE	1,000
GRACE CENTERS OF HOP	E					
P. O. BOX 420725				1		
PONTIAC	ΜI	48342		501 (c) (3)	GENERAL CHARITABLE	400
COMPASSION INTERNATION	NAL					
NONE						
COLORODO SPRINGS	СО	80997		501 (c) (3)	GENERAL CHARITABLE	200
THE SALVATION ARMY						
1200 W. FORT STREET		40006				
DETROIT	MI	48226		[501 (C) (3)	GENERAL CHARITABLE	500
See Line 3a statement						
						500
						300
T-4-1						
b Approved for future payment	• •	······	<u> </u>	<u> </u>	3a	4,300
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
				<u></u>		
Total			<u>L.</u>	<u> </u>		

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated		Unrelate	ed business income	Exclude	d by section 512, 513, or 514		
1	Program service re		(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	(e) Related or exempt function income (See instructions)
a					1 0000		
t)						
							· · ·
c							
6							
f					1 1		
ç	Fees and contracts	s from government agencies			 		
2		and assessments			 		
3		d temporary cash investments					 -
4	-	rest from securities			14		
5		or (loss) from real estate			1 - 1		
a		perty			1 1		
		property			1		 .
6		oss) from personal property		<u> </u>	+		
7		ncome			+ -		
8		es of assets other than inventory		_	1 1		70
9		s) from special events		_	14		72.
10		s) from special events			+		
11	Other revenue	s) from sales of inventory					
a					 		
t t					 	· · - ·	
•				- ·			· · · ·
•			_				
12	Subtotal Add palu	mns (b), (d), and (e)			-		
	Tetal Add line 12	d, columns (b), (d), and (e)			1	40	72.
		3 instructions to venfy calculations				13 _	72.
(See	worksneet in line 1.	3 instructions to verify calculations	.)				<u> </u>
Par	t XVI-B Relati	onship of Activities to the	Accomp	lishment of Exem	pt Purp	oses	
	e No. Explain belo accomplishr	ow how each activity for which incoment of the foundation's exempt pu	ome is reporte	ed in column (e) of Part er than by providing fund	XVI-A co	ntnbuted importantly to the purposes) (See instruction	ne ,
1	n/a						
		•		•			
	, <u> </u>				•		
					•		
					~		
BAA			TEEA	0502 06/17/14			Form 990-PF (2014)

Form 990-PF (2014) THE BATES FOUNDATION 38-3278032 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

4 0.4	Also social di di								Yes	No
1 Did	the organization directly of scribed in section 501(c) of	or indirectly eng the Code (oth	age in any of the fo er than section 501	ollowing with an	y other o	rganization				
rela	ating to political organization	ons?	ci ulan secton son	(c)(o) organizat	101137 01 1	11 3000011 327,				İ
a Tra	nsfers from the reporting f	oundation to a	nonchantable exen	not organization	of					
	Cash							1 a (1)		v
	Other assets							<u> </u>		X
	er transactions					<i></i> .	• • • • • • • • • • • • • • • • • • • •	1 a (2)	-	Х
	Sales of assets to a nonc									Х
(2)	Purchases of assets from	ı a noncharıtab	le exempt organiza	tion	• • • •		· · · · · · · · · · · · · · · · · · ·	1 b (2)		X
(3)	Rental of facilities, equipr	ment, or other a	issets				· · · · · · · · · · · · · · · · · · ·	1 b (3)		Х
(4)	Reimbursement arrangen	nents					. .	1 b (4)		Х
(5)	Loans or loan guarantees	s						1 b (5)		X
(6)	Performance of services	or membership	or fundraising solid	citations				1 b (6)		Х
C Sha	aring of facilities, equipmer	nt. mailing lists.	other assets, or pa	aid employees.				1 c		Х
		, 3		,,						
the	ne answer to any of the abo goods, other assets, or se transaction or sharing arm	ervices given by	the reporting foun	dation If the for	undation	received less that	an fair market value	alue of in		
(a) Line n		,	of nonchantable exemp				sfers, transactions, and s	harina arran	nomonto	
(a) Line II	(b) Amount involved	(C) Ivame	о попснанаше ехетр	n organization	(a)	nescribiton of frau:	sicis, wansakwons, and s	namy arran	gements	
		ļ			ļ					
							<u> </u>			
			, <u>, , , , , , , , , , , , , , , , , , </u>				<u>-</u>			
		<u> </u>								
			··							
										
							· · · · · · · · · · · · · · · · · · ·			
									-	
des	ne foundation directly or in conbed in section 501(c) of	the Code (other	d with, or related to er than section 501	o, one or more to (c)(3)) or in sec	ax-exemption 527?	pt organizations		. Yes	X	No
<u> </u>	es, complete the following		// / T				\D			
	(a) Name of organizatio	n	(b) Type o	of organization		(С	Description of relati	onship		
									_	
							·=· · · · · · · · · · · · · · · · · · ·			
			<u> </u>							
				- - · ·						
L	Inder penalue of perjury, I pecia orrect, and complete Declaration b	that I have elamine	d this flum, including ac	companying schedu	les and stat	ements, and to the be	st of my knowledge and be	lief, it is true,		
Sign Here	orrect, and complete Declaration of	Norepager (other ma	M = M = M		ch preparer	has any knowledge		May the II	with the	
	· /// // // //	NY XWA		54/28/15		PRESIDENT		preparer s (see instri		
	Signature of officer or trustee		1	Date	Tr	lle /			Yes	No
	Print/Type preparer's nam	, e	Preparer's sig	WY Z	21. 1	Date	Check If	PTIN		
Paid	Mary M. Lyne	eis	MATUM	Jnd 1	(1111)	4/28/1	self-employed	P01207	065	
_ /			Lyneis PC			·//			505	
Prepare	51			- 600			20-13	341742		
Use On			lward Ave St		/T / C	20.4	Dhana na 10 i fi	50. -		
	i B	<u>loomfield</u>	HIIIS		1I 48	304	Phone no (248)	594-5		
BAA								Form 990)-PF (2	:014)

Form 990-PF Part I, Line 6a

Net Gain or Loss From Sale of Assets

2014

Name Employer Identification Number THE BATES FOUNDATION 38-3278032 **Asset Information:** Description of Property DREYFUS CAPITAL GAIN DISTRIBUTIONS Date Acquired: Various How Acquired . . . Purchased Date Sold . . . 12/18/14 Name of Buyer: . . . Sales Price . . Cost or other basis (do not reduce by depreciation) . . 0 Sales Expense . . Valuation Method. . . . Total Gain (Loss) . . 72. Accumulation Depreciation . . . Description of Property How Acquired . . . Date Acquired . Date Sold . . . Name of Buyer. . . . Sales Price . . Cost or other basis (do not reduce by depreciation) . . . Sales Expense . . Valuation Method Accumulation Depreciation: . . . Total Gain (Loss) . . Description of Property Date Acquired . How Acquired . . . Date Sold . . . Name of Buyer . . . Sales Price . . Cost or other basis (do not reduce by depreciation) . . . Valuation Method: . . Sales Expense . . Accumulation Depreciation . . Total Gain (Loss) . . Description of Property How Acquired . . . Date Acquired . Date Sold . . Name of Buyer. . . . Sales Pnce . Cost or other basis (do not reduce by depreciation) . . . Sales Expense . . Valuation Method Total Gain (Loss): . . Accumulation Depreciation . . ____ Description of Property: Date Acquired . How Acquired . . . Date Sold . . . Name of Buyer . . . Sales Price . . Cost or other basis (do not reduce by depreciation) . . . Sales Expense . . Valuation Method Total Gain (Loss): . . Accumulation Depreciation . . . Description of Property How Acquired . . . Date Acquired Date Sold . . . Name of Buyer . . . Cost or other basis (do not reduce by depreciation) . . . Sales Price . . Sales Expense . . Valuation Method . . . Accumulation Depreciation . . . Total Gain (Loss) . . Description of Property. Date Acquired: . How Acquired . . . Date Sold . . . Name of Buyer . . . Sales Price . . Cost or other basis (do not reduce by depreciation) . . . Valuation Method. . . . Sales Expense . . Accumulation Depreciation. . . . Total Gain (Loss) . . Description of Property How Acquired . . . Date Acquired: . Date Sold: . . . Name of Buyer. . . . Sales Price: . . Cost or other basis (do not reduce by depreciation) . . . Sales Expense . . Valuation Method: . . . Total Gain (Loss): . . Accumulation Depreciation . . .

Form 990-PF, Page 10, Part XV, Line 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs

Name . MARTHA BATES									
Address 40950 WOODWARD AVENUE, SUITE 306									
City, St, Zip, Phone. BLOOMFIELD	HILLS	MI	48304	(248)	594-5770				
E-mail									
The form in which applications should be submitted and information and materials they should include:									
COPY OF EXEMPT STATUS									
Any submission deadlines:									
NONE	· · · · · · · · · · · · · · · · · · ·								
Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of									
institutions, or other factors:									
NO			··· ···						
Name .									
Address									
City, St, Zip, Phone									
E-mail MARTHA J. BATES									
The form in which applications is having		formation		-					
BLOOMFIELD	HILLS	MI	48304	(248)	594-5770				
Any submission deadlines									
Any restrictions or limitations on awar	ds, such as by geog	raphical ar	eas, chantable	fields, kır	nds of				
institutions, or other factors									
	····								
				-					
Form 990-PF, Page 11, Part XV, line	3a								
Line 3a statement									
Recipient	If recipient is	Foun-	Purpose	of	Person or				
	an individual,	dation	grant or contr	bution	Business				
Name and address	show any	status			Checkbox				
(home or business)	relationship to	of re-							
	any foundation	cipient			Amount				

Recipient	If recipient is	Foun-	Purpose of	Person or
· · · · · · · · · · · · · · · · · · ·	an individual,	dation	grant or contribution	Business
Name and address	show any	status		Checkbox
(home or business)	relationship to any foundation manager or substantial contributor	of re- cipient		Amount
a Paid during the year				
WIGS 5 KIDS				Person or
30126 HARPERE AVENUE				Business X
ST. CLAIR SHORES MI 48082		501 (c) (3)	GENERAL CHARITABLE	400.
WORLD_VISION				Person or
P. O. BOX 9716				Business X
FEDERAL WAY WA 98603		501 (C) (3)	GENERAL CHARITABLE	100.

Total