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# Form **990-PF**

#### **Return of Private Foundation**

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

Department of the Treasury Internal Revenue Service

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2010

OMB No 1545-0052

| Foi            | r calendar year 2010, or tax y   | ear beginning                          |                              | , and ending         |          |   |   |
|----------------|--|--|------------------------------|----------------------|----------|---|---|
| G              | Check all that apply.  | Initial return                         | Initial return of a fo       | ormer public charity |          | Final return  | I   |
| r              |  | Amended return                         | Address chan                 | ge L                 |          | Name change   |   |
| Na             | ame of foundation  |  |                              |                      |          | A Employer identification   | number                                    |
| _              |  | LY FOUNDATIO                           |                              |                      |          | 33-1011426  |   |
| Nu             | umber and street (or P O box number  |  | address)                     | Room/su              | ite      | B Telephone number  | 0.5                                       |
| -              | P.O. BOX   |  |                              |                      |          | <u>251-476-76</u>   |   |
| Cı             | ty or town, state, and ZIP code  |  |                              |                      |          | C If exemption application is p   |   |
| <u> </u>       | POINT CLE  | AR , AL 3656<br>X Section 501(c)(3) ex |                              | - <del></del>        |          | <ul> <li>D 1. Foreign organizations</li> <li>2 Foreign organizations me<br/>check here and attach co</li> </ul> | eting the 85% test,                       |
|                | Check type of organization:  Section 4947(a)(1) nonexe                               | · —                                    | Other taxable private founda | ition                |          |   |   |
| _ <u>-</u>     | air market value of all assets a   |  |                              | Accrual              |          | E If private foundation sta<br>under section 507(b)(1)  |   |
|                | from Part II, col (c), line 16)  | · 1 —                                  | ther (specify)               | 7,00,00              |          | F If the foundation is in a   | • •                                       |
|                | ►\$  |  | mn (d) must be on cash t     | oasis)               | _        | under section 507(b)(1)   |   |
| P              | art   Analysis of Revenue a  |  | (a) Revenue and              | (b) Net investment   | 1        | (c) Adjusted net  | (d) Disbursements for charitable purposes |
|                | necessarily equal the amou   | unts in column (a) )                   | expenses per books           | income               |          | income  | (cash basis only)                         |
|                | 1 Contributions, gifts, gra  |  | 10,000.                      |                      |          | <u> </u>  |   |
|                | 2 Check If the foundate interest on savings and tem                                  | tion is not required to attach Sch. B  |                              |                      |          |   |   |
|                | 3 cash investments   | •                                      |                              |                      |          | · · · · · · · · · · · · · · · · · · ·   |   |
|                | 4 Dividends and interest f   | rom securities                         |                              |                      | -        | <del></del>   |   |
|                | b Net rental income or (loss)  |  |                              |                      |          |   |   |
|                | 63 Not gain or (loss) from sale of   | of assets not on line 10               |                              |                      |          |   | -   |
| Dire           | Gross sales price for all assets on line 8a  |  |                              |                      |          |   |   |
| Revenue        | 7 Capital gain net income (from  | n Part IV, line 2)                     |                              |                      | 0.       |   |   |
| Œ              | 8 Net short-term capital g   | aın                                    |                              |                      |          |   |   |
|                | 9 Income modifications   | 1                                      |                              | - <u> </u>           |          | <u></u>   |   |
|                | 10a Gross sales less returns and allowances  |  |                              |                      |          |   | ·   |
|                | b Less Cost of goods sold  |  |                              |                      |          |   |   |
|                | c Gross profit or (loss)   |  |                              |                      |          |   |   |
|                | 11 Other income  | ab 44                                  | 10,000.                      |                      | 0.       |   |   |
| _              | 12 Total Add lines 1 throu   | <del>*</del>                           | 10,000.                      |                      | ö.       | <del></del>   | 0.  |
|                | <ul><li>13 Compensation of officers, di</li><li>14 Other employee salaries</li></ul> |  |                              |                      | •        | ··-   | 0.  |
|                | 15 Pension plans, employe  | =                                      |                              |                      | _        |   |   |
| Ses            | 16a Legal fees   |  |                              |                      |          |   |   |
| ens            | b Accounting fees  | STMT 1                                 | 550.                         |                      | 0.       |   | 0.  |
| Expens         | c Other professional every   | <u>ED </u>                             |                              |                      |          |   |   |
| <u>×</u>       | 17 Interest  |  |                              |                      |          |   |   |
| trat           | 18 Pakes ADD A 4 a   | OSC<br>Car                             |                              | ·                    |          |   |   |
| Administrative | 19 Depreciation and depleti  |  |                              |                      |          |   |   |
| Ę              | 20 Occupancy   |  |                              |                      |          |   | <del></del>                               |
| Ą              | 21 Trave confirmances and  | meetings-                              |                              |                      |          |   | · · · · · · · · · · · · · · · · · · ·     |
| and            | 22 Printing and publication<br>23 Other expenses                                     |  |                              |                      | $\dashv$ |   |   |
| Operating      | 24 Total operating and add   | minietrative                           |                              |                      |          |   |   |
| ere            | expenses Add lines 13  |  | 550.                         |                      | ٥.       |   | 0.  |
| ŏ              | 25 Contributions, gifts, grai  | -                                      | 10,000.                      |                      |          |   | 10,000.                                   |
|                | 26 Total expenses and dis  |  |                              |                      |          |   |   |
|                | Add lines 24 and 25  |  | 10,550.                      |                      | 0.       |   | 10,000.                                   |
|                | 27 Subtract line 26 from lin   | e 12:                                  |                              |                      |          |   | <del></del>                               |
| ,              | a Excess of revenue over expe  | nses and disbursements                 | <550.                        |                      |          |   |   |
|                | b Net investment income  |  | <u> </u>                     | ····                 | 0.       |   |   |
| 0235           | c Adjusted net income (#1  | negative enter -0-)                    |                              | <del></del>          |          | N/A   | Form 990-PF (2010)                        |

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AMES FAMILY FOUNDATION

| (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)   |  |  |                                      | (b) How acquired<br>P - Purchase<br>D - Donation | (c) Date acquire<br>(mo., day, yr.)     | d (d) Date sold<br>(mo., day, yr.) |  |
|--|--|--|--------------------------------------|--|---|------------------------------------|--|
| <u>1a</u>  |  |  |                                      |  |   |                                    |  |
| b NOM  | 1E   |  |                                      |  |   |                                    |  |
| d  |  |  | <del></del>                          |  |   |                                    |  |
| e  |  |  |                                      |  |   |                                    |  |
| (e) Gross sales price  | (f) Depreciation allowed (or allowable)    |  | st or other basis<br>expense of sale |  | (h) Gain or (l<br>(e) plus (f) min      |                                    |  |
| a  |  |  |                                      |  |   |                                    |  |
| <u>b</u>   |  |  |                                      |  | <del></del>                             |                                    |  |
| c<br>d   | <u></u> .                                  |  |                                      |  | <del></del>                             |                                    |  |
| e  |  |  |                                      |  |   |                                    |  |
|  | gain in column (h) and owned by            | the foundation                         | on 12/31/69                          |  | I) Gains (Col. (h) g                    | ain minus                          |  |
| (i) F.M.V. as of 12/31/69  | (j) Adjusted basis<br>as of 12/31/69       |  | cess of col. (I)<br>col. (J), if any | cc   | l. (k), but not less<br>Losses (from co | t less than -0-) or                |  |
| a  |  |  |                                      |  |   |                                    |  |
| <u>b</u>   | <del></del>                                |  |                                      |  |   |                                    |  |
| <u>c</u>   |  |  |                                      | <del></del>                                      | <del></del> .                           | <del></del>                        |  |
| d  |  | <del></del>                            |                                      |  |   |                                    |  |
| <u>e</u>   | C 14 also astro                            | Dod I line                             | 7                                    | 7  |   |                                    |  |
| 2 Capital gain net income or (net cap  | If gain, also enter<br>If (loss), enter -0 | r in Part I, line<br>- in Part I, line | <i>1</i><br>7                        | ) 2  |   |                                    |  |
| 3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, or   |  | nd (6):                                |                                      | }  |   |                                    |  |
| If (loss), enter -0- in Part I, line 8  Part V Qualification Un  | der Section 4940(e) for                    | Reduced                                | Tax on Net                           | Investment Inc                                   | come                                    |                                    |  |
| (For optional use by domestic private f  | oundations subject to the section 4        | 4940(a) tax on                         | net investment in                    | come.)   |   |                                    |  |
| · · · ·  |  | .,                                     |                                      |  |   |                                    |  |
| If section 4940(d)(2) applies, leave this  | s part biank.                              |  |                                      |  |   |                                    |  |
| Was the foundation liable for the section  |  |  | · ·                                  | od?  |   | Yes X No                           |  |
| If "Yes," the foundation does not qualifing the foundation does not qualifing the foundation does not qualify the foundation d |  |  |                                      | S.   | <u> </u>                                |                                    |  |
| (a)  | (b)  | BONONE BOIOIG                          | maning any online                    | (c)  |   | (d)<br>tribution ratio             |  |
| Base periód years<br>Calendar year (or tax year beginning  | Administration amplifying a dia-           | tributions                             | Net value of nor                     | ncharitable-use assets                           | (col. (b)                               | divided by col. (c))               |  |
| 2009   |  | 1,875.                                 |                                      | 6,127  |   | .306023                            |  |
| 2008   |  | 7,000.                                 |                                      | 7,460  |   | .938338                            |  |
| 2007   |  | 5,395.                                 |                                      | 7,341  |   | .734913                            |  |
| 2006   |  | 8,594.                                 |                                      | 12,148   |   | .707442                            |  |
| 2005   |  | 2,124.                                 |                                      | 14,721   | <del></del>                             | .823585                            |  |
| 2 Total of line 1, column (d)  |  |  |                                      |  | 2                                       | 3.510301                           |  |
| 3 Average distribution ratio for the 5-  | year base period - divide the total o      | on line 2 by 5,                        | or by the number                     | of years   |   |                                    |  |
| the foundation has been in existence   |  |  |                                      |  | 3                                       | .702060                            |  |
| 4 Enter the net value of noncharitable   | -use assets for 2010 from Part X, I        | line 5                                 |                                      |  | 4                                       | 5,658                              |  |
| 5 Multiply line 4 by line 3  | ,  |  |                                      |  | 5                                       | 3,972.                             |  |
| o Munipiy iiile 4 by iiile o   |  |  |                                      |  |   |                                    |  |
| 6 Enter 1% of net investment income  | (1% of Part I, line 27b)                   |  |                                      |  | 6                                       | 0.                                 |  |
| 7 Add lines 5 and 6  |  |  |                                      |  | 7                                       | 3,972.                             |  |
| 8 Enter qualifying distributions from f  |  |  |                                      |  | 8                                       | 10,000.                            |  |
| If line 8 is equal to or greater than li   | ne 7, check the box in Part VI, line       | 1b, and comp                           | lete that part using                 | a 1% tax rate.                                   |   |                                    |  |

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|------|--|-------------|--|--------------|----------|-----------|
|      | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or  | 4948        | - see  | instr        | uctio    | ns)       |
|      | Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1   |             |  |              |          |           |
| - 1  | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)  |             |  |              |          |           |
| b l  | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗓 and enter 1%   | 1           | ļ  |              |          | 0.        |
|      | of Part I, line 27b  |             | 1  |              |          |           |
|      | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).   |             | 1  |              |          | _         |
|      | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  | 2           |  |              |          | <u>0.</u> |
|      | Add lines 1 and 2  | 3           | <u> </u>   |              |          | 0.        |
|      | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  | 4           | <del>                                     </del> |              |          | <u>0.</u> |
|      | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  | 5           | <del> </del>                                     |              |          | 0.        |
|      | Credits/Payments:  | 1           | ľ  |              |          |           |
|      | 2010 estimated tax payments and 2009 overpayment credited to 2010  | ╣           |  |              |          |           |
|      | Exempt foreign organizations - tax withheld at source  | -           |  |              |          |           |
|      | Tax paid with application for extension of time to file (Form 8868)  | $\dashv$    | 1  |              |          |           |
|      | Backup withholding erroneously withheld 6d 6d  | ١.          |  |              |          | ^         |
|      | Total credits and payments. Add lines 6a through 6d  | 7           | ļ  |              |          | 0.        |
|      | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached   | 8           | <del> </del> -                                   |              |          |           |
|      | Fax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  | 9           | <del> </del>                                     |              |          | 0.        |
|      | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   | 10          | <del> </del>                                     |              |          |           |
|      | nter the amount of line 10 to be: Credited to 2011 estimated tax ► Refunded ► t VII-A Statements Regarding Activities  | 11          | <u> </u>   |              |          |           |
|      | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervei   | IR IN       |  |              | Yes      | No        |
|      | any political campaign?  | 10 111      |  | 1a           |          | X         |
|      | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?   |             |  | 1b           |          | X         |
|      | f the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish   |             |  | -10          |          | <u> </u>  |
|      | distributed by the foundation in connection with the activities.   | CU 0,       |  |              |          |           |
|      | Oid the foundation file Form 1120-POL for this year?   |             |  | 1c           |          | х         |
|      | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:   |             |  |              |          |           |
|      | 1) On the foundation. $\blacktriangleright$ \$ 0 • (2) On foundation managers. $\blacktriangleright$ \$0   |             |  |              |          |           |
|      | enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation  | _           |  |              |          |           |
|      | managers. ► \$ 0.  |             |  |              |          | ŀ         |
|      | las the foundation engaged in any activities that have not previously been reported to the IRS?  |             |  | 2            |          | Х         |
|      | f "Yes," attach a detailed description of the activities   |             |  |              |          |           |
| 3 F  | las the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation  | or          |  |              |          | !         |
| b    | oylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes   |             |  | 3            |          | X         |
| 4a [ | Old the foundation have unrelated business gross income of \$1,000 or more during the year?  |             |  | 4a           |          | X         |
| b li | f "Yes," has it filed a tax return on Form 990-T for this year?  | N           | I/A  | 4b           |          |           |
| 5 V  | Nas there a liquidation, termination, dissolution, or substantial contraction during the year?   |             |  | 5            |          | X         |
| h    | f "Yes," attach the statement required by General Instruction T.   |             |  |              |          |           |
| 6 A  | 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 sta   | te law      |  |              |          |           |
| _    | remain in the governing instrument?  |             |  | 6            | <u>X</u> |           |
|      | Oid the foundation have at least \$5,000 in assets at any time during the year?  |             |  | 7            | X        | <u>-</u>  |
|      | f "Yes," complete Part II, col. (c), and Part XV.  |             |  |              |          |           |
| 8a E | inter the states to which the foundation reports or with which it is registered (see instructions) NONE  |             |  |              |          |           |
|      | (About a Bylanda II. 7 has the foundation formshad a grow of Francisco OCO DE to the Atlanta Constant of the II.   |             |  |              |          |           |
|      | f the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)   |             |  | ٠.           | v        |           |
|      | of each state as required by <i>General Instruction G? If "No," attach explanation</i><br>s the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for ca                       | andar       |  | 8b           | X        |           |
|      | s the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) of 4942(j)(5) for ca<br>year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV | ciiudi      |  | 9            |          | х         |
| _    | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses   |             |  | 10           | X        |           |
| .U L | the strip persons account outstain demandered during the tax year. It less, stract a screeding may makes and accresses   |             | Forr   | n <b>990</b> |          | 2010)     |

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| Part VII-B Statements Regarding Activities for Which                               |   | Required (contr   | 33-10114  | 126          | Page 6                        |
|--|---|-------------------|---|--------------|-------------------------------|
| 5a During the year did the foundation pay or incur any amount to:                  | in Form 4720 May De   | riequired (cortil | nueu)   |              |                               |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (se         | ction 4945(e)\?   | Πv                | es X No   |              |                               |
| (2) Influence the outcome of any specific public election (see section 495)        |   |                   |   | }            |                               |
| any voter registration drive?  | oj, or to carry on, ancomy or ma                                |                   | es X No   |              |                               |
| (3) Provide a grant to an individual for travel, study, or other similar purpo     | ises?   |                   | es X No   | ļ            |                               |
| (4) Provide a grant to an organization other than a charitable, etc., organiz      |   | <u> </u>          |   |              |                               |
| 509(a)(1), (2), or (3), or section 4940(d)(2)?                                     |   | П                 | es X No   |              |                               |
| (5) Provide for any purpose other than religious, charitable, scientific, liter    | arv, or educational purposes, or                                |                   |   | ĺ            |                               |
| the prevention of cruelty to children or animals?                                  |   |                   | es X No   |              |                               |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify | under the exceptions described                                  | in Regulations    |   | Ì            |                               |
| section 53.4945 or in a current notice regarding disaster assistance (see in       |   | _                 | N/A   | 5b           |                               |
| Organizations relying on a current notice regarding disaster assistance che        | ck here   |                   |   |              | 1                             |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption    | on from the tax because it maint                                | ained             |   |              |                               |
| expenditure responsibility for the grant?  |   |                   | es 🔲 No   | - 1          | .]                            |
| If "Yes," attach the statement required by Regulations section 53.4                | 1945-5(d).  |                   |   |              |                               |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, |   |                   |   |              |                               |
| a personal benefit contract?   |   | Y                 | es 🗓 No   | [            | 1                             |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on    | a personal benefit contract?                                    |                   |   | 6b           | X                             |
| If "Yes" to 6b, file Form 8870   |   |                   |   |              |                               |
| 7a At any time during the tax year, was the foundation a party to a prohibited to  | ax shelter transaction?   | Y                 | es 🗓 No 📙   |              |                               |
| b If "Yes," did the foundation receive any proceeds or have any net income att     |   | <del> </del>      |   | 7b           |                               |
| Part VIII Information About Officers, Directors, Tru                               | istees, Foundation Ma   | anagers, Highl    | y   |              |                               |
| Paid Employees, and Contractors  |   | ·                 |   |              |                               |
| List all officers, directors, trustees, foundation managers and the                | <del></del>   | (c) Compensation  | (d) Contributions to  | 1015         | ·                             |
| (a) Name and address   | (b) Title, and average hours per week devoted                   | (If not paid,     | (d) Contributions to employee benefit plans and deferred              | accour       | xpense<br>nt, other           |
| CLINTON G. AMES, JR.   | to position TRUSTEE   | `enter'-0-)       | compensation  | allow        | /ances                        |
| P.O. BOX 137   | IKODIEE   |                   |   | 1            |                               |
| POINT CLEAR, AL 36564  | 0.00  | 0.                | 0.  | 1            | 0.                            |
| DORIS M. AMES  | TRUSTEE   |                   | -   | <del></del>  |                               |
| P.O. BOX 137   |   |                   |   | ļ            |                               |
| POINT CLEAR, AL 36564  | 0.00_   | 0.                | 0.  | i            | 0.                            |
| TOTAL CHEMIC, IN SUSUE   | 3,00  |                   |   | <del> </del> |                               |
|  |   |                   |   |              |                               |
|  |   |                   |   |              |                               |
|  |   |                   |   |              |                               |
|  |   |                   |   |              |                               |
|  |   |                   |   | İ            |                               |
| 2 Compensation of five highest-paid employees (other than those                    | <del></del>   | enter "NONE."     |   |              |                               |
| (a) Name and address of each employee paid more than \$50,000                      | (b) Title, and average<br>hours per week<br>devoted to position | (c) Compensation  | (d) Contributions to employee benefit plans and deferred compensation | accour       | opense<br>nt, other<br>rances |
| NONE   |   | 1                 | , , ====  |              |                               |
|  | 7   |                   |   |              |                               |
|  |   |                   |   |              |                               |
|  |   |                   |   |              |                               |
|  |   |                   |   |              |                               |
|  |   | <u> </u>          |   |              |                               |
|  |   |                   |   |              |                               |
|  |   |                   |   |              |                               |
|  | _   |                   |   |              |                               |
|  |   |                   |   | L            |                               |
| Total number of other employees paid over \$50,000                                 |   |                   |   |              | <u>0</u>                      |

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|--|---------------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued) | lation Managers, Highly         |                  |
| 3 Five highest-paid independent contractors for professional services. If none, ent                          | er "NONE."                      |                  |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service             | (c) Compensation |
| NONE   |                                 |                  |
|  |                                 |                  |
|  |                                 |                  |
|  |                                 |                  |
|  |                                 |                  |
|  |                                 |                  |
|  |                                 |                  |
|  |                                 |                  |
|  | <del> </del>                    |                  |
| Total number of others receiving over \$50,000 for professional services                                     | <u> </u>                        | ▶ 0              |
| Part IX-A Summary of Direct Charitable Activities  |                                 |                  |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant stat   | istical information such as the |                  |
| number of organizations and other beneficiaries served, conferences convened, research papers pro            |                                 | Expenses         |
| 1 N/A  |                                 |                  |
|  |                                 |                  |
|  |                                 |                  |
| 2  |                                 |                  |
|  |                                 |                  |
|  |                                 |                  |
| 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 of           | lines 1 and 2.                  | Amount           |
| 1 N/A  |                                 | 701100111        |
| 1 10/22  |                                 |                  |
|  |                                 |                  |
| 2  |                                 |                  |
|  |                                 |                  |
|  |                                 |                  |
| All other program-related investments. See instructions.   |                                 |                  |
| 3  |                                 |                  |
|  |                                 |                  |
|  |                                 |                  |
| Total. Add lines 1 through 3   |                                 | 0.               |

| Pa          | rt X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations   | ndations, se     | e instructions) |
|-------------|---|------------------|-----------------|
| 1 F         | air market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:  |                  |                 |
| a A         | Average monthly fair market value of securities   | 1a               | 0 .             |
| b A         | Average of monthly cash balances  | 1b               | 5,744           |
| c F         | air market value of all other assets  | 1c               |                 |
| dΤ          | otal (add lines 1a, b, and c)   | 10               | 5,744           |
| e F         | Reduction claimed for blockage or other factors reported on lines 1a and  |                  |                 |
| 1           | c (attach detailed explanation) 1e 0  |                  |                 |
| 2 A         | equisition indebtedness applicable to line 1 assets   | 2                | 0               |
| <b>3</b> S  | Subtract line 2 from line 1d  | 3                | 5,744.          |
| <b>4</b> C  | ash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)  | 4                | 86.             |
| 5 N         | let value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4   | 5                | 5,658.          |
| 6 N         | Ainimum investment return Enter 5% of line 5  | 6                | 283.            |
| Par         | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here   and do not complete this part.) | d certain        |                 |
| 1 N         | finimum investment return from Part X, line 6   | 1                | 283.            |
| 2a T        | ax on investment income for 2010 from Part VI, line 5   |                  |                 |
| <b>b</b> In | ncome tax for 2010. (This does not include the tax from Part VI.)   |                  |                 |
| c A         | dd lines 2a and 2b  | 2c               | 0.              |
| <b>3</b> D  | istributable amount before adjustments. Subtract line 2c from line 1  | 3                | 283.            |
| 4 R         | ecoveries of amounts treated as qualifying distributions  | 4                | 0.              |
| 5 A         | dd lines 3 and 4  | 5                | 283.            |
| <b>6</b> D  | eduction from distributable amount (see instructions)   | 6                | 0.              |
| 7 D         | istributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1   | 7                | 283.            |
| Par         | t XII Qualifying Distributions (see instructions)   |                  |                 |
| 1 A         | mounts paid (including administrative expenses) to accomplish charitable, etc., purposes:   |                  |                 |
| a Ex        | xpenses, contributions, gifts, etc total from Part I, column (d), line 26   | 1a               | 10,000.         |
| <b>b</b> Pi | rogram-related investments - total from Part IX-B   | 1b               | 0.              |
| 2 A         | mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes  | 2                |                 |
| 3 A         | mounts set aside for specific charitable projects that satisfy the:   |                  |                 |
| a S         | uitability test (prior IRS approval required)   | 3a               |                 |
|             | ash distribution test (attach the required schedule)  | 3b               |                 |
| 4 Q         | ualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4   | 4                | 10,000.         |
| <b>5</b> Fo | oundations that qualify under section 4940(e) for the reduced rate of tax on net investment   |                  |                 |
| ın          | come. Enter 1% of Part I, line 27b  | 5                | 0.              |
| 6 A         | djusted qualifying distributions. Subtract line 5 from line 4   | 6                | 10,000.         |
| N-          | ote The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q  | ualifies for the | e section       |

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

|   | (a)<br>Corpus                         | (b)<br>Years prior to 2009 | (c)<br>2009 | ( <b>d)</b><br>2010 |
|---|---------------------------------------|----------------------------|-------------|---------------------|
| 1 Distributable amount for 2010 from Part XI, line 7  |                                       |                            |             | 283.                |
| 2 Undistributed income, if any, as of the end of 2010   |                                       |                            |             |                     |
| a Enter amount for 2009 only  |                                       |                            | 0.          |                     |
| b Total for prior years:  |                                       |                            |             |                     |
| ,,  | · · · · · · · · · · · · · · · · · · · | 0.                         |             |                     |
| 3 Excess distributions carryover, if any, to 2010:  |                                       |                            |             |                     |
| a From 2005 11,390.   |                                       |                            |             |                     |
| b From 2006 7,989.  |                                       | ļ                          |             |                     |
| c From 2007 5,028.  |                                       |                            |             |                     |
| d From 2008 6,627.  |                                       |                            |             |                     |
| e From 2009 1,569.  |                                       |                            |             |                     |
| f Total of lines 3a through e   | 32,603.                               |                            |             |                     |
| 4 Qualifying distributions for 2010 from  |                                       |                            |             |                     |
| Part XII, line 4: ► \$ 10,000.  |                                       |                            | •           |                     |
| a Applied to 2009, but not more than line 2a  |                                       |                            | 0.          |                     |
| b Applied to undistributed income of prior  |                                       |                            |             |                     |
| years (Election required - see instructions)  |                                       | 0.                         |             |                     |
| c Treated as distributions out of corpus  |                                       |                            |             |                     |
| (Election required - see instructions)  | 0.                                    |                            |             |                     |
| d Applied to 2010 distributable amount  | 0 545                                 |                            |             | 283.                |
| e Remaining amount distributed out of corpus  | 9,717.                                |                            |             |                     |
| 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))      | 0.                                    |                            |             | 0.                  |
| 6 Enter the net total of each column as indicated below:  |                                       |                            |             |                     |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5   | 42,320.                               |                            |             |                     |
| b Prior years' undistributed income. Subtract   |                                       |                            |             |                     |
| line 4b from line 2b  |                                       | 0.                         |             |                     |
| c Enter the amount of prior years'  |                                       |                            |             |                     |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |                                       | 0.                         |             |                     |
| d Subtract line 6c from line 6b. Taxable  |                                       |                            |             |                     |
| amount - see instructions   |                                       | 0.                         |             |                     |
| e Undistributed income for 2009. Subtract line  |                                       |                            |             |                     |
| 4a from line 2a. Taxable amount - see instr.  |                                       |                            | 0.          |                     |
| f Undistributed income for 2010. Subtract   |                                       |                            |             |                     |
| lines 4d and 5 from line 1. This amount must  |                                       |                            |             |                     |
| be distributed in 2011  |                                       |                            |             | 0.                  |
| 7 Amounts treated as distributions out of   |                                       |                            |             |                     |
| corpus to satisfy requirements imposed by   |                                       |                            |             |                     |
| section 170(b)(1)(F) or 4942(g)(3)  | 0.                                    |                            |             |                     |
| 8 Excess distributions carryover from 2005  |                                       |                            |             | •                   |
| not applied on line 5 or line 7   | 11,390.                               |                            |             | ·                   |
| 9 Excess distributions carryover to 2011  |                                       |                            |             |                     |
| Subtract lines 7 and 8 from line 6a   | 30,930.                               |                            |             |                     |
| 0 Analysis of line 9:   |                                       |                            |             |                     |
| a Excess from 2006 7,989.   |                                       |                            | ļ           |                     |
| b Excess from 2007 5, 028.  |                                       | İ                          |             |                     |
| c Excess from 2008 6,627.   |                                       |                            |             |                     |
| d Excess from 2009 1,569.   |                                       |                            |             |                     |
| e Excess from 2010 9,717.   |                                       |                            |             | Form 990 PE (2010)  |

|  | MILLI FOUNDA   |                                 | I A guestion (I)            |  | 11426 Fage I  |  |  |  |  |  |
|--|--|---------------------------------|-----------------------------|--|---------------|--|--|--|--|--|
| Part XIV Private Operating F   |  | <del></del>                     | I-A, question 9)            | N/A  | <del></del>   |  |  |  |  |  |
| 1 a If the foundation has received a ruling or                                 |  | , , ,                           | 1                           |  |               |  |  |  |  |  |
| foundation, and the ruling is effective for 2010, enter the date of the ruling |  |                                 |                             |  |               |  |  |  |  |  |
| · ·  | b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5) |                                 |                             |  |               |  |  |  |  |  |
| 2 a Enter the lesser of the adjusted net                                       | Tax year   | (b) 2000                        | Prior 3 years               | (4) 2007   | (a) Tatal     |  |  |  |  |  |
| income from Part I or the minimum  | (a) 2010   | (b) 2009                        | (c) 2008                    | (d) 2007   | (e) Total     |  |  |  |  |  |
| investment return from Part X for  |  |                                 | Į.                          | 1  |               |  |  |  |  |  |
| each year listed   |  |                                 | ļ                           | <del>                                     </del> |               |  |  |  |  |  |
| b 85% of line 2a   |  |                                 | <del> </del>                | <del> </del>                                     |               |  |  |  |  |  |
| c Qualifying distributions from Part XII,                                      |  |                                 | -                           |  | -             |  |  |  |  |  |
| line 4 for each year listed  |  | <u> </u>                        | <del></del>                 | <del>-</del>                                     | <del></del>   |  |  |  |  |  |
| d Amounts included in line 2c not  |  |                                 |                             |  | l             |  |  |  |  |  |
| used directly for active conduct of  |  |                                 |                             |  |               |  |  |  |  |  |
| exempt activities  |  |                                 | <del> </del>                |  |               |  |  |  |  |  |
| e Qualifying distributions made directly                                       |  |                                 |                             |  |               |  |  |  |  |  |
| for active conduct of exempt activities.                                       |  |                                 |                             |  |               |  |  |  |  |  |
| Subtract line 2d from line 2c<br>3 Complete 3a, b, or c for the                |  |                                 |                             | <u> </u>   | ·             |  |  |  |  |  |
| alternative test relied upon:  |  |                                 |                             |  |               |  |  |  |  |  |
| a "Assets" alternative test - enter:   |  |                                 |                             |  |               |  |  |  |  |  |
| (1) Value of all assets  |  |                                 |                             |  |               |  |  |  |  |  |
| (2) Value of assets qualifying under section 4942(;)(3)(B)(i)                  |  | <u> </u>                        |                             |  | <u> </u>      |  |  |  |  |  |
| b "Endowment" alternative test - enter<br>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                     |  |                                 |                             |  |               |  |  |  |  |  |
| securities 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)   |  |                                 |                             | <del> </del>                                     |               |  |  |  |  |  |
| (3) Largest amount of support from   |  |                                 |                             |  |               |  |  |  |  |  |
| an exempt organization   |  |                                 |                             |  | <del> </del>  |  |  |  |  |  |
| Part XV Supplementary Infor  | mation (Complet  | to this part only               | if the foundation           | had \$5,000 or mo                                | re in accete  |  |  |  |  |  |
| at any time during the   |  |                                 | ii tiic iodilaatioii        | παα φο,οοο οι πιο                                | // III 0330(3 |  |  |  |  |  |
| 1 Information Regarding Foundation   | <del></del>  |                                 |                             |  |               |  |  |  |  |  |
| a List any managers of the foundation who                                      |  | han 2% of the total contr       | chutions received by the    | foundation before the clos                       | e of any tay  |  |  |  |  |  |
| year (but only if they have contributed me                                     |  |                                 | Total Colored by the        |  | o or any tax  |  |  |  |  |  |
| CLINTON G. AMES, JR.   |  |                                 |                             |  |               |  |  |  |  |  |
| b List any managers of the foundation who                                      | own 10% or more of the   | stock of a corporation (        | or an equally large portic  | on of the ownership of a pa                      | irtnership or |  |  |  |  |  |
| other entity) of which the foundation has                                      | a 10% or greater interest  | <b>t.</b>                       | •                           |  | •             |  |  |  |  |  |
| NONE   |  |                                 |                             |  |               |  |  |  |  |  |
| 2 Information Regarding Contribution   | on, Grant, Gift, Loan,   | Scholarship, etc., Pro          | ograms:                     |  |               |  |  |  |  |  |
| Check here 🕨 🗓 if the foundation or  |  |                                 |                             |  |               |  |  |  |  |  |
| the foundation makes gifts, grants, etc. (                                     | see instructions) to indivi  | duals or organizations ui       | nder other conditions, co   | emplete items 2a, b, c, and                      | d             |  |  |  |  |  |
| a The name, address, and telephone numb  | er of the person to whom   | applications should be          | addressed:                  |  |               |  |  |  |  |  |
|  |  |                                 |                             |  |               |  |  |  |  |  |
|  |  |                                 |                             |  | <del></del> _ |  |  |  |  |  |
| b The form in which applications should be                                     | submitted and information  | on and materials they sh        | ould include:               |  |               |  |  |  |  |  |
| c Any submission deadlines:  |  |                                 | <del></del>                 | <del></del>                                      |               |  |  |  |  |  |
| d Any restrictions or limitations on awards,                                   | euch as hy gaggraphical  | areae charitable fields         | kinde of inetitutions, or o | ther factors:                                    |               |  |  |  |  |  |
| WANT TESTINGUINS OF INTIMATIONS ON AWAIUS,                                     | anon as by geographical  | i ai cas, chai ilavit litius, l | กลอง บา กอแนนบทร, ปา ป      | mior idutula.                                    |               |  |  |  |  |  |

Page 11

| 3 Grants and Contributions Paid During the Year or Approved for Future Payment |  |                      |                                  |                         |  |  |  |  |
|--|--|----------------------|----------------------------------|-------------------------|--|--|--|--|
| Recipient  | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount                  |  |  |  |  |
| Name and address (home or business)  | or substantial contributor   | recipient            | Contribution                     |                         |  |  |  |  |
| a Paid during the year  SEE STATEMENT 2  | or substantial contributor   | Тестрен              |                                  |                         |  |  |  |  |
| Total  |  |                      | <b>▶</b> 3a                      | 10,000.                 |  |  |  |  |
| NONE Total   |  |                      | ▶ 3b                             | 0.                      |  |  |  |  |
| 023611 12-07-10  | ·  |                      | Fo                               | rm <b>990-PF</b> (2010) |  |  |  |  |

## AMES FAMILY FOUNDATION Form 990-PF (2010) 33-1011426 Page 12 Part XVI-A **Analysis of Income-Producing Activities** Unrelated business income Excluded by section 512, 513, or 514 Enter gross amounts unless otherwise indicated. (e) (C) Exclu-(a) Business code (d) Related or exempt Amount Sion Amount function income 1 Program service revenue: a Fees and contracts from government agencies 2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate: a Debt-financed property 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: 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) 13 (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of Line No. the foundation's exempt purposes (other than by providing funds for such purposes).

|                |   | FAMILY FOUNDAT   |                               |  | -1011426                 |           | age 13   |
|----------------|---|--|-------------------------------|--|--------------------------|-----------|----------|
| Part X         |   |  | and Transactions a            | nd Relationships With No   | oncharitable             | 9         |          |
| 4 D.d          | Exempt Organ                            | <del></del>  | with any other arganization   | n department in engine FO1(e) of   |                          | Yes       | No       |
|                |   | firectly engage in any of the follow<br>c)(3) organizations) or in section t |                               |  |                          | 163       | 140      |
|                | · ·                                     | dation to a noncharitable exempt of  |                               | 280013:  |                          |           |          |
|                | Cash                                    | danon to a nononamable exempt c  | ngamzanon oi,                 |  | 1a(1)                    |           | _x       |
| ٠.,            | Other assets                            |  |                               |  | 1 <u>a(2)</u>            |           | X        |
| ٠,,            | r transactions:                         |  |                               |  |                          |           |          |
| (1)            | Sales of assets to a noncharita         | able exempt organization   |                               |  | 1b(1)                    |           | X        |
| (2)            | Purchases of assets from a no           | oncharitable exempt organization   |                               |  | 1b(2)                    |           | X        |
| (3)            | Rental of facilities, equipment,        | , or other assets  |                               |  | 1b(3)                    |           | X        |
| (4)            | Reimbursement arrangements              | S  |                               |  | 1b(4)                    |           | X        |
|                | Loans or loan guarantees                |  | 1                             |  | 1b(5)                    |           | X        |
|                |   | embership or fundraising solicitati  |                               |  | 1b(6)                    |           | X        |
|                | =                                       | ailing lists, other assets, or paid er                                       |                               | and the second s | <u> 1c</u>               |           | X        |
|                | •                                       |  | • •                           | rays show the fair market value of the<br>e in any transaction or sharing arrang   | -                        | eis,      |          |
|                |   | , other assets, or services received   |                               | s in any transaction or snaring arrang   | ement, snow in           |           |          |
| a) Line no     | (b) Amount involved                     | (c) Name of noncharitab  |                               | (d) Description of transfers, transact   | ions, and sharing an     | angeme    | nts      |
|                | (4/************************************ | N/A  |                               |  |                          |           |          |
|                |   |  |                               |  |                          |           |          |
|                |   |  | <u> </u>                      |  |                          |           |          |
|                |   |  |                               |  |                          |           |          |
|                |   |  |                               |  | ·                        |           |          |
|                |   |  |                               |  |                          |           |          |
|                |   |  |                               |  |                          |           |          |
|                | <del></del>                             |  |                               |  |                          |           |          |
|                | <u> </u>                                |  |                               | · · · · · · · · · · · · · · · · · · ·  |                          |           |          |
|                |   | <del></del>  |                               |  |                          |           |          |
|                |   |  |                               |  |                          |           |          |
|                |   |  |                               |  |                          |           |          |
|                |   |  |                               |  |                          |           |          |
|                |   |  |                               |  |                          |           |          |
|                |   |  |                               |  |                          |           |          |
| 2a Isth        | e foundation directly or indirec        | ctly affiliated with, or related to, on                                      | e or more tax-exempt organiza | ations described   |                          |           |          |
| ın se          | ction 501(c) of the Code (othe          | er than section 501(c)(3)) or in sec   | ction 527?                    |  | Yes                      | X         | ] No     |
| b If "Ye       | es," complete the following sch         |  | 1007                          |  |                          |           |          |
|                | (a) Name of org                         | ganization   | (b) Type of organization      | (c) Description of r   | elationship              |           |          |
|                | N/A                                     |  |                               |  |                          |           |          |
|                |   | <del></del>  |                               |  | <del></del>              |           |          |
|                | <u> </u>                                |  |                               |  |                          |           |          |
|                |   |  |                               |  |                          |           |          |
|                |   |  |                               | statements, and to the best of my knowledg   | ge and belief, it is tru | e, correc | ⇒t,      |
| Sign           | and complete Declaration of prepa       | arer (other than taxpayer or fidulary) is t                                  |                               |  |                          |           |          |
| Here           | * I'linlan                              | A lines &  | 3-28-1                        | <u> </u>   |                          |           |          |
|                | Signature of officer or tru             |  | Date                          | Title  | ,                        |           |          |
|                | Print/Type preparer's na                | 1 . 7  | signature                     | Date Check if  | PTIN                     |           |          |
| D - ! -!       | GEORGE V.                               | DAVIS,   | / ( ) - 00A .                 | self- employed   |                          |           |          |
| Paid           | CPA                                     | Front  |                               | 3-22-11  | <u> </u>                 |           |          |
| Prepa<br>Use O |   |  | E, PC                         | Firm's EIN ►   |                          |           |          |
| JJE U          | Firm's address > MO                     | <u>O. BOX 160387</u><br>BILE, AL 36616-                                      | 1387                          | Phone no. (  | 251) 47                  | 6-76      | <u> </u> |
|                | 5 250,000 P IMO                         | ,5-110' PU 200TO-  | 1301                          | Tritolie ilo. /  | 77T/ #/                  | · / (     | J () J   |

#### Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No 1545-0047

2010

Employer identification number Name of the organization 33-1011426 AMES FAMILY FOUNDATION Organization type (check one) Section: Filers of: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF). but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

| age | <b>1</b> of | 1 | of Part 1 |
|-----|-------------|---|-----------|
|-----|-------------|---|-----------|

| Schedule | В | (Form | 990, | 990-EZ | or | 990- | PF) | (20 | 10) |
|----------|---|-------|------|--------|----|------|-----|-----|-----|
|          |   |       |      |        |    |      |     |     |     |

Contributors (see instructions)

CLINTON G. AMES, JR.

POINT CLEAR, AL 36564

P.O. BOX 137

Name of organization

Part I

(a) No.

1

(a)

No.

(a)

No.

(a)

No.

(a)

No.

(a)

No.

| AMES_FAMILY_FOUNDATION | J |  |  |
|------------------------|---|--|--|

Name, address, and ZIP + 4

(b) Name, address, and ZIP + 4

(b) Name, address, and ZIP + 4

(b) Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b) Name, address, and ZIP + 4

|                             |                                | Tage I of   |           |
|-----------------------------|--------------------------------|---|-----------|
|                             | Employer identification number |   |           |
|                             | 33-1011426                     |   |           |
|                             |                                |   |           |
|                             |                                | <del></del>   |           |
| (c) Aggregate contributions |                                | (d)<br>Type of con  |           |
| ag. cgate contribut         | .5.13                          | 1300 01 001   |           |
| \$10,000.                   |                                | Person Payroll Noncash (Complete Par is a noncash c               |           |
| (c)                         |                                | (d)   |           |
| Aggregate contribut         | ions                           | Type of con   | tribution |
| \$                          |                                | Person Payroll Noncash (Complete Parties a noncash co             |           |
| (c)                         |                                | (d)   |           |
| Aggregate contributi        | ions                           | Type of con   | tribution |
| <i>.</i><br>\$              |                                | Person Payroll Noncash (Complete Part is a noncash co             |           |
| (c)                         |                                | (d)   |           |
| Aggregate contributi        | ons                            | Type of con   | tribution |
| \$                          |                                | Person<br>Payroll<br>Noncash<br>(Complete Part<br>is a noncash co |           |
| (c)                         |                                | (d)   |           |
| Aggregate contributi        | ons                            | Type of con   | tribution |
| \$                          |                                | Person<br>Payroll<br>Noncash<br>(Complete Part<br>is a noncash co |           |
| (c)                         |                                | (d)   |           |
| Aggregate contributi        | ons                            | Type of con   | tribution |
| <b>5</b>                    |                                | Person<br>Payroll<br>Noncash                                      |           |

(Complete Part II if there is a noncash contribution)

Employer identification number

| <b>AMEC</b> | TAMTI.V | FOUNDATION |  |
|-------------|---------|------------|--|
| AMES        | LAMIT   | LOUNDALTON |  |

33-1011426

| Part II                      | Noncash Property (see instructions)          |  |                             |
|------------------------------|--|--|-----------------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received        |
|                              |  |  |                             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received        |
|                              |  |  |                             |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d)<br>Date received        |
|                              |  | <br> <br>  \$                            |                             |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received        |
|                              |  |  |                             |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received        |
|                              |  | <br> <br>  \$                            | <del> </del>                |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given   | (c) FMV (or estimate) (see instructions) | (d)<br>Date received        |
|                              |  | Sabadula B (Farm 0)                      | 20 990-F7 or 990-PF) (2010) |

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| FORM 990-PF  | ACCOUNTI                 | NG FEES                       | ST                                   | ATEMENT 1  |
|--|--------------------------|-------------------------------|--------------------------------------|------------|
| DESCRIPTION  | EXPENSES                 |                               | (C)<br>ADJUSTED<br>NET INCOME        | CHARITABLE |
|  | 550.                     | 0.                            |                                      | 0.         |
| TO FORM 990-PF, PG 1, LN 16B   | 550.                     | 0.                            |                                      | 0.         |
|  | TS AND CON<br>AID DURING |                               | ST                                   | ATEMENT 2  |
| RECIPIENT NAME AND ADDRESS   |                          | IENT RELATIONS PURPOSE OF GRA | SHIP RECIPIEN<br>ANT STATUS          |            |
| ALABAMA PUBLIC TELEVISION 2112 11TH AVE. SOUTH, SUITE 40 BIRMINGHAM, AL 35205        |                          | ABLE<br>BUTIONS               | QUALIFIED<br>CHARITABL<br>ORGANIZAT  | E          |
| CATHOLIC RELIEF SERVICES<br>209 WEST FAYETTE STREET<br>BALTAMORE, MD 21201           | CHARITA<br>CONTRI        | ABLE<br>BUTIONS               | QUALIFIED<br>CHARITABL<br>ORGANIZAT  | E          |
| THE SALVATION ARMY<br>1424 NORTHEAST EXPRESSWAY<br>ATLANTA, GA 303292088             | CHARIT<br>CONTRI         | ABLE<br>BUTIONS               | QUALIFIED<br>CHARITABL<br>ORGANIZAT  | E          |
| THOMAS HOSPITAL FOUNDATION P.O. BOX 929 FAIRHOPE, AL 365                             |                          | ABLE<br>BUTIONS               | QUALIFIED<br>CHARITABL<br>ORGANIZAT  | E          |
| WHIL<br>4000 DAUPHIN STREET MOBILE, A<br>36608                                       |                          | ABLE<br>BUTIONS               | QUALIFIED<br>CHARITABLI<br>ORGANIZAT |            |
| FOUNDATION FOR PUBLIC<br>BROADCASTING IN MISSISSIPPI<br>3825 RIDGEWOOD ROAD JACKSON, | CHARITA<br>MS CONTRI     | ABLE<br>BUTIONS               | QUALIFIED<br>CHARITABLI<br>ORGANIZAT |            |

| AMES FAMILY FOUNDATION  |                             | 33-1011426                                  |
|---|-----------------------------|---|
| FAIRHOPE VOLUNTEER FIRE DEPARTMENT 107 N. SECTION ST FAIRHOPE, AL 36532                           | CHARITABLE<br>CONTRIBUTIONS | QUALIFIED 50.<br>CHARITABLE<br>ORGANIZAT    |
| EASTERN SHORE ART CENTER<br>401 OAK STREET FAIRHOPE, AL<br>36532                                  | CHARITABLE<br>CONTRIBUTIONS | QUALIFIED 80.<br>CHARITABLE<br>ORGANIZAT    |
| NATIONAL RIGHT TO WORK LEGAL<br>DEFENSE FOUNDATION<br>8001 BRADDOCK ROAD SPRINGFIELD,<br>VA 22160 | CHARITABLE<br>CONTRIBUTIONS | QUALIFIED 400.<br>CHARITABLE<br>ORGANIZAT   |
| BARNWELL VOLUNTEER FIRE DEPARTMENT 13319 CO. RD. 13 POINT CLEAR, AL 36564                         | CHARITABLE<br>CONTRIBUTIONS | QUALIFIED 25.<br>CHARITABLE<br>ORGANIZAT    |
| HILLSDALE COLLEGE<br>33 EAST COLLEGE STREET<br>HILLSDALE, MI 49242                                | CHARITABLE<br>CONTRIBUTIONS | QUALIFIED 2,000.<br>CHARITABLE<br>ORGANIZAT |
| HERITAGE FOUNDATION 214 MASSACHUSETTS AVE NE WASHINGTON, DC 20002                                 | CHARITABLE<br>CONTRIBUTIONS | QUALIFIED 600.<br>CHARITABLE<br>ORGANIZAT   |
| ST. LAWRENCE CATHOLIC CHURCH 370 SOUTH SECTION STREET FAIRHOPE, AL 36532                          | CHARITABLE<br>CONTRIBUTIONS | QUALIFIED 1,100.<br>CHARITABLE<br>ORGANIZAT |
| DOCTORS WITHOUT BORDERS<br>333 SEVENTH AVENUE NEW YORK, NY<br>10001                               | CHARITABLE<br>CONTRIBUTIONS | QUALIFIED 200.<br>CHARITABLE<br>ORGANIZAT   |

CHARITABLE

CHARITABLE

CONTRIBUTIONS

10.

CONTRIBUTIONS

ECUMENICAL MINISTRIES

AL 36532

564 FAIRHOPE AVENUE FAIRHOPE,

VIRGINIA POLYTECHNIC INSTITUTE

333 SQUIRES STUDENT CENTER

BLACKSBURG, VA 24061

QUALIFIED

CHARITABLE

QUALIFIED

CHARITABLE

ORGANIZAT

ORGANIZAT

100.

2,000.

| AMES FAMILY FOUNDATION                                       |                             | 33                                   | -1011426 |
|--|-----------------------------|--------------------------------------|----------|
| BERRY COLLEGE 2277 MARTHA BERRY HWY NW MOUNT BERRY, GA 30149 | CHARITABLE<br>CONTRIBUTIONS | QUALIFIED<br>CHARITABLE<br>ORGANIZAT | 2,000.   |
| LITTLE SISTERS OF THE POOR                                   |                             | QUALIFIED                            | 100.     |

CHARITABLE

CONTRIBUTIONS

COVENANT HOUSE QUALIFIED 50.
2488 LAKEWOOD AVENUE ATLANTA, CHARITABLE CHARITABLE
GA 30315 CONTRIBUTIONS ORGANIZAT

TOTAL TO FORM 990-PF, PART XV, LINE 3A

140 SHEPHERD LANE TOTOWA, NJ

07512

10,000.

CHARITABLE

ORGANIZAT