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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 separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

calen	dar year 2015 or tax year beginning		, and ending		
				A Employer identification	n number
ME	S FAMILY FOUNDATION			33-1011426	5
nber a	nd street (or P.O. box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
				251-476-76	85
	· · · · · · · · · · · · · · · · · · ·	ostal code		C If exemption application is p	pending, check here
				-	
heck	· · · · · · · -		rmer public charity	D 1. Foreign organization	s, check here
				2. Foreign organizations m	eeting the 85% test,
hools				7	
_		• •	tion		
				٦ ' ' '	
	· 1 ——-				
			asis.)		//-//
ırt I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	16,000.		N/A	
2	Check If the foundation is not required to attach Sch B			ļ	ļ
3		1.	1	•	STATEMENT 1
4	•			 	<u> </u>
	·····				
- ا	· · · · · · · · · · · · · · · · · · ·			 	
ba b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)		0	•	
8	Net short-term capital gain			<u> </u>	
9	Income modifications			 	
10a	and allowances		-	<u> </u>	ļ
i .					ļ
Ι.				 	
1		15 001		 	
_					0.
1	•		<u>U</u>	'	
	•			VED	
	I enal fees		RECH	VED	
			Int	C	
C			1 IIN 20	Knio (a)	
17	Interest		1 301 -	Ľ.	
18	Taxes		LOOPE	TIT	
19	Depreciation and depletion	ļ	1 UGIJE	Value Value	
20	Occupancy			 	ļ
21		ļ	·	 	
22					
23	•••	253.	0	•	0.
24	•	252	^		
	-			•	0.
25		4,350.			4,350.
26	*	1 603	Λ		4,350.
27		4,003.	0	•	4,330.
l		11 398			
ľ	•	11,3300	1		
1			_	N/A	
	ME	y or town, state or province, country, and ZIP or foreign properties. y or town, state or province, country, and ZIP or foreign properties. Check all that apply:	me of foundation MES FAMILY FOUNDATION move and street (or P.O. box number if mail is not delivered to street address) 2. O. BOX 137 yor town, state or province, country, and ZIP or foreign postal code OINT CIEAR, AL 36564 Theck all that apply:	MES FAMILY FOUNDATION There wind street for P.O. box number if mail is not delivered to effect address) P.O. BOX 137 P.O. BOX 137 OINT CLEAR, AL 36564 Check all that apply: Initial return Amended	MES FAMILY FOUNDATION 33-1011426 34-1011426 33-1011426 34-101

LHA For Paperwork Reduction Act Notice, see instructions.

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Form **990-PF** (2015)

33-1011426

Form 990-PF (2015)

AMES FAMILY FOUNDATION

523521 11-24-15

			000 in			Page 4
_	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	ю -	<u> </u>	Stru	Clioi	15)
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigs \) and enter "N/A" on line 1.	- 1				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1				<u> 0 </u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	ı				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:					
	2015 estimated tax payments and 2014 overpayment credited to 2015					
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868)					
	Design with helding arrange with held	1				
		_				0
	Total credits and payments. Add lines 6a through 6d	7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
		10				
		11				
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		į		Yes	No
	any political campaign?		[1a_		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1	1b		_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	or				
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?		1	1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	•	ı			
_	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$ 0 .		ļ	ı		
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		1			
	managers. > \$ 0.		- 1			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		l	_		v
2	· · · · · · · · · · · · · · · · · · ·	•	· }	_2		<u>X</u>
_	If "Yes," attach a detailed description of the activities.		-			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		[
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			_3_		_ <u>X</u> _
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		}	4a		_X_
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/	Ά	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			_5_		X
	If "Yes," attach the statement required by General Instruction T.]			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ŀ			
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state la	W	-			
	remain in the governing instrument?		Ì	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		· [7	X	
	,		Ī			
82	Enter the states to which the foundation reports or with which it is registered (see instructions) NONE		ļ	-		
, u						
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		一		•	
U	of each state as required by General Instruction G? If "No," attach explanation		{	8b	Х	Ì
•		 ar	ł	911		
y	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calend	aı		_		·
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV		. }	9	Х	<u> </u>
U	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10 000		(0045)
			rorr	11 33(ハイド	(2015)

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P8	int VII-A Statements Regarding Activities (continued)			
	•		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12	1	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ LAWRENCE & LAWRENCE, PC Telephone no. ▶ 251-47	6-7	685	
	Located at ► 316 BEL AIR BLVD., MOBILE, AL ZIP+4 ► 36			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		_	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L.—		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1.	During the year did the foundation (either directly or indirectly):		.03	140
ıa				
		<u>'</u>		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	i '		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	Ì '		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	1		
	ıf the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.) Yes 🗶 No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	_1b		
	Organizations relying on a current notice regarding disaster assistance check here	l		
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2015?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2015?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	_==		
•	>			
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
Ju	during the upper	ļ		
h	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after			
U	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose]		
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	1		
	Form 4720, to determine if the foundation had excess business holdings in 2015.) N/A	a.		
4-		3b	$\vdash \dashv$	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	\vdash	<u> </u>
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	,,,		v
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b_		X

Dort VII P Statements Degrading Activities for Which F	'avec 4700 Mary Da F		<u> 33-10114</u>	:40	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be F	Requirea (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	• "		s X No		
(2) Influence the outcome of any specific public election (see section 4955); o					
any voter registration drive?		<u></u> Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	1	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			1	
4945(d)(4)(A)? (see instructions)		Y€	s X No	- 1	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	for			
the prevention of cruelty to children or animals?		☐ Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc		in Regulations	1	1	
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?	-	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h			▶□□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?		. —	s No	ļ	
If "Yes," attach the statement required by Regulations section 53.4945				- [1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •		ľ		
		[s Y Ma		
a personal benefit contract?	arcanal hanofit anni-ratio	/L Y6	ו מאו במים פי	Ch	•
• • • • • • • • • • • • • • • • • • • •	ersonal denetit contract?		· · · · -	6b	X_
If "Yes" to 6b, file Form 8870.	halia da arang A	,	(12)		
7a At any time during the tax year, was the foundation a party to a prohibited tax s			s X No		
b If Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Truston Paid Employees, and Contractors	ees, Foundation Ma	ınagers, Highly	/		
List all officers, directors, trustees, foundation managers and their	 	1	(-No ::::::::::::::::::::::::::::::::::::		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense ount, other
(a) Name and address	to position	(If not paid, enter -0-)	and deterred compensation	all	owances
CLINTON G. AMES, JR.	TRUSTEE				
P.O. BOX 137				1	
POINT CLEAR, AL 36564	0.00	0.	Ο.		0.
,				+-	
				i	
				1	
		 		 	
		1			
				1	
Compensation of five highest-paid employees (other than those inc	luded on line 4) If name	enter IMONE II	l		
Compensation of live highest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	T (2)	Evnanca
(a) Name and address of each employee paid more than \$50,000	` 'hours per week '	(c) Compensation	employee benefit plans and deferred	acco	Expense ount, other
	devoted to position	ļ., .	compensation	all	owances
NONE				İ	
	······································				
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				1	
Tatal number of other employees paid over \$50,000	L	<u> </u>			

Form 990-PF (2015) AMES FAMILY FOUNDATION	33-1	011426 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(b) Type of Service	(c) compensation
— 1.4	<u></u>	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
<u></u>	Ainel information and a state	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc.	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 on	lines 1 and 2	Amount
1 N/A		711100111
2		
All other program-related investments. See instructions.		
3		

Tatal Add lines 1 through 2		
Total. Add lines 1 through 3	, , , , , , , , , , , , , , , , , ,	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
8	Average monthly fair market value of securities	1a	O.
b	Average of monthly cash balances	1b	10,232.
C	Fair market value of all other assets	1c	
d		1d	10,232.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	10,232.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	153.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,079.
6	Minimum investment return. Enter 5% of line 5	6	504.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	į	
1	Minimum investment return from Part X, line 6	1	504.
2a			
b	Income tax for 2015. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	504.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	504.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	504.
P	art XII Qualifying Distributions (see instructions)	 /	304.
-	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	4,350.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	4,350.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		-,,
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,350.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for the	
	4940(e) reduction of tax in those years.		

Form **990-PF** (2015)

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				
line 7	İ			504.
2 Undistributed income, If any, as of the end of 2015:				
a Enter amount for 2014 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 9,717.				•
b From 2011 3,035.	j			
c From 2012 7,521.				
d From 2013 3,430.				
e From 2014 3,565.	1			
f Total of lines 3a through e	27,268.			
4 Qualifying distributions for 2015 from				
Part XII, line 4: ►\$ 4,350.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior				<u> </u>
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				504.
``	3,846.		- <u>-</u>	304.
e Remaining amount distributed out of corpus	3,848.			0.
5 Excess distributions carryover applied to 2015 (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:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	31,114.			
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 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
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)	0.			
8 Excess distributions carryover from 2010				
and another on the Fig. 7	9,717.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	21,397.			
	22,001.	1		
10 Analysis of line 9: a Excess from 20113, 035.			1	1
b Excess from 2012 7,521.				
c Excess from 2013 3, 430.				'
[
e Excess from 2015 3,846.				<u> </u>

3 Grants and Contributions Paid During the		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or capataman committee	100,000		
RC-BC, INC.		QUALIFIED	CHARITABLE	
P.O. BOX 400		CHARITABLE	CONTRIBUTIONS	
OXELY, AL 36551		ORGANIZAT		200
BARC		QUALIFIED	CHARITABLE	
306 MAGNOLIA AVENUE		CHARITABLE	CONTRIBUTIONS	
FAIRHOPE, AL 36532		ORGANIZAT		20
BOYS TOWN		QUALIFIED	CHARITABLE	
14100 CRAWFORD ST.		CHARITABLE	CONTRIBUTION	
BOYS TOWN NE 68010		ORGANIZAT		40
CATHOLIC RELIEF SERVICES		QUALIFIED	CHARITABLE	
228 W. LEXINGTON ST.		CHARITABLE	CONTRIBUTIONS	
BALTIMORE, MD 21201		ORGANIZAT		40
COVENANT HOUSE		QUALIFIED	CHARITABLE	
2488 LAKEWOOD AVENUE		CHARITABLE	CONTRIBUTIONS	
ATLANTA GA 30315	<u> </u>	ORGANIZAT		20
Total SEE CO b Approved for future payment	NTINUATION SHE	ET(S)	▶ 3a	4,35
NONE				
	ļ			

Part XVI-A Analysis of Income-Producing Activities

The setting is a set of the set of	Unrelated	business income	Evalu	ded by section 512, 513, or 514	r
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	711100711	code	Aillouit	Turicuon riconie
<u>a</u>	 		-		
b					
e			 		
1					
g Fees and contracts from government agencies					
Membership dues and assessments			ļ — —		
3 Interest on savings and temporary cash		·····			
investments	1		14	1.	
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	1				
than inventory					
9 Net income or (loss) from special events		··········			
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:	1				
a	<u> </u>				
b	-		<u> </u>		
C	 				
d			<u> </u>		
e			<u> </u>		
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0.		1.	
				13 <u> </u>	1.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o the Acco	mplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which income	me is renorted in	column (e) of Part XVI-A	contrib	uted importantly to the accor	nnlichment of
the foundation's exempt purposes (other than			COMM	died importantly to the accor	nphannent of
	<u> </u>				
					
					
					·
					
	<u>. </u>				
					
					
				· · · - · - · - · · · · · · · ·	
				 	_ -
· ·					

	Exempt O	rganizations				•			
1 Did	the organization directly of	or indirectly engage in any	of the followin	g with any other organization	on described in secti	on 501(c) of		Yes	No
				7, relating to political organ			1		
		foundation to a noncharita		- · · · -					
	Cash		•				1a(1)	1 1	_x_
	Other assets			•	•		1a(2)		X
	er transactions:	•				•	10,27		
		charitable exempt organiza	ition				1b(1)	1 1	_x_
		n a noncharitable exempt		•			1b(2)		X
	Rental of facilities, equip	· ·	organization		•		_		X
	Reimbursement arrange		•		•	•	1b(3)		X
	Loans or loan guarantee			• • • •	••	• •	1b(4)		X
٠,	_	or membership or fundra	icina colicutatio	· ne	•	•	1b(5)		
		nt, mailing lists, other ass	=	•	•	•	1b(6)		X
	•			ployees dule. Column (b) should alv		Parkat value of the anada a	1c_		
				ed less than fair market valu				5615,	
		oods, other assets, or ser		eu 1655 tilali iali tilalket valt	ie iii aliy tialisactioli	or snaring arrangement, si	IOW III		
a) Line n				exempt organization	(d) Description	of transfers, transactions, and s	harina ai		
	(0)//	(0) (10.110-0		oxompt organization	(a) Description	or transfers, transactions, and s	italing a	1211Geille	
	 		N/A						
	 								
									
	 -								
									
	 -								
						· · · · · · · · · · · · · · · · · · ·			
_									
									
				 _					
	_								
									
	<u> </u>								
2a Ist	he foundation directly or i	ndırectly affılıated wıth, or	related to, one	or more tax-exempt organi	zations described		_	_	_
	· ·	(other than section 501(c	:)(3)) or in sect	ion 527?			Yes	X	No
	es," complete the following								
	(a) Name			(b) Type of organization	(c) Description of relationsh	ip		
	N	/A							
		·				····			
				g accompanying schedules and			the IRS	discuss t	this
Sign Here	and belief, it is true, correct,	and complete Declaration of p	reparer (otner tha	n taxpayer) is based on all inform	nation of which preparer	nas any knowledge.	n with th	e prepar	er i
Here	$\triangleright^{x} \cup \mathcal{D}$.	urnes		6-15-16	TRUSTE		Yes		Ìνο
	Signature of officer or t	trustee		Date	Title				
	Print/Type prepar	er's name	Preparer's s	ignature	Date	Check If PTIN			
	GEORGE '	V. DAVIS,	14	U) an		self- employed			
Paid	CPA	•	Pace.	/ WY CAA	5-5-16	P00	164	315	
Prepa		LAWRENCE & A	AWRENC	E, PC	·	Firm's EIN ► 63-06			
Use (· · · ·	, = =				- •	
	`	P.O. BOX 16	50387		 	 			
		MOBILE, AL		1387		Phone no. (251)	476	-76	85
				_ · · ·			rm 99		
						FU	55	-	(2107)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

2015

AMES_FAMILY FOUNDATION 33-1011426 Organization type (check one): Section: Filers of: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 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 X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 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 its Form 990-PF, Part I, line 2, 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) (2015)

Name of organization

Employer identification number

AMES FAMILY FOUNDATION

33-1011426

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CLINTON G. AMES, JR. P.O. BOX 137 POINT CLEAR, AL 36564	\$16,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

AMES FAMILY FOUNDATION

33-1011426

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given		
		\ \$	
(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
		\$	990, 990-EZ, or 990-PF) (2

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 4 Employer identification number Name of organization 33-1011426 FAMILY FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part i (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift

Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

Part XV Supplementary Information	LY FOUNDATION			11426
3 Grants and Contributions Paid During the Year	r (Continuation)			
. Recipient	If recipient is an individual,	F	5 , .	
Name and address /home or husiness)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient	 	
DOCTORS WITHOUT BORDERS		OUALIFIED	CHARITABLE	
		CHARITABLE	CONTRIBUTIONS	
NEW YORK, NY 10001		ORGANIZAT	CONTRIBUTIONS	20
PATOUODE VOLIMITEER EIDE DEDARTMENT		OUALIFIED	CHARITABLE	
		CHARITABLE	CONTRIBUTIONS	
PAIRHOPE, AL 35635		ORGANIZAT	CONTRIBUTIONS	20
		,		
HABITAT FOR HUMANITY		QUALIFIED	CHARITABLE	
121 HABITAT ST		CHARITABLE	CONTRIBUTIONS	
MERICUS, GA 31709		ORGANIZAT		30
LITTLE SISTERS OF THE POOR		QUALIFIED	CHARITABLE	
40 SHEPHERD LANE		CHARITABLE	CONTRIBUTIONS	
FOTOWA, NJ 07512		ORGANIZAT		20
NATIONAL RIGHT TO WORK LEGAL DEFENSE		QUALIFIED		
FOUNDATION		CHARITABLE	CHARITABLE	
SPRINGFIELD, VA 22160		ORGANIZAT	CONTRIBUTIONS	2.0
REAGAN RANCH		QUALIFIED	CHARITABLE	
217 STATE STREET		CHARITABLE	CONTRIBUTIONS	
SANTA BARBARA, CA 93101		ORGANIZAT	-	10
T. BERNARD ELEMENTARY/MIDDLE SCHOOL		QUALIFIED	CHARITABLE	
150 WEST WASHINGTON STREET		CHARITABLE	CONTRIBUTIONS	
Name and address (home or business) CTORS WITHOUT BORDERS 3 SEVENTH AVENUE, 2ND FLOOR W YORK, NY 10001 IRHOPE VOLUNTEER FIRE DEPARTMENT 8 SOUTH INGLESIDE IRHOPE, AL 35635 BITAT FOR HUMANITY 1 HABITAT ST ERICUS, GA 31709 TTLE SISTERS OF THE POOR 0 SHEPHERD LANE TOWA, NJ 07512 TIONAL RIGHT TO WORK LEGAL DEFENSE UNDATION 01 BRADDOCK ROAD RINGFIELD, VA 22160 AGAN RANCH 7 STATE STREET NTA BARBARA, CA 93101 . BERNARD ELEMENTARY/MIDDLE SCHOOL 0 WEST WASHINGTON STREET ADFORD, PA 16701 . JUDE CHILDRENS RESEARCH HOSPITAL O, BOX 50 MPHIS, TN 38101 . LABRE INDIAN SCHOOL 00 TONGUE RIVER RD		ORGANIZAT		25
יא		DIIAI.TETED	CUADIMADIS	
		QUALIFIED CHARITABLE	CHARITABLE CONTRIBUTIONS	
		ORGANIZAT	CONTRIBUTIONS	20
		OROMIDIT		
T. LABRE INDIAN SCHOOL		QUALIFIED	CHARITABLE	
.000 TONGUE RIVER RD		CHARITABLE	CONTRIBUTIONS	
ASHLAND, MT 59004	·	ORGANIZAT		20
THE HERITAGE FOUNDATION		QUALIFIED	CHARITABLE	
214 MASSACHUSETTS AVE NE		CHARITABLE	CONTRIBUTION	
WASHINGTON, DC 20002		ORGANIZAT		3.0
Total from continuation sheets				2.9

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Amount Name and address (home or business) THE LIGHTHOUSE QUALIFIED CHARITABLE P.O. BOX 531 CHARITABLE CONTRIBUTIONS ROBERTSDALE, AL 36567 ORGANIZAT 200. THE SALVATION ARMY QUALIFIED CHARITABLE 1424 NORTHEAST EXPRESSWAY CONTRIBUTIONS CHARITABLE ATLANTA GA 30329-2088 ORGANIZAT 400. THOMAS HOSPITAL FOUNDATION QUALIFIED CHARITABLE 750 MORPHY AVE CHARITABLE CONTRIBUTIONS FAIRHOPE, AL 36532 ORGANIZAT 200. Total from continuation sheets

FORM	9,90-PF	INTEREST	ON SAV	INGS	AND TEM	PORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE INTEREST INCOME TOTAL TO PART I, LINE 3				(A) REVENUE PER BOOKS 1.		(B) NET INVESTMENT INCOME		(C) ADJUSTED NET INCOME		
							1.			
			=			1. 1.				
FORM 990-PF				OTHER EXPENSES					STATEMENT	2
DESC	RIPTION				(A) ENSES BOOKS	NET II MENT I				
	FEES ELLANEOU	s			54. 199.					0.
		PF, PG 1,			253.	. 0.			0.	