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2016

OMB No 1545-0052

Form 990-PF Department of the Treasury

Internal Revenue Service

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 instructions is at www.irs.gov/form990pf.

Open to Public Inspection

A Employee describation number	For	caler	ndar year 2016, or tax year	· beginning 01-01-20)16 , aı	nd ending 12-31	-2016	
Analysis of Revenue and Expenses (Fix end of June 1997 Contributions, (Fix grants, etc.) Formative and attent of Police institutions of Analysis of Revenue and Expenses (Fix end of Analysis end of Revenue and Expenses (Fix end of Analysis end of Revenue and Expenses (Fix end of Analysis end of Revenue and Expenses (Fix end of Analysis end of Revenue and Expenses (Fix end of Analysis end of Revenue and Expenses (Fix end of Analysis end of Revenue and Expenses (Fix end of Analysis end of Revenue and Expenses (Fix end of Analysis end of Revenue and Expenses (Fix end of Analysis end of Revenue and Expenses (Fix end of Analysis end of Revenue and Expenses (Fix end of Analysis end of Revenue and Expenses (Fix end of Analysis end of Revenue and Expenses (Fix end of Analysis end of Revenue and Expenses (Fix end of Analysis end of Revenue and Expenses (Fix end of Analysis end of Revenue and Expenses (Fix end of Revenue and Expenses (Fix end of Analysis end of Revenue and Expenses (Fix end of Analysis end of Revenue and Expenses (Fix end of Analysis end of Analysis end of Revenue and Expe						A Employer ı	dentification numbe	r
Contributions, gas, etc., recovered datach sheeting Contributions, gas, etc., recovered datach sheeting Contributions, gas, etc., et	DF-	(ILS IA	MILI TOUNDATION INC			47-4005922		
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## Cited all that apply Initial return Initial return						(208) 433-120	00	
Final return				foreign postal code		C If exemption	n application is pendin	g, check here
Committee Address change Name change	G Cl	neck al	l that apply 🔲 Initial return	☐ Initial return of a	former public charity	D 1. Foreign o	organizations, check he	ere 📘 🗍
M Check type of organization			☐ Final return	Amended return				
				<u> </u>		,		
Fair market value of all assets at end of year (from Part II, col. (c). Other (speech)								
Analysis of Revenue and Expenses. (The total of analysis of Revenue and Expenses.) (The total of Analysis of Revenue								
1 Contributions, giffs, grants, etc., received (attach schedule) 10,205,000 2 Check	of	year <i>(f</i>	rom Part II, col (c),	Other (specify)				
Contributions, grits, grants, etc., received (attach schedule) Contributions and transcription (ask per instructions) Contributions, grits, grants, etc., received (attach schodule) Contributions, grits, grants, etc.,	Pa	rt I	Analysis of Revenue and	Expenses (The total	(a) Povenue and			(d) Disbursements
1 Contributions, grits, grants, etc., received (attach schedule) 2 Check					expenses per	1, ,	1, ,	purposes
2 Check		1						(cash basis only)
Sch B 3 Interest on savings and temporary cash investments		*		received (detach	10,203,000			
1		2						
Sa Gross rents		3						
December		4	Dividends and interest from secu	ırıtıes	21,705	21,70	5	
100 1,175		5a	Gross rents					
8 Net short-term capital gain 10a 10		b	Net rental income or (loss)					
8 Net short-term capital gain 10a 10	ĭ.	6a	Net gain or (loss) from sale of as	ssets not on line 10	1,175			
8 Net short-term capital gain 10a 10	Уe	b						
9 Income modifications	ă				66	9		
10a Gross sales less returns and allowances		-	· -					
B Less Cost of goods sold		-		İ				
C Gross profit or (loss) (attach schedule) S G,232 G,232 O		l .		wances	<u>. </u>			
12 Total. Add lines 1 through 11 10,234,112 28,606 0			-	edule)				
12 Total. Add lines 1 through 11 10,234,112 28,606 0		11	Other income (attach schedule)		6,232	6,23	2 0	
14		12	Total. Add lines 1 through 11			28,60	6 0	
15 Pension plans, employee benefits		13	Compensation of officers, directo	ors, trustees, etc	0		0 0	0
16a Legal fees (attach schedule)		14	Other employee salaries and wag	ges				
23 Other expenses (attach schedule)	es	15	. , , ,					
23 Other expenses (attach schedule)	Su:	16a	Legal fees (attach schedule) .					
23 Other expenses (attach schedule)	ă.	b	- '	•		2,15	0	0
23 Other expenses (attach schedule)	e E	c	Other professional fees (attach s	chedule)	265	26	5 0	0
23 Other expenses (attach schedule)	atıv		Interest		m.1			
23 Other expenses (attach schedule)	Str		, , ,	•	146		0	0
23 Other expenses (attach schedule)	Ē		_	·				
23 Other expenses (attach schedule)	Adı		. ,					
23 Other expenses (attach schedule)	n D			-				
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	g g		- '		96. 515		0 0	515
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	Į,			•	515		 	
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	era		• •	•	3,076	2.41	5 0	515
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)	Ö	25	-			· ·		
27 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)			Total expenses and disburser	ments. Add lines 24 and				
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-)		27			10,576	2,41	5 0	8,015
disbursements b Net investment income (if negative, enter -0-) c Adjusted net income(if negative, enter -0-) 0				nses and	10,223,536			
c Adjusted net income(if negative, enter -0-)		١.	disbursements		, ,,,,		1	
		_	· -	•		26,19		
	For			•	<u> </u>	Cat No. 11390		

39,338

89,084

164,871

164,871

164,871

164,871

1,704,347

4,335,448

10,388,407

10,388,407

10,388,407 10,388,407

2

3

4

5

6

164,871

10,223,536

10,388,407

10,388,407 Form 990-PF (2016)

1,692,224

4,403,947

10,444,783

	5
	6
	7
2	8
Assets	9
As	10
	ı
	٠
	4.4

12

13 14

15 16

17

18

19

20 21

22 23

24

25

28

29

31

Part III

2

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30 Less allowance for doubtful accounts ▶ Inventories for sale or use

Land, buildings, and equipment basis ▶ _

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Unrestricted . . .

Permanently restricted . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) ▶ ____

Temporarily restricted

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Investments—other (attach schedule)

Investments—U S and state government obligations (attach schedule) Investments—corporate stock (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

1 a	CAPITAL GAINS DIVIDENI	DS		P				
b								
С								
d								
е								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale		(h Gain or (e) plus (f)	(loss)	
а		669						669
b								
С								
d								
е								
	Complete only for assets	showing gain in column (h) and ow	ned by the foundation (on 12/31/69		(1)	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) (յ), ıf any		Gains (Col (h col (k), but not l Losses (fro	less than -0-) (or
а								669
b								
С								
d								
е								
2	Capital gain net income	, , ,	If gain, also enter in P If (loss), enter -0- in P		} 2			669
3		aın or (loss) as defined in sections 1	. , . ,					
	If gain, also enter in Par in Part I, line 8	t I, line 8, column (c) (see instruction	ons) If (loss), enter -0	- 	} 3			
Par	• Oualification U	Inder Section 4940(e) for Re	duced Tax on Net	Investme	nt Incom			
	-	rivate foundations subject to the sec						
(1010	ptional use by domestic pr	TVate Tournautions subject to the sec	cion 4540(a) tax on ne	e investment	meome)			
If sect	ion 4940(d)(2) applies, lea	ave this part blank						
		e section 4942 tax on the distributal t qualify under section 4940(e) Do		ın the base p	period?	☐ Ye	es 🗹 No	
1	Enter the appropriate am	ount in each column for each year,	see instructions before	making any	entries			
	(a) se period years Calendar (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(cc	(d) Distribution ration (b) divided by co		
	2015	199,246		54,575			3 650866	
	2014							

2013 2012 2011 2 Total of line 1, column (d) . . . 2 3 650866 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the 3 3 650866 number of years the foundation has been in existence if less than 5 years 4 4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5 3,182,641 **5** Multiply line 4 by line 3 5 11,619,396 **6** Enter 1% of net investment income (1% of Part I, line 27b) . 6 262 7 11,619,658 **7** Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 8,015 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Page 3

(d)

Date sold

(mo, day, yr)

Form 990-PF (2016)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "N	ONE".
(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	0
Part IX-A Summary of Direct Charitable Activities	_
List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during 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	D
Iotal. Add lines 1 through 3	Form 990-PF (2016)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

8.015

8.015

Form **990-PF** (2016)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

income Enter 1% of Part I. line 27b (see instructions).

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

the section 4940(e) reduction of tax in those years

3

4

5

Page 9

8,015

150,593

Form **990-PF** (2016)

0-PF (2016)
VIII	Ho

Form 990-PF (2016)							
Part XIII	Undistributed Income (see instructions)						

- 1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016
- a Enter amount for 2015 only. Excess distributions carryover, if any, to 2016
- **b** Total for prior years
- a From 2011.
- **b** From 2012. . . .
- c From 2013. . .
- d From 2014.

- 197,155 e From 2015. f Total of lines 3a through e.
- 4 Qualifying distributions for 2016 from Part XII, line 4 🕨 \$

d Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2016

(If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income Subtract 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 assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2017 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 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . . **b** Excess from 2013. . c Excess from 2014. . . .

d Excess from 2015. . . e Excess from 2016. . .

Subtract lines 7 and 8 from line 6a

indicated below:

- a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years

same amount must be shown in column (a))

(Election required—see instructions). c Treated as distributions out of corpus (Election

(a)

Corpus

197.155

150,593

46,562

46,562

46.562

(b)

Years prior to 2015

(c)

2015

orm 990-l	Analysis of Income Brodusing					
Part XV.	I-A Analysis of Income-Producing					(e)
nter gross	s amounts unless otherwise indicated	(a)	(b)	Excluded by sectio	n 512, 513, or 514	Related or exempt function income
1 Prograr	n service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
	and contracts from government agencies					
3 Intere	est on savings and temporary cash temporary					
	nds and interest from securities ntal income or (loss) from real estate			14	21,705	
	-financed property					
	lebt-financed property					
	ental income or (loss) from personal property					
	nvestment income					
	tory			14	669	50
9 Net inc	come or (loss) from special events					
	profit or (loss) from sales of inventory					
ا Other . a متبادة	revenue R REVENUE			01	6,232	
	N NEVEROL			01	0,232	
с						
d						
d e						
d e .2 Subtot	al Add columns (b), (d), and (e).		C	1	28,606	
d e .2 Subtot 3 Total. See works	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculatio	ns)		1	28,606 3	50 29,112
d e .2 Subtot 3 Total. See works	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculatio Relationship of Activities to th	^{ns}) e Accomplish	ment of Exem	pt Purposes	3	29,112
d e .2 Subtot 3 Total. See works	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) theet in line 13 instructions to verify calculation. Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	ns) e Accomplish income is reporte	ment of Exem	pt Purposes f Part XVI-A contrib	3uted importantly to	29,112
d e 2 Subtot 3 Total. See works Part XV Line No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculatio Relationship of Activities to th Explain below how each activity for which	ns) e Accomplish income is reporte empt purposes (ment of Exem	pt Purposes f Part XVI-A contrib	3uted importantly to	29,117
d e 2 Subtot 3 Total. See works Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculatio Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's exinstructions)	ns) e Accomplish income is reporte empt purposes (ment of Exem	pt Purposes f Part XVI-A contrib	3uted importantly to	29,117
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Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part	XVII	Exempt Organi	zations										
		ganization directly or in Code (other than sectio	directly enga							on 501		Yes	No
a Tra	nsfers f	rom the reporting foun	dation to a n	oncha	ırıtable ex	empt organizatio	on d	of					
(1)	Cash.										1a(1)		No
(2)	Other	assets									1a(2)		No
		sactions											
										1b(1)		No	
(2) Purchases of assets from a noncharitable exempt organization											1b(2)		No
(3) Rental of facilities, equipment, or other assets											1b(3) 1b(4)		No No
		s or loan guarantees.								·	1b(5)		No
٠.		mance of services or m									1b(6)		No
c Sha	ring of	facilities, equipment, n	nailing lists, d	ther a	assets, or	paid employees	ş.				1c		No
		ver to any of the above											
		ds, other assets, or ser Isaction or sharing arra									e		
0		saction of onaring arra				a, the value of t		goods, serier asse		, , ,			
(a) Line	No	(b) Amount involved	(c) Name of	noncha	arıtable exe	mpt organization	<u> </u>	(d) Description of	transfers, transactions	, and shar	ing arra	ngemen	ts
							-						
							_						
							_						
2a īs t	he four	idation directly or indire	ctly affiliated	with	or relate	d to one or mo	re t	ax-exempt organi	zations				
		in section 501(c) of the								🗆	Yes	☑ N	a
		omplete the following so	· ·			(-)(-))							-
	,	(a) Name of organization			(1	b) Type of organiz	atıoı	n	(c) Description	of relatio	nship		
	Unde	er penalties of perjury,	I declare that	t I hav	ve examır	ned this return. i	nclı	udına accompanvı	ng schedules and st	tatement	s. and	to the	best
	of m	y knowledge and belief	, it is true, co										
Sign		h preparer has any kno *****	wieage			l		\ *****	F.	May tha T	C dissur	- +b	aburea
Here		*****				2017-11-15				May the IF with the p			
	/ 9	Signature of officer or ti	rustee			Date		Title	9	(see ınstr)? 🗌 🛚	es 🗆 N	lo
	1	Brint/Type pressure	namo	Dror	arer's Sigi	nature		D-1-		DTIN			
		Print/Type preparer's	Hallie	riep	arers Sigi	iature		Date	Check if self-	PTIN	D0 - = =		
		MICHAEL BLINDS	ED OM						employed ▶ 🔲		P01269	764	
Paid		MICHAEL R LINDS	INOM					2017-11-15					
Prep	arer	Firm's name ► EIDE	BAILLY LLP					I .	1		INI N. 45	02505	
Use	Only									Firm's El	IN ►45	02509	יטט
		Firm's address ► 87	7 W MAIN ST	STE	800								
		ВС	ISE, ID 837	02						Phone no	208	344-	7150
		1											

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position -0-) employee benefit plans and deferred compensation DOUGLAS K BATES PRESIDENT/TREASURER 1 00 777 W MAIN ST STE 900 BOISE, ID 83702

BROOKE B BATES	VICE PRESIDENT	0	0	0
777 W MAIN ST STE 900 BOISE, ID 83702	1 00			
MICHAEL R LINDSTROM	SECRETARY	0	0	0
777 W MAIN ST STE 900	1 00			

BOISE, ID 83702				
MICHAEL R LINDSTROM	SECRETARY	0	0	0
777 W MAIN ST STE 900 BOISE, ID 83702	1 00			
BRYNNE BATES HIGLEY	ASSISTANT SECRETARY	0	0	0
777 W MAIN CT CTE 000] 1 00			

BOISE, ID 83702				
BRYNNE BATES HIGLEY	ASSISTANT SECRETARY	0	0	(
777 W MAIN ST STE 900 BOISE, ID 83702	1 00			
KATIE BATES	ACCICTANT CECRETARY	0	0	,

KATIE BATES ASSISTANT SECRETARY

1 00 777 W MAIN ST STE 900 BOISE, ID 83702

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

DOUGLAS K BATES

BROOKE B BATES

efile GRAPHIC print - DO NOT F	PROCESS As Filed	Data -	DL	.N: 93491319032857						
TY 2016 Accounting Fees Schedule										
_										
Name: BATES FAMILY FOUNDATION INC EIN: 47-4005922										
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes						
ACCOUNTING	2,150	2,150	0	0						

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2016 Gain/Loss from Sale of Other Assets Schedule

Name: BATES FAMILY FOUNDATION INC

FTN: 47-4005922

	EIN: 4	7-4005922								
Name	Date Acquired	How A cquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
CATERPILLAR BOND	2016-09	PURCHASED	2016-11		250,000	249,805		0	195	
JPMORGAN BOND	2016-10	PURCHASED	2016-11		250,000	249,767		0	233	
VERIZON BOND	2015-10	PURCHASED	2016-11		3,023	3,057		0	-34	
BANK OF AMERICA BOND	2016-02	PURCHASED	2016-11		26,000	26,153		0	-153	
EXPORT CANADA BOND	2016-09	PURCHASED	2016-09		10,000,000	9,999,281		0	719	
BANK OF TOKYO BOND	2016-09	PURCHASED	2016-12		250,000	249,617		0	383	
METLIFE FUNDING BOND	2016-09	PURCHASED	2016-10		250,000	249,896		0	104	
AMERICAN HONDA BOND	2016-09	PURCHASED	2016-11		250,000	249,734		0	266	
PROVINCE OF BRITISH COLUMBIA BOND	2016-09	PURCHASED	2016-11		250,000	249,740		0	260	
ONTARIO GOVERNMENT BOND	2016-09	PURCHASED	2016-12		250,000	249,671		0	329	
FEDERAL HOME LOAN BANKS BOND	2016-09	PURCHASED	2016-12		1,500,000	1,499,049		0	951	
AMERICAN EXPRESS BOND	2016-09	PURCHASED	2016-11		250,000	249,719		0	281	
VIRGINIA ELECTRIC BOND	2016-09	PURCHASED	2016-11		250,000	249,828		0	172	
ECOLAB INC BOND	2016-09	PURCHASED	2016-12		250,000	253,335		0	-3,335	
FEDERAL NATIONAL MORTGAGE BOND	2016-10	PURCHASED	2016-12		250,000	249,865		0	135	

DLN: 93491319032857

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TV 2016 Investments Cornerat	- Dd- C-b- d b-

TY 2016 Investments Corporate Bonds Schedule

Name: BATES FAMILY FOUNDATION INC

DLN: 93491319032857

EIN: 47-4005922				
Name of Bond	End of Year Book Value	End of Year Fair Market Value		
AT&T INC.	280,158	278,286		
VERIZON	0	0		
CATERPILLAR	8,122	8,034		
CITIGROUP INC.	28,714	28,223		
JP MORGAN CHASE	47,395	45,608		
JOHN DEERE	48,186	47,028		
CHEVRON CORP	19,977	19,559		
DOMINION GAS HOLDINGS LLC	30,498	30,341		
WISCONSIN ENERGY CORP	20,614	19,980		
SHELL INTERNATIONAL FINANCE	255,347	252,280		
CISCO SYSTEM	213,348	212,957		
COMMONWEALTH BANK OF AUSTRALIA	250,210	249,920		
BANK OF NOVA SCOTIA	251,602	249,935		
EXXON MOBIL CORP	250,176	250,073		

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TY 2016 Investments - Other Schedule

Name: BATES FAMILY FOUNDATION INC

ETN: 47 400E03

EIN: 47-4005922					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		
JANUS INVESTMENT FUND GLOBAL LIFE SCIENCES	FMV	89,876	70,825		
EXPORT DEVELOPMENT CANADA	FMV	249,422	249,867		
FEDERAL HOME LOAN BANKS	FMV	1,995,624	1,998,240		
ISHARES RUSSELL 2000 VALUE	FMV	61,830	95,152		
ISHARES RUSSELL 2000 GROWTH	FMV	138,591	123,152		
ISHARES GLOBAL FINANCIALS	FMV	86,613	98,226		
SELECT SECTOR SPDR	FMV	275,872	281,697		
SPDR DOWN JONES	FMV	245,305	266,639		
SPDR S&P 500	FMV	365,658	380,001		
VANGUARD SECTOR	FMV	189,925	187,586		
VANGUARD SPECIALIZED	FMV	398,383	408,864		
VANGUARD INDEX FUNDS MIDCAP VALUE	FMV	82,703	87,471		
VANGUARD INDEX FUNDS MIDCAP GROWTH	FMV	125,373	126,804		
VANGUARD GNMA FUND PROSPECTUS	FMV	30,273	29,423		

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TY 2016 Other Expenses Schedule							
Name:	BATES FAMILY	FOUNDATION INC	C .				
EIN:	: 47-4005922						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			

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Description

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As Filed Data -

Name: BATES FAMILY FOUNDATION INC.

OTHER REVENUE

EIN: 47-4005922

Other Income Schedule

Net Investment

Income

DLN: 93491319032857

Revenue And

6,232

Adjusted Net Income

Expenses Per Books

6,232

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TY 2016 Other Professional Fees Schedule								
Name: BATES FAMILY FOUNDATION INC EIN: 47-4005922								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				

INVESTMENT FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319032857					
TY 2016 Substantial Contributors								
Schedule								
Name:	Name: BATES FAMILY FOUNDATION INC							
		1001107111011111	C					
EIN: 47-4005922								
Name Address								
DOUGLAS BROOKE BATES		4333 E WIL BOISE, ID	LDHORSE LANE 83712					

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TY 2016 Taxes Schedule							
Name	BATES FAMI	LY FOUNDATION I	INC				
EIN: 47-4005922							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
FEDERAL EXCISE TAX	146	0	0	0			

efile GRAPHIC print -	OO NOT PROCESS As Filed Data -		DLN: 93491319032857			
Schedule B (Form 990, 990-EZ,	Schedule of Contribute	ors	OMB No 1545-0047			
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990					
Name of the organizat BATES FAMILY FOUNDAT		Employer	identification number			
Organization from /ah	al ana)	47-400592	2			
Organization type (ch	ck one)					
Filers of:	Section:					
Form 990 or 990-EZ						
	4947(a)(1) nonexempt charitable trust not treated a	as a private foundation				
	☐ 527 political organization					
Form 990-PF	☑ 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a	private foundation				
	501(c)(3) taxable private foundation					
	ation filing Form 990, 990-EZ, or 990-PF that received, during r property) from any one contributor Complete Parts I and II s					
Special Rules						
under sections : received from a	cion described in section 501(c)(3) filing Form 990 or 990-EZ th i09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form by one contributor, during the year, total contributions of the gr ine 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	n 990 or 990-EZ), Part II, line 13	3, 16a, or 16b, and that			
during the year,	cion described in section 501(c)(7), (8), or (10) filing Form 990 total contributions of more than \$1,000 exclusively for religious the prevention of cruelty to children or animals. Complete Part	s, charitable, scientific, literary,				
during the year, If this box is che purpose Do no	cion described in section 501(c)(7), (8), or (10) filing Form 990 contributions exclusively for religious, charitable, etc., purpose cked, enter here the total contributions that were received during complete any of the parts unless the General Rule applies to ble, etc., contributions totaling \$5,000 or more during the year	es, but no such contributions to ing the year for an <i>exclusively</i> i this organization because it re	taled more than \$1,000 religious, charitable, etc , seeived nonexclusively			
990-EZ, or 990-PF), bu	on that is not covered by the General Rule and/or the Special F it must answer "No" on Part IV, line 2, of its Form 990, or che form 990PF, Part I, line 2, to certify that it does not meet the fil	eck the box on line H of its				
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions Cat No 30613X 0-PF	Schedule B (Form 99	90, 990-EZ, or 990-PF) (2016)			

Name of organization Employer identification number BATES FAMILY FOUNDATION INC 47-4005922 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 DOUGLAS & BROOKE BATES Person **Payroll** 4333 E WILD HORSE \$10,205,000 Noncash BOISE, ID83712 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (c) (a) (b) (d) **Total contributions** Name, address, and ZIP + 4 No. Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions)

Schedule B (Form 99	0, 990-EZ, or 990-PF) (2016)		Page 3		
Name of organization BATES FAMILY FOUNDATION INC		Employer identification number			
	THE STATE OF THE S	47-40	05922		
Part II	Noncash Property				
(a) No.from Part I	(see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
=		\$			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
=		\$			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		\$			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		Schedule B (Form 9	990, 990-EZ, or 990-PF) (2016)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)