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## **Return of Private Foundation**

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

▶ 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.

Dep	aitmen nai Re	it of the Treasury venue Service					i security numbers of 0-PF and its separate				Open to Public Inspection
For	caler	ndar year 2015	or tax year	r beginning			•	, and (	ending	<u> </u>	T Open to t agile mapocasi.
Na	me o	foundation						<u> </u>	<del>-</del>	A Employer Identificatio	n number
		MARY E								84-6028055	<u>5</u>
		and street (or PO to BLACK			telivered to stree	t addre	ss)		Room/suite	B Telephone number 303-670-79	944
		own, state or pr		untry, and <b>Z</b>		postal	code			C If exemption application is	pending, check here
G	Check	all that apply		Initial retu Final retur Address c	n		Initial return of a f Amended return Name change	ormer public	charity	D 1. Foreign organization  2. Foreign organizations mechack here and attach of	•
H	_	type of organizetion 4947(a)(1					t private foundation r taxable private found	ation		E If private foundation stunder section 507(b)(1	atus was terminated
	air m	arket value of all Part II, col. (c),	assets at		J Account	ing m			crual	F If the foundation is in a under section 507(b)(1	60-month termination
	►\$			811.			d) must be on cash	basis.)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
P	art l	Analysis of R (The total of amonecessarily equi	evenue ar ounts in colu al the amoun	id Expense: imns (b), (c), a its in column	S nd (d) may not (a))		(a) Revenue and expenses per books		nvestment come	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions,	gifts, gran	ts, etc , rece	eived					N/A	
	2	Check ► X			to attach Sch B						
	3	Interest on saving cash investments	gs and tempo s	orary			1,153.		1,153.		STATEMENT 1
	4	Dividends and	interest fro	om securitie	s	<u> </u>	124,503.	12	24,503.		STATEMENT 2
	5a	Gross rents									
	6	Net rental income	or (loss)			<u> </u>			<del> bb</del>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
9	6a	Net gain or (loss)	from sale of	assets not on	tine 10	<u> </u>					
ent	b	Gross sales price assets on line 6a	e for all			l	RECEIVE	U I			<u> </u>
Revenue	7	Capital gain net ii	•	•	)		++++	<u> </u>	0.		
_	8	Net short-term	capital ga	IN			- LAAY A 6 20	16 0	'		
	9	Income modifications		1			36th.t) ( A b b.	2			
	10a	and allowances	ietuins			<b></b>	The state of the s	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	·		<u> </u>
	1	Less Cost of goo				<b> </b>	OGUEN,	<u> </u>	······································		
		Gross profit or	(loss)			-					
	11	Other income				-	125 656	1.	) F ( F (		
	12	Total. Add line				+	125,656.		25 <b>,</b> 656.		21 000
	13	Compensation of		•	es, etc	-	31,000.		0.		31,000.
	14	Other employe		•							
S.	15	Pension plans,	, empioyee	benetits		-		 			<del></del>
SUS	III	Legal fees		Q.	гмт 3		1,200.		1,200.		0.
QX.	- "	Accounting fee Other profession	_	٥.	IMI 3	<u> </u>	1,200.	-	1,200.		·
ē m	17	Interest	Ullai lees			-	<del>- · · - · · · · · · · · · · · · · · · ·</del>	<del> </del>			<del></del>
ু েয়াং and Administrative Expenses	18	Taxes		Q.	гмт 4		2,404.	<del> </del>	0.		0.
istr	19	Depreciation a	nd denletic		T	<b> </b>	2/101.	<del> </del>	<u></u>		
<u>ء</u> . د	20	Occupancy	na aopiotic	<b>,</b> , , , , , , , , , , , , , , , , , ,		-					
Adm (	21	Travel, confere	nces and	meetings		<b> </b>	558.		0.		0.
ָב <sup>ָ</sup> בַּ	22	Printing and pi		•				<del>                                     </del>		<u>'                                      </u>	+
		Other expense:			rmt 5		2,484.		0.		0.
atir	24	Total operatin	-								<del></del>
Operating		expenses. Add	-				37,646.		1,200.	,	31,000.
Ō	25	Contributions,		-			150,101.		· · · · · · · · · · · · · · · · · · ·		150,101.
	26	Total expense		-				T	***************************************		<u>,                                     </u>
	$\perp$	Add lines 24 ai				L	187,747.		1,200.	,	181,101.
	27	Subtract line 2		12							11.7
	a	Excess of revenu	e over exper	nses and disb	ursements		<62,091.				
		Net investmen						12	24,456.	,	The state of the s
	C	Adjusted net i	ncome (if n	egative, enter	-0-)					N/A	

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 990-P₹ (2015) DR MARY E BATES			<del></del>	028055 Page 2
Rart II Balance Sheets Attached schedules and amounts in column should be for end-of-year a	n the description	Beginning of year	End of y	
	andon's only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	• • •	105 614	<3.>	<3.>
2 Savings and temporary cash investments		195,614.	120,274.	120,274.
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	l other			
disqualified persons				
7 Other notes and loans receivable				
Less allowance for doubtful accounts				
8 Inventories for sale or use				
8 Inventories for sale or use 9 Prepaid expenses and deferred charges		2,000.	2,400.	
10a Investments - U.S and state government obligations				
b Investments - corporate stock	STMT 7	196,713.	209,565.	3,880,540.
c Investments - corporate bonds				
11 Investments - land, buildings, and equipment basis				
Less. accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other .				
14 Land, buildings, and equipment basis ▶				
Less accumulated depreciation				
15 Other assets (describe ►	)			
16 Total assets (to be completed by all filers - see the				
instructions. Also, see page 1, item I)		394,327.	332,236.	4,000,811.
17 Accounts payable and accrued expenses				
18 Grants payable				
g 19 Deferred revenue				
Deferred revenue  20 Loans from officers, directors, trustees, and other disqualified p  21 Mortgages and other notes payable	persons			
21 Mortgages and other notes payable				
22 Other liabilities (describe	\ <del> </del>			
,	,	***********		
23 Total liabilities (add lines 17 through 22)		0.	0.	
Foundations that follow SFAS 117, check here	▶ □			
and complete lines 24 through 26 and lines 30 and	31.			
24 Unrestricted				
25 Temporarily restricted				
26 Permanently restricted			-	
Foundations that do not follow SFAS 117, check her	re 🕨 🗓			
and complete lines 27 through 31.	ا تعدا			
27 Capital stock, trust principal, or current funds		0.	0.	
Temporarily restricted Temporarily restricted Permanently restricted Foundations that do not follow SFAS 117, check her and complete lines 27 through 31. Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipmed Retained earnings, accumulated income, endowment Total net assets or fund balances	ent fund	0.	0.	
29 Retained earnings, accumulated income, endowment		394,327.	332,236.	
30 Total net assets or fund balances		394,327.	332,236.	
Z or rotal not appoin or faile ballances		031/02/0	33272331	
31 Total liabilities and net assets/fund balances		394,327.	332,236.	
		<del></del>	332/2304	
Part III Analysis of Changes in Net Ass	ets or Fund Bala	ances		
1 Total net assets or fund balances at beginning of year - Par	t II column (a) line 20			
(must agree with end-of-year figure reported on prior year)	• •			394,327.
2 Enter amount from Part I, line 27a	o return)		1	<62,091.
3 Other increases not included in line 2 (itemize)			2	0.
4 Add lines 1, 2, and 3			3	332,236.
5 Decreases not included in line 2 (itemize)			4	332,230.
	ue line 5\ - Bort II - e-line	nn (h) line 20	5 6	332,236.
6 Total net assets or fund balances at end of year (line 4 mini	us mie s) = rai( II, COIUI			Form <b>990-PF</b> (2015)

	MARY E BATES TR and Losses for Tax on				84-6028055 Page			
(a) List and desc	ribe the kind(s) of property sold ( rehouse, or common stock, 200	e g , real estate,		(b) How acquired P - Purchase D - Donation		e acquired , day, yr )	(d) Date s (mo , day,	
1a		·	<u>-</u>	Domation	1		-	
b NO	NE	· · · · · · · · · · · · · · · · · · ·			1			
С					1			
<u>d</u>		<u> </u>				-		
.0								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale			Gain or (loss) lus (f) minus (		
<u>a</u>								
<u>b</u>								
<u>c</u>								
<u>d</u>		<del></del>	<del></del>					
Complete only for assets showing	in dain in column (b) and owned	by the foundation	on 12/31/60	<del></del>	(1) Cara	/Oal (b) assa		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (I) col (J), if any		còl (k), bu	(Col (h) gain it not less than es (from col (	n -0-) or	
a								
b								
C								
d								
8								
2 Capital gain net income or (net ca		nter in Part I, line r -0- in Part I, line		} 2				
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,		) and (6)		3				
If (loss), enter -0- in Part I, line 8  Part V Qualification U	nder Section 4940(e) 1	for Poducod	Toy on Not	J 3	<b>D</b> 00000			
					ncome			
(For optional use by domestic private	o toundations subject to the section	on 4940(a) tax on	net investment in	icome )				
If section 4940(d)(2) applies, leave ti	nis part blank							
Was the foundation liable for the sec	tion 4942 tax on the distributable	amount of any ve	ear in the hase nei	rind?			Yes [	<u>x</u> ] No
If "Yes," the foundation does not qual			•					١٩٥ ليقي
1 Enter the appropriate amount in				ntries				
(a) Base period years	(b)			(c)	1	Dietrik	(d) oution ratio	
Calendar year (or tax year beginni		distributions	Net value of no	ncharitable-use ass	ets	(col (b) div	rided by col (c	<b>:</b> ))
2014		171,912.		3,669,7				6846
2013		154,614.		3,481,5				441
2012		147,207.		3,133,2				6982
2011		135,712.		2,982,5				5502
2010		136,155.		2,732,3	90.	<del></del>	.04	9830
2 Total of line 1, column (d)					2		.23	3570
3 Average distribution ratio for the		otal on line 2 by 5,	or by the number	of years				
the foundation has been in existe	nce if less than 5 years				3		.04	671
4 Enter the net value of noncharitat	ole-use assets for 2015 from Part	t X, line 5			4		3,636,	127
5 Multiply line 4 by line 3					5		169,	858
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)				6		1,	245
7 Add lines 5 and 6					7		171,	103
8 Enter qualifying distributions from	•				8		181,	101
If line 8 is equal to or greater than See the Part VI instructions	i line 7, check the box in Part VI,	line 1b, and comp	olete that part usin	ig a 1% tax rate				

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	990-P <del>f</del> (2015) DR MARY E BATES TRUST FUND 84-602			Page 4
<del></del>	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	Instru	Ction	ns)
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			4 -
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%		1,2	45.
	of Part I, line 27b			
	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-)		1 0	<u>0.</u>
3	Add lines 1 and 2		1,2	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1,2	45.
6	Credits/Payments			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 2,400.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d		<u>2,4</u>	00.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here X if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		1,1	55.
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ 1,155 • Refunded ▶ 11			0.
Pa	rt 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 intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b	<u> </u>	X
	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.			
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 ▶ \$ O . (2) On foundation managers ▶ \$ O .	}		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers ▶ \$ 0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		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, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	<u> </u>	X
	If "Yes," attach the statement required by General Instruction T.	İ		
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	1		
	remain in the governing instrument?	6	<u> </u>	X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) NONE	_		
		_		
b	If 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	8b		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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
		Form <b>99</b>	0-PF	(2015)

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Pe	ert VII-A Statements Regarding Activities (continued)			
_			Yes	No
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?			.,
4-	If "Yes," attach statement (see instructions)	12	17	<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	L
	Website address N/A  The body of N CHARLES I WOLFE	70 7	0 / /	
14	The books are in care of ► CHARLES L. WOLFE  Located at ► 8899 BLACK MTN DR., CONIFER, CO  ZIP+4 ► 80			
4-		1433	<del>-/</del> -	<del></del>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	N1	/A	· Ш
40	and enter the amount of tax-exempt interest received or accrued during the year	1/4		NI.
10	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,	40	Yes	
	securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
D.	foreign country ►  Int VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		L
		T	Voc	NIa
4	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<del> </del>	Yes	INO
12	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?  Yes X No			
		Ì		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No			
	(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)?  Yes X No			
	(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.)			
L	of any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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)?  N/A	1		1
		1b	<del> </del>	ļ
	Organizations relying on a current notice regarding disaster assistance check here			
·	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	4.	1	x
2	before the first day of the tax year beginning in 2015?  Taxos on follows to distribute income (section 4043) (does not apply fav years the foundation was a private consisting foundation.	10	ļ	<b>.</b>
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)).			
-				
•	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning  before 2015?  Yes X No			
	remarks and the same of the sa			
	If "Yes," list the years P			
٠	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 )  N/A	2b	Ì	1
	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here	- ZU	1	<del> </del>
٠				
2,	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
Je	during the year?			
,	of "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after			
٠	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2015.)  N/A	3ъ		1
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	†	X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	70	-	<del>  ^</del>
•	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		x
		orm <b>99</b>	O-PF	
	Γ	VIIII 93		12013

art VIEB Statements Regarding Activities for Which Fo	4-00 14 5 5			DD Pag	1e <b>6</b>
	rm 4720 May Be H	Required (continu	ıed)		
During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	945(e))?	L Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955), or to	o 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?		L Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization d	lescribed in section				
4945(d)(4)(A)? (see instructions)		Ye	s 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?		Ye	s X No		
If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	the exceptions described is	n Regulations			
section 53 4945 or in a current notice regarding disaster assistance (see instructi	ons)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check here	8				
If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	n the tax because it maintai	ned			
expenditure responsibility for the grant?		/A Ye	s 🔲 No		
If "Yes," attach the statement required by Regulations section 53.4945-5	5(d).				
Did the foundation, during the year, receive any funds, directly or indirectly, to pay	, ,				
a personal benefit contract?	, , , , , , , , , , , , , , , , , , , ,	☐ Ye	s X No		
Did the foundation, during the year, pay premiums, directly or indirectly, on a per-	sonal benefit contract?			6b .	X
If "Yes" to 6b, file Form 8870.					******
1 At any time during the tax year, was the foundation a party to a prohibited tax she	elter transaction?	☐ Y <sub>B</sub>	s X No		
1 if "Yes," did the foundation receive any proceeds or have any net income attributa			/-	7b	
art VIII Information About Officers, Directors, Trustee		nagers. Highly		·- , ,	
Paid Employees, and Contractors	o, roundadon ma	inagoro, mgm,			
List all officers, directors, trustees, foundation managers and their co	ompensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expen	se
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, of	iner es
	W F V F V F V F V F V F V F V F V F V F				
E STATEMENT 8		36,000.	0.		0.
		•			
Compensation of five highest-paid employees (other than those inclu	ided on line 1). If none.	enter "NONE."	<u> </u>	ļ	
pompensation of the highest paid employees totals than those more	(b) Title, and average	1	(d) Contributions to	(e) Exper	ıse
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exper	ther
NONE	devoted to position	-	compensation	allowanc	es
NONE					
	· · ·				
	<del> </del>			1	
					0

Form 990-Pf (2015) DR MARY E BATES TRUST FUND	84-6	5028055 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produced by N/A	cal information such as the uced, etc	Expenses
3		
4		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on I	ines 1 and 2	Amount
1 <u>N/A</u>		
2		
All other program-related investments See instructions 3		
Total. Add lines 1 through 3	•	0.

For	ח 990-P፣ (2015) DR MARY E BATES TRUST FUND	84-6028055	Page 8
P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see instruction	ns.)
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 3,53	3,600. 7,900.
b	Average of monthly cash balances	1b 15	7,900.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d 3,69	1,500
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 3,69	1,500.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4 5	55,373
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5 3,63	36,127
6	Minimum investment return. Enter 5% of line 5	6 18	31,806
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	nd certain	
	foreign organizations check here   and do not complete this part )		
1	Minimum investment return from Part X, line 6	1 18	31,806
2a	Tax on investment income for 2015 from Part VI, line 5		<u> </u>
b	Income tax for 2015 (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	2c	1,245
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 18	<u>1,245</u> 30,561
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5 18	30,561
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 18	30,561
P	art XII Qualifying Distributions (see instructions)	<del></del>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a 18	31,101
b	Program-related investments - total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4 18	31,101
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	1,245 79,856
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 17	79 <u>,</u> 856
	Note. The amount on line 6 will be used in Part V. column (h), in subsequent years when calculating whether the foundation	qualifies for the section	

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4940(e) reduction of tax in those years

06704007 736600 75 DR MARY E BATES TRUST FUND Form 990-Pf (2015) 84-6028055 Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Corpus Years prior to 2014 2014 2015 1 Distributable amount for 2015 from Part XI. line 7 180,561. 2 Undistributed income, if any, as of the end of 2015 181,101 a Enter amount for 2014 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2015 a From 2010 **b** From 2011 c From 2012 d From 2013 e From 2014 0. f Total of lines 3a through e 4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 181,101. a Applied to 2014, but not more than line 2a 181,101 **b** Applied to undistributed income of prior 0. years (Election required - see instructions) c Treated as distributions out of corpus 0 . (Election required - see instructions) d Applied to 2015 distributable amount 0. 0 e Remaining amount distributed out of corpus 0. 0. Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 0 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract 0. line 4b from line 2b 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 0 assessed d Subtract line 6c from line 6b Taxable 0. amount - see instructions e Undistributed income for 2014 Subtract line 0. 4a from line 2a Taxable amount - see instr. f Undistributed income for 2015 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016 180,561. 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 . may be required - see instructions) 8 Excess distributions carryover from 2010 0. not applied on line 5 or line 7

e Excess from 2015 523581 11-24-15

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0.

10 Analysis of line 9
a Excess from 2011
b Excess from 2012
c Excess from 2013
d Excess from 2014

9 Excess distributions carryover to 2016.

Subtract lines 7 and 8 from line 6a

	E BATES TR			84-60	28055 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling (	or determination letter that	t it is a private operating			
foundation, and the ruling is effective for	or 2015, enter the date of t	the ruling	▶		
b Check box to indicate whether the foun	d <u>ation is a private ope</u> ratii	ng foundation described i	n section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
<b>b</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		1			
e Qualifying distributions made directly	<del></del>		1		
for active conduct of exempt activities					
· ·					
Subtract line 2d from line 2c  3 Complete 3a, b, or c for the					<b></b>
alternative test relied upon:		1			
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,					1
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in			i		
section 4942(j)(3)(B)(iii)	-				<del> </del>
(3) Largest amount of support from					
an exempt organization			<del> </del>	<del></del>	<del> </del>
(4) Gross investment income		An Alain mark amba		1 1 05 000	
Part XV Supplementary Info	ormation (Comple	ete this part only	it the foundatio	n nad \$5,000 or m	ore in assets
		ructions./	<del></del>		<del></del>
1 Information Regarding Foundati	_				_
a List any managers of the foundation w	no have contributed more	than 2% of the total cont	tributions received by th	ie foundation before the clo	se of any tax
year (but only if they have contributed	(388 :	Section 507(u)(z) )			
NONE					
<ul> <li>List any managers of the foundation w other entity) of which the foundation has</li> </ul>			(or an equally large por	tion of the ownership of a p	partnership or
**	15 a 10% of greater intere	51			
NONE					<del></del>
2 Information Regarding Contribu					
Check here X if the foundation	only makes contributions	to preselected charitable	organizations and does	not accept unsolicited req	uests for funds If
the foundation makes gifts, grants, etc	(see instructions) to indi	viduals or organizations u	inder other conditions,	complete items 2a, b, c, an	d d
a The name, address, and telephone nur CHARLES L. WOLFE 88	nber or e-mail address of 399 BLACK MI		reations should be addr FER, CO 804		3-670-7944
b The form in which applications should	be submitted and informa	ation and materials they s	hould include		
LETTER					
c Any submission deadlines.  NONE					
d Any restrictions or limitations on award HUMANE SOCIETIES	ds, such as by geographic	cal areas, charitable fields	, kınds of institutions, o	r other factors.	

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DR MARY E BATES TRUST FUND Form 990-P# (2015) 84-6028055 Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation status of Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Amount Name and address (home or business) recipient a Paid during the year ALMOST HOME ADOPTIONS NONE N/A CONTRIBUTION 6010 WEST 88TH AVE WESTMINSTER, CO 80031 1,500. ARKANSAS VALLEY HUMANE SOCIETY NONE N/A CONTRIBUTION ARKANSAS VALLEY BUENA VISTA, CO 81211 6,500. BOULDER VALLEY HUMANE SOCIETY NONE N/A CONTRIBUTION BOULDER VALLEY BOULDER, CO 80302 5,000. BREEDER RELEASE ADOPT NONE CONTRIBUTION 1,000. CATS ALIVE NONE N/A CONTRIBUTION 1,000. SEE CONTINUATION SHEET(S Total **▶** 3a 150,101. b Approved for future payment NONE Total **▶** 3b Form **990-PF** (2015)

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Form 990-PF (2015) DR MARY E BATE	ES TRUST I	UND		84-6	028055 Page 12
Part XVI-A Analysis of Income-Produ	ucing Activitie	es			
Enter gross amounts unless otherwise indicated	Unrelated b	ousiness income		by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	code	Amount	function income
a					
b					
G					
d					·····
	1 1		+ +		
e	-		+ +-		<del></del>
g Fees and contracts from government agencies	-		+ +-	<del>-</del>	·
2 Membership dues and assessments	-		+ + -		
	<del></del>		- <b>i</b>		
3 Interest on savings and temporary cash					1 152
investments					1,153. 124,503.
4 Dividends and interest from securities		·			124,503.
5 Net rental income or (loss) from real estate					
a Debt-financed property	<u> </u>				
b Not debt-financed property .					
6 Net rental income or (loss) from personal					
property				-	
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					<u> </u>
C					<del></del>
d					<del></del>
e	-		+ +-		
12 Subtotal Add columns (b), (d), and (e)	-	0		0.	125,656
13 Total. Add line 12, columns (b), (d), and (e)	1		• 1	13	
(See worksheet in line 13 instructions to verify calculations.)		•		13	123,030
		<del></del>			
Part XVI-B Relationship of Activities	to the Accon	nplishment of E	Exempt F	Purposes	
Line No. Explain below how each activity for which in		naturan (a) of Dark VVII	A		
Explain below how each activity for which in the foundation's exempt purposes (other than			-A contribute	d importantly to the accom	iplishment of
the regulation a exempt purposes (other the	in by providing land	s tot such purposes).			
					·
	-	<del></del>			
					·
		<del>-</del>			
	<u></u>				

orm 990-P#		RY E BATE	S TRUS'	r fund		84-6	<u>028055</u>	Page 13
Part XV	Information Re Exempt Organ	-	sfers To a	nd Transactions a	nd Relations	hips With None	charitable	
1 Did the	organization directly or indir	ectly engage in any o	of the following	g with any other organization	n described in sect	ion 501(c) of		Yes No
the Cod	de (other than section 501(c)	(3) organizations) or	in section 52	7, relating to political organ	izations?			
<b>a</b> Transfe	ers from the reporting founda	ation to a noncharitat	ole exempt org	anization of				
(1) Ca	ish						1a(1)	X
(2) Ot	her assets						1a(2)	X
b Othert	ransactions							
(1) Sa	iles of assets to a noncharital	ble exempt organizat	ion				1b(1)	<u> </u>
( <b>2</b> ) Pu	irchases of assets from a noi	ncharitable exempt o	rganization				1b(2)	X
( <b>3</b> ) Re	ental of facilities, equipment,	or other assets					16(3)	X
` '	eimbursement arrangements	•					1b(4)	X
	oans or loan guarantees						1b(5)	X
	erformance of services or me		-				16(6)	X
	g of facilities, equipment, ma	=		•			10	X
	nswer to any of the above is		=	• •	•	-		ets,
	rices given by the reporting for			ed less than fair market valu	ie in any transaction	n or sharing arrangem	ient, show in	
	(d) the value of the goods,	<del>,                                      </del>		avamat avaasiastus	(4) -			
a) Line no	(b) Amount involved	(c) ivame or		exempt organization	(0) Descriptio	n of transfers, transactions	s, and sharing arra	angements
	<del></del>	<del></del>	N/A					
+	<del></del>	<del> </del> -		<del></del>	<del></del>			
					<del></del>		<del></del>	
	<del></del>	<del></del>			<del></del>	<del></del>		
							<u> </u>	
				<u> </u>				
	· · · · · · · · · · · · · · · · · · ·		<del></del>		<del></del> -	<del></del>	·	
	<del></del>	<del></del>					<del></del>	<del></del>
		<del> </del>			<del></del>	<del></del>		
		<del> </del>	·····			<del></del>		· · · · · ·
		·			<del> </del>			
						· · · · · · · · · · · · · · · · · · ·	·	
ın sect	foundation directly or indirection 501(c) of the Code (othe	r than section 501(c)	•	, ,	izations described		Yes	X No
	(a) Name of org	ganization		(b) Type of organization		(c) Description of rela	ationship	
	N/A							
					I			
Sign Here	nder penalties of perjury, I declare id belief, it is true, correct, and col				nation of which prepar	er has any knowledge	May the IRS of return with the shown below  X Yes	e preparer (see instr.)?
	Signature of officer or trustee	<del>, -</del>	т <u>-</u>	Date	Title			
	Print/Type preparer's na	ame	Preparer's s	ıgnatur <del>e</del>	Date		PTIN	
D-''			P1.7	20/L 10	3-8-16	self- employed	-0100	40.4
Paid				D'Actions	<u> </u>	<u> </u>	P01220	424
Prepare		ERT F. DE	TERMAN	, CPA		Firm's EIN		
Use On								
	Firm's address ► 15			ST.				2000
	DE	ENVER, CO	80222		<del></del>	Phone no (30	03)757-	
							Form <b>99</b> 0	<b>D-PF</b> (2015

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DR MARY E BATES TRUST FUND

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or **Amount** status of any foundation manager contribution Name and address (home or business) or substantial contributor recipient CAWS - DELTA COUNTY CITIZEN NONE N/A CONTRIBUTION DELTA DELTA, CO 81416 3,000. COLORADO HUMANE SOCIETY, SPCA INC NONE N/A CONTRIBUTION COLORADO DENVER, CO 80202 5,000. COLORADO PEKE & POM RESACUE INC NONE N/A CONTRIBUTION MORRISON MORRISON, CO 80465 1,500. DENVER DUMB FRIENDS LEAGUE NONE N/A CONTRIBUTION DENVER DENVER, CO 80202 27,000. DIVINE FELINE FIX (ROCKY MTN ALLEY NONE N/A CONTRIBUTION 2600 W 2ND DENVER, CO 80202 1,500. EAGLE VALLEY HUMANE SOCIETY NONE N/A CONTRIBUTION 65 MARKET ST EAGLE, CO 81631 2,000. EVERGREEN ANIMAL PROTECTIVE LEAGUE NONE CONTRIBUTION N/A **EVERGREEN** EVERGREEN, CO 80439 2,500. **EVERY CREATURE COUNTS** NONE N/A CONTRIBUTION LYONS LYONS, CO 80540 5,500. FELINE RESCUE (LOOK WHAT THE CAT NONE N/A CONTRIBUTION DECKERS DECKERS, CO 80135 1,000. FOOTHILLS ANIMAL SHELTER NONE N/A CONTRIBUTION MORRISON MORRISON, CO 80465 5,000. Total from continuation sheets 135,101.

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DR MARY E BATES TRUST FUND

Part X¥ Supplementary Information 81

3 Grants and Contributions Paid During the Y				
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
FREEDOM SERVICE DOGS	NONE	N/A	CONTRIBUTION	
ENGLEWOOD ENGLEWOOD CO 80113				4 101
	<del></del>			4,101
OT VODGIN WITHING COCKET	L			
PT MORGAN HUMANE SOCIETY PT MORGAN	NONE	N/A	CONTRIBUTION	
FT MORGAN, CO 80701				3,000
HAMLETT SPAY & NEW CLINIC INC	NOVE			
3660 CITADEL	NONE	N/A	CONTRIBUTION	
COLORADO SPRINGS, CO 80909				4,500
UINANT COCIEMY OF PACCE CERTIFICS	NOVE			
HUMANE SOCIETY OF PAGOSA SPRINGS PAGOSA SPRINGS	NONE	N/A	CONTRIBUTION	
PAGOSA SPRINGS, CO 81147				4,000
HUMANE SOCIETY OF PIKES PEAK REGION	NONE			
GARDEN OF THE GODS RD	NORE	N/A	CONTRIBUTION	
COLORADO SPRINGS, CO 80906				6,500
HUMANE SOCIETY OF SOUTH PLATTE VALLEY	NONE	N/A	CONTRIBUTION	:
ENGLEWOOD			CONTRIBUTION	
ENGLEWOOD, CO 80113				5,500
TAMEDAODIMATA WINANA COCTUMY				
INTERMOUNTAIN HUMANE SOCIETY CONIFER, CO	NONE	N/A	CONTRIBUTION	
67318 US 285				
PINE, CO 80470				2,500
INTERNATIONAL HEARING DOG	NONE	N/A	CONTRIBUTION	
EAGLE BLVD				
CONIFER, CO 80433		<u> </u>		6,000
LARIMER HUMANE SOCIETY	NONE	N/A	CONTRIBUTION	
GREELEY			+	
GREELEY, CO 80631		-		4,500
LONGMONT HUMANE SOCIETY	NONE	N/A	CONTRIBUTION	
LONGMONT				
LONGMONT, CO 80504	1	1	1	4,500

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DR MARY E BATES TRUST FUND

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** status of any foundation manager contribution Name and address (home or business) or substantial contributor recipient MAX FUND INC NONE N/A CONTRIBUTION COLFAX DENVER, CO 80202 3,500. MONTROSE ANIMAL PROTECTIVE AGENCY NONE N/A CONTRIBUTION MONTROSE MONTROSE, CO 81403 3,000. NATIONAL MILL DOG NONE CONTRIBUTION 2,000. PAWS FOR LIFE ANIMAL WELFARE NONE N/A CONTRIBUTION **PUEBLO** PUEBLO, CO 81001 3,000. PET AID COLORADO (HARRISON MEMORIAL NONE CONTRIBUTION N/A **PUEBLO** OUEBLO, CO 81001 2,000. SECOND CHANCE ANIMAL RESCUE NONE CONTRIBUTION N/A **EVERGEEN** EVERGREEN, CO 80439 2,000. SECOND CHANCE HUMANE SOCIETY RIDGEWAY N/A CONTRIBUTION PUEBLO PUEBLO, CO 81001 3,000. SECOND CHANCE WILDLIFE REHAB - PUEBLO NONE N/A CONTRIBUTION **PUEBLO** PUEBLO, CO 81001 500. SOUTHERN COLORADO SPAY & NEUTER ASSN NONE N/A CONTRIBUTION PUEBLO PUEBLO, CO 81001 4,000. TELLER VALLEY REGIONAL ANIMAL CNTR NONE CONTRIBUTION N/A 308 WEAVERVILLE DIVIDE, CO 80814 4,500. Total from continuation sheets

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Part XV Supplementary Information 3 Grants and Contributions Paid During the	n Yang (Canting at in a)			
<del></del>			<del></del>	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
UPPER RIO GRANDE ANIMAL SOCIETY DURANGO	NONE	N/A	CONTRIBUTION	
DURANGO, CO 81301				5,500.
WET MOUNTAIN WILDLIFE REHAB	NONE	N/A	CONTRIBUTION	
743 CRESTVIEW DR	:			
FLORENCE, CO 81226				1,500.
NEW ANIMAL RESCUE OF THE ROCKIES	NONE	N/A	CONTRIBUTION	
				1,500.
**				
	-			
	-			
Total from continuation sheets				
TOTAL HOLL CONTINUENTON SHEETS	· · · · · · · · · · · · · · · · · · ·			<u> </u>

FORM '990-PF INTERES	ST ON SAVI	NGS AND TEM	PORARY CA	ASH IN	VESTMENTS	STATEMENT	1
SOURCE		REVE	REVENUE NET IN		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
VARIOUS			1,153.		1,153.		
TOTAL TO PART I, LI	NE 3		1,153.		1,153.	-:	
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM	SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVE	(A) (B) REVENUE NET INVEST PER BOOKS MENT INCOM			
VARIOUS	124,503	· ·	0. 124	4,503.	124,50	3.	
TO PART I, LINE 4	124,503	3.	0. 124	1,503.	124,50	3.	
FORM 990-PF		ACCOUNTI	NG FEES			STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
TAX PREPARATION	_	1,200.	1,	,200.	<del></del>	<del></del>	0.
TO FORM 990-PF, PG	1, LN 16B =	1,200.	1,	,200.			0.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
TAXES FOR YEAR 2014	_	2,404.		0.		<del></del>	0.
		<del></del>					

FORM '990-PF	OTHER E	XPENSES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
SUPPLIES/POSTAGE/REPAIR SHELTER REVIEW	859. 1,625.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	2,484.	0.		0.	
- <del>- 1,0 -</del>	FOOTN	OTES	s	TATEMENT	

FORM '990-PF	CORPORATE STOCK		STATEMENT 7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
AMERICAN TEL & TEL/ BELL SOUTH	_	20,340.	161,977.
VERIZON		4,600.	59,208.
CON EDISON		14,496.	154,248.
INGREDION		434.	153,344.
EXXONMOBIL CORP		18,897.	868,051.
FIRST ENERGY		7,908.	25,384.
JANUS GR & INC FUND		60,537.	76,308.
MFS GOVT INCOME		30,000.	15,900.
XCEL ENERGY		11,028.	42,410.
HONEYWELL CORP		8,431.	131,741.
PE&G CORP		12,551.	76,380.
76380		7,300.	1,811,150.
CONRERSTONE		6,007.	2,534.
VODAFONE		6,882.	12,001.
FAIR POINT		154.	321.
FRONTIER		0.	1,234.
ILLINOIS TOOL		0.	91,382.
MATTEL		0.	107,077.
SEMPRA		0.	56,500.
TUPPERWARE		0.	33,390.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	209,565.	3,880,540.

	IST OF OFFICERS, D ND FOUNDATION MANA	STATI	STATEMENT 8	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
CHARLES L. WOLFE 8899 BLACK MTN DR CONIFER, CO 80433	TRUSTEE 10.00	7,000.	0.	0.
MARILYN C BRISCO 6249 N 78TH SCOTTSDALE, AZ 85250	TRUSTEE 10.00	7,000.	0.	0.
DANIEL K WOLFE III 1500 LAS LOMAS NW ALBUQUERQUE, NM 87111	TRUSTEE 10.00	7,000.	0.	0.
REBECCA A WOLFE 81 SKYLINE DRIVE TIJRAS, NM 87059	TRUSTEE 10.00	7,000.	0.	0.
RYAN KARGOL 23 MOON DRIVE BAILEY, CO 80421	TRUSTEE 10.00	8,000.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	36,000.	0.	0.