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. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

_	or c	alen	dar year 2017 or tax year beginning		, and ending		
-	Nan	ne of	foundation			A Employer identification	number
_			Ames Automotive Founda			81-2918611	<del></del>
			nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
			Box 159			603-876-47	16
			wn, state or province, country, and ZIP or foreign po	ostal code		C If exemption application is po	ending, check here
			lborough, NH 03455				
(	3 CI	heck	all that apply: Initial return	F	rmer public charity	D 1. Foreign organizations	, check here
			Final return	Amended return		Foreign organizations me check here and attach co	eting the 85% test,
-	. 0	<u> </u>	type of organization: X Section 501(c)(3) ex	Name change			
(	1 0	•		Other taxable private founda		E If private foundation statument under section 507(b)(1)	
	Fai		rket value of all assets at end of year J Accounting				
ל '			·	her (specify)	7,00,00	F If the foundation is in a 6 under section 507(b)(1)	
2	<b>\</b>		15,834,219 • (Part I, colum	nn (d) must be on cash basis	S.)	5.1001 0001011 001 (B)(1)	(2), 0110011 11010
	Pa	_	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
			necessarily equal the amounts in column (a)	expenses per books	ıncome	income	(cash basis only)
	- [	1	Contributions, gifts, grants, etc., received	14,707,243.		*	
		2	Check fithe foundation is not required to attach Sch. B. Interest on savings and temporary	-,, -,	· .	,	· · · · · ·
	Í	3.	cash investments	23.	23.	23.	Statement 1
		4	Dividends and interest from securities			<del></del>	* * · · · ·
	Ì		Gross rents				
	ł	_	Net rental income or (loss)				*
	e n	oa h	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all		·	DECEIVED	
	Revenue	7	assets on line 6a  Capital gain net income (from Part IV, line 2)	.,	0 .0	REUCIY	
	8	8	Net short-term capital gain			1 @ 20 Qt.	51 :
		9	Income modifications			MAY 1 0 2010	3
	Ì	10a	Gross sales less returns and allowances				~= <u> </u>
	- 1		Less Cost of goods sold			OGDEN, UI	
S)		C	Gross profit or (loss)				4.4
		11	Other income				
2	_	12_	Total Add lines 1 through 11	14,707,266.	23.	23.	
SCANNED		13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
	ļ	14	Other employee salaries and wages				
<u>_</u>	S		Pension plans, employee benefits Legal fees Stmt 2	35,434.	0.	0.	35,434.
$\vdash$	Sus		Accounting fees Stmt 3	476.	ŏ.	. 0.	476.
JUL 1 2	Expense		Other professional fees Stmt 4	150.	0.	0.	150.
B	Ve		Interest				
2018	Administrative	18	Taxes				
	ist	19	Depreciation and depletion	34,799.	0.	0.	
	ij	20	Occupancy	7,468.	0.	0.	7,498.
		21	Travel, conferences, and meetings	904.	<u>0.</u>	0.	904.
	anc	22	Printing and publications				20-21
	ing	23	Other expenses Stmt 5	39,357.	23.	23.	39,334.
	Operating and	24	Total operating and administrative	110 500	23.	22	02 706
	å	0.5	expenses. Add lines 13 through 23	118,588.	43.	23.	83,796.
	-	25 26	Contributions, gifts, grants paid  Total expenses and disbursements.	0.	· · · · · · · · · · · · · · · · · · ·		
		20	Add lines 24 and 25	118,588.	23.	23.	83,796.
		27	Subtract line 26 from line 12:	110,300.			33,730.
			Excess of revenue over expenses and disbursements	14,588,678.			
		l	Net investment income (if negative, enter -0-)		0.		
		C	Adjusted net income (if negative, enter -0-)			0.	

	Ames	Automotive	<u>Found</u>	ation			8	<u>1-291</u>	8611	Page_ <b>3</b>
<del></del>		sses for Tax on In			(h) []a	and and and				
		of property sold (for exan or common stock, 200 shs		te, 	D - 1	w acquired Purchase Donation	(c) Date a (mo., da		( <b>d)</b> Date (mo., da	
1a										
b NC	NE				-					
<u>c</u> d		<del></del>			<del> </del>					
е					-		<u>.</u>			
(e) Gross sales price	(f) D	epreciation allowed		t or other basis	·			ain or (loss)		
(c) al oco dalco prico	<u> </u>	(or allowable)	plus e	xpense of sale			((e) plus	(f) minus (	(g))	
<u>a</u>	ļ									
<u>b</u>	<del> </del>	<del></del>	<u>_</u>							
d	<del>                                     </del>			<del></del>	-					<del></del>
e										
Complete only for assets shown	ng gain in c	olumn (h) and owned by t	he foundation	on 12/31/69.			(I) Gains (C			_
(i) FMV as of 12/31/69		) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any			ol. (k), but n Losses	ot less that (from col. (	h)) h))	
<u>a</u>	<del> </del>						<del></del>			
<u>b</u> c	···									
d										
е										
2 Capital gain net income or (net c	apıtal loss)	If gain, also enter If (loss), enter -0-	ın Part I, line ın Part I, line	7 7	}	2				
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8,			d (6):							
If (loss), enter -0- in Part I, line 8				- N.	_∐_	3				<u></u>
		ection 4940(e) for					come			
(For optional use by domestic privat	e foundatio	ns subject to the section 4	1940(a) tax on	net investment in	icome.)					
If section 4940(d)(2) applies, leave t	this part b <u>l</u> a	nk.								
Was the foundation liable for the sec	ction 4942 t	ax on the distributable am	ount of any ye	ear in the base pei	rıod?				Yes	X No
If "Yes," the foundation doesn't qual										
1 Enter the appropriate amount in (a)	each colun		istructions be	fore making any e			<del></del>	<del></del>	(d)	
Base period years Calendar year (or tax year beginn	(מו מחו	(b) Adjusted qualifying dist	tributions	Net value of no	(c) oncharita	able-use asse	ts	Distrit	(d) oution ratio rided by col.	(c))
2016			9,393.			12,69		(00.11 (2) 0.11		40072
2015										
2014		<del></del>								
2013 2012										
2012										
2 Total of line 1, column (d)							2		.7	40072
3 Average distribution ratio for the	-	·	on line 2 by 5.	O, or by the numb	er of ye	ars		- · -		
the foundation has been in existe	ence if less	than 5 years					3			40072
4 Enter the net value of noncharita	ble-use ass	ets for 2017 from Part X, I	line 5				4		222	<u>,580.</u>
5 Multiply line 4 by line 3							5		164	<u>,725.</u>
6 Enter 1% of net investment inco	me (1% of	Part I, line 27b)					6			0.
7 Add lines 5 and 6							7		164	,725.
8 Enter qualifying distributions fro			1h and	alata that no=+	ng o 40/	tou rata	8		83	,796.
If line 8 is equal to or greater tha See the Part VI instructions.			io, and comp	JIELE LIIAL PAIL USIF	ıya I%	.ax i ale.				

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948	- see	instru	ctior	1S)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				* * **	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here  and enter 1%	1	<u> </u>			0.
	of Part I, line 27b	ĺ	İ			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			_		_
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.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	L			0.
6	Credits/Payments:	ł	ľ			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 0.					
b	Exempt foreign organizations - tax withheld at source 6b 0.	l	ł			
C	Tax paid with application for extension of time to file (Form 8868)  6c  0.					
d	Backup withholding erroneously withheld 0.					
7	Total credits and payments. Add lines 6a through 6d	7		<u>,,</u>		0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	ļ			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	ļ			
	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ Refunded ▶	11	<u> </u>			
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	ın			Yes	
	any political campaign?			1a		_X_
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the define	nition		1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			/		*
	distributed by the foundation in connection with the activities.					*
	Did the foundation file Form 1120-POL for this year?			1c		_X_
ď	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					i
	(1) On the foundation. $\blacktriangleright$ \$ 0. (2) On foundation managers. $\blacktriangleright$ \$ 0.	-				i
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			1		,
	managers. ► \$O.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.					, ,
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_	- / -	4a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	1	I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5_		<u>X</u>
•	If "Yes," attach the statement required by General Instruction T.					
ь	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					į
	By language in the governing instrument, or  Provided the desirable of the control of the c					(
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the second of the	e Iaw		]	77	~
_	remain in the governing instrument?			6	X	
1	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	
۰.	Enter the states to which the foundation reports or with which it is requisitored. See instructions					İ
Вa	Enter the states to which the foundation reports or with which it is registered. See instructions.					
L	NH  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			1		
0	of each state as required by General Instruction G? If "No," attach explanation			O.L	X	
۵	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	ender		8b	<u> </u>	<u> </u>
J	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	unuai		9	X	
10		tmt	: 8	10	X	
	g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and g and			orm <b>99</b> 0		(2017)

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.

Yes X No

N/A

Form 4720, to determine if the foundation had excess business holdings in 2017.)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?

b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved 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,

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3b

4a

during the year?

Form 990-PF (2017) The Ames Automotive Four Part VII-B   Statements Regarding Activities for Which	dation		81-2918	511	Page 6
	FUTITI 4720 IVIAY DE	nequired (continu	Jea)	Yes	No
5a During the year, did the foundation pay or incur any amount to:	m 4045(-\\Q		s X No	163	140
<ul> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section).</li> <li>(2) Influence the outcome of any specific public election (see section 4955);</li> </ul>			ا ۱۸۵ کما ۱۶		
any voter registration drive?	or to carry on, directly or mail		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose:	-2		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization			S LALINO		
4945(d)(4)(A)? See instructions	an described in Section		s X No	j	
(5) Provide for any purpose other than religious, charitable, scientific, literary	or adjugational nurnosas, or		3 22 10		1
the prevention of cruelty to children or animals?	, or educational purposes, or		s X No		Ì
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	ider the exceptions described		3 (22) 110		
section 53.4945 or in a current notice regarding disaster assistance? See inst		in riegulations	N/A	5b	1
Organizations relying on a current notice regarding disaster assistance, check					<del> </del>
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ained			
expenditure responsibility for the grant?		_ ,	s 🔲 No		Ì
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	•	N/A 16	3 []		1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav promiume on				
a personal benefit contract?	pay premiums on		s X No		1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	norconal honofit contract?	T6	s La NU	 6b	x
If "Yes" to 6b, file Form 8870.	personal benefit contracts		H	-00	<del>  ^</del>
7a At any time during the tax year, was the foundation a party to a prohibited tax	chalter transaction?	□ v <sub>*</sub>	s X No	-	,
b. If "Yes," did the foundation receive any proceeds or have any net income attrib		L 16	N/A	7b	<del> </del>
Part VIII Information About Officers, Directors, Trust		anagere Highly		70	<del></del>
Paid Employees, and Contractors	ices, i cuitation in	anagers, riigini	,		
1 List all officers, directors, trustees, and foundation managers and	their compensation.				<del></del>
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Ex	pense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	accoun	t, other ances
	to position	citet oj	compensation		
				1	
See Statement 9	1	0.	0	.	0.
Dec Beacomone 9				<u> </u>	
	1				
	<u> </u>	·			
				<del>                                     </del>	
	1				
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none	, enter "NONE."			
( ) Name and address of such ampleton and mare than \$50,000	(b) Title, and average	( ) ( )	(d) Contributions to employee benefit plans	(e) Ex	pense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	accoun allowa	ances
NONE				†	
	1				
	1				
	<del> </del>				
	1				
		<del> </del>		<del> </del>	
	1				
	<del>                                     </del>	<u> </u>			
	1				
Total number of other employees paid over \$50,000	<u> </u>	<u> </u>	•	<u> </u>	
			For	n <b>990-PF</b>	

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ındatıons, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	T . T	
а		1a	188,892.
	Average of monthly cash balances	1b	37,078.
C	Fair market value of all other assets	1c	<u> </u>
d	Total (add lines 1a, b, and c)	1d	225,970.
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	1 2	0.
3	Subtract line 2 from line 1d	3	225,970.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,390.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	222,580.
6	Minimum investment return. Enter 5% of line 5	6	11,129.
P	art XI Distributable Amount (see instructions) (Section 4942(i)(3) and (j)(5) private operating foundations a foreign organizations, check here ► X and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)	]	
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	-5-	
6	Deduction from-distributable amount (see instructions)	6	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		- 1 10 1
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	83,796.
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:		
а	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	83,796.
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	83,796.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for th	ie section
	4940(e) reduction of tax in those years.		

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3 Grants and Contributions Paid During the	Year or Approved for Future F	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
None				
		!		
Total		<u></u>	<b>▶</b> 3a	
b Approved for future payment				0_
,,				
None				
Total			<b>▶</b> 3b	_ 0 ,
				orm <b>990-PF</b> (2017

### Part XVI-A **Analysis of Income-Producing Activities**

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Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income	Excluded I	oy section 512, 513, or 514	(0)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code		code	741104111	Tanetion modific
a					
b	L I		+		<del></del>
<u> </u>	1		+	,	<del></del>
d	-		+		<del></del>
e	-				<del> </del>
f			┼		<del></del>
g Fees and contracts from government agencies					
2 Membership dues and assessments	<b></b>		4		<del> </del>
3 Interest on savings and temporary cash					
investments					23.
4 Dividends and interest from securities	ļ.,				
5 Net rental income or (loss) from real estate:					
a Debt-financed property			1		
b Not debt-financed property					
6 Net rental income or (loss) from personal			1		
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			1 1		
9 Net income or (loss) from special events			1 1		
10 Gross profit or (loss) from sales of inventory			<del>                                     </del>		†
11 Other revenue:			1 1		<u> </u>
			. 1		
	1 1		+ + + -		<del></del>
b			<del>                                     </del>		<u> </u>
C	1 i		+ +		<del> </del>
d			<del>                                     </del>		<del></del>
40 Cubtatal Add aslumas (b) (d) and (a)	- <del>  -</del>	0	+		72
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>		•		23.
13 Total. Add line 12, columns (b), (d), and (e)				13_	23.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accon	nplishment of E	xempt P	urposes	
Line No. Explain below how each activity for which in			A contribute	d importantly to the acco	omplishment of
the foundation's exempt purposes (other that	n by providing june	s for such purposes).	<del></del>		
3 Interest income					
					·
		<del></del>			
723621 01-03-19					Form <b>990-PF</b> (2017

Part XV	Information Regarding Transfers to and Exempt Organizations	d Transactions a	nd Relationsh	ips With Noncharit	able	
4 Did the	organization directly or indirectly engage in any of the following v	with any other organization	an described in costs	on 501(a)	Ye	s No
	an section 501(c)(3) organizations) or in section 527, relating to		m described in Secui	) 1 50 I(C)	: 10	3 140
•	s from the reporting foundation to a noncharitable exempt organ	•				- [
a Transie (1) Cas	, ,	nzation of.			4-/41	- J
				F	1a(1)	<u> </u>
	er assets			-	1a(2)	<del>  ^</del>
-	insactions: is of assets to a noncharitable exempt organization				4.4	- J
` '	chases of assets from a noncharitable exempt organization				1b(1)	X_
	. •				1b(2)	X
- •	tal of facilities, equipment, or other assets nbursement arrangements				1b(3)	X X
٠,	ns or loan guarantees			T T	1b(4)	<u>X</u>
	formance of services or membership or fundraising solicitations			Ţ	1b(5)	<u>X</u>
	of facilities, equipment, mailing lists, other assets, or paid emplo			-	1b(6) 1c	$\frac{1}{X}$
-	swer to any of the above is "Yes," complete the following schedu		wavs show the fair m	L arket value of the goods, oth		
	es given by the reporting foundation. If the foundation received					
	(d) the value of the goods, other assets, or services received.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	io in any transaction	or onaring arrangement of one		
(a) Line no	(b) Amount involved (c) Name of noncharitable ex	empt organization	(d) Description	of transfers, transactions, and sha	 uring алтапде	ements
<del>``</del>	N/A					
				·		
				h		<del></del>
	<u> </u>					
		·				
		····				
				· · · · · · · · · · · · · · · · · · ·		
		·	_			
		<del> </del>				
	undation directly or indirectly affiliated with, or related to, one or	more tax-exempt organiz	zations described	Γ		
	n 501(c) (other than section 501(c)(3)) or in section 527?				Yes L	X No
b If "Yes,"	complete the following schedule.	h) Toma of annual and an		.) December of state as he		
		b) Type of organization		c) Description of relationship		
	N/A					<del></del>
				<del></del>		
				<del></del>		
Line	er penalties of perjury, I declare that I have examined this return, including a	ccompanying schedules and	statements and to the I	nest of my knowledge		
	belief, it is true, correct, and complete Declaration of preparer (other than ta			has any knowledge May th	ne IRS discu with the pre	
Here	D4 A A	1 - 44 - 1		shown	below? See	e instr
<b> </b>	anature of officer or trustee	5-10-2016 Date	Title	e L&	Yes	No
	Print/Type preparer's name Preparer's sign		Date	Check If PTIN		
		112		self- employed		
Paid	William V.A. Zorn With V	HY	3/8//8		20100	16
Prepare		rofessional	Aggeg	Firm's EIN ► 02-03	29199 25043	
Use Onl	Thin the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	TOTESSTORIGI	ABBUC.		5 J U 4 3	1
	Firm's address ▶ P.O. Box 326					
	Manchester, NH 031	05-0326		Phone no. (603)6	25-64	164
	i i i i i i i i i i i i i i i i i i i	0000				PF (2017)
				1 011	•	\_\-\'

# Schedule B

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

Department of the Treasury Internal Revenue Service

### Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization Employer identification number The Ames Automotive Foundation 81-2918611 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 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, 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 lf this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2017)

Name of organization

Employer identification number

## The Ames Automotive Foundation

81-2918611

The A	mes Automotive Foundation	81	<u>-2918611</u>
Part I	Contributors (see instructions) Use duplicate copies of Part I if a	idditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Stephen R. Ames  60 Bonney Road  Marlborough, NH 03455	\$\$,990,500.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Joan R. Ames  60 Bonney Road  Marlborough, NH 03455	\$ 4,990,500.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Stephen R. Ames  60 Bonney Road  Marlborough, NH 03455	\$\$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Joan R. Ames  60 Bonney Road  Marlborough, NH 03455	\$ 2,288,121.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Stephen R. Ames  60 Bonney Road  Marlborough, NH 03455	\$\$.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-0	Joan R. Ames  60 Bonney Road  Marlborough, NH 03455	\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2017)
		_	,=, -: : : , (-• : : )

Name of organization

Employer identification number

### The Ames Automotive Foundation

81-2918611

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Classic Automobiles		<del></del>
1		\$\$.	06/16/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	Classic Automobiles		
		\$ <u>4,990,500</u> .	06/16/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Tax Exempt NH Municipal Bonds		<del></del>
3		\$ 2,288,121.	12/28/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Tax Exempt NH Municipal Bonds		
4		\$\$,2,288,121.	12/28/17
(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
		\$	

lame of organiz	zation		Employer identification number
The Ame	s Automotive Foundati	on	81-2918611
Part III	Exclusively religious, charitable, etc., controls the year from any one contributor. Complete completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional	ributions to organizations described columns (a) through (e) and the follo s, charitable, etc., contributions of \$1,000 or al. space is needed	81-2918611 in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year (Enter this info once) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, ar		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 gif	t
	Transferee's name, address, ar	nd 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 git	t
	Transferee's name, address, a	nd 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 git	ft
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			

(a Rever	nue		(b) vestment come	(c) Adjus Net In	
	23.			Nec III	come
			23.		23.
	23.		23.		23.
Legal	Fees			Stateme	nt 2
_	Net Ir	vest-	_	Char	i) itable poses
35,434.		0.		0. 3	5,434.
35,434.		0.		0. 3	5,434
Accounti	ng Fees	<del></del>		Stateme	nt 3
	Net In	nvest-		Char	i) itable poses
476.	· <del></del>	0.		0.	476
476.		0.		0.	476
er Profes	sional	Fees		Stateme	nt ·
_	Net I	nvest-	_	l Char	d) itable poses
150.		0.		0.	150
150.		0.		0.	150
	(a) xpenses er Books 35,434. 35,434.  Accounting (a) xpenses er Books 476. 476.  er Profes (a) xpenses er Books 150.	xpenses Net Ir ment 1 35,434.  35,434.  Accounting Fees Net Ir ment 1 476.  476.  476.  er Professional  (a) (1) (1) (2) (2) (3) (1) (4) (1) (4) (1) (4) (1) (4) (1) (4) (1) (4) (1) (4) (1) (4) (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	(a) (b) xpenses Net Invest- er Books ment Income  35,434. 0.  35,434. 0.  Accounting Fees  (a) (b) xpenses Net Invest- ment Income  476. 0.  476. 0.  er Professional Fees  (a) (b) xpenses Ment Income  476. 0.  150. 0.	(a) (b) (c) Adjusted Professional Fees  (a) (b) (c) Adjusted Net Income St., 434. 0. 35,434. 0. (c) Adjusted Professional Fees  (a) (b) (c) Adjusted Net Income St., 476. 0. (c) Adjusted St., 476. 0. (c) Adjusted St., 476. 0. (c) Adjusted St., 476. 0. (c) Adjusted St., 476. 0. (c) Adjusted St., 476. 0. (d) Adjusted St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476. Net Income St., 476	(a) (b) (c) (c) (c) xpenses Net Invest- Adjusted Char: er Books ment Income Net Income Pury 35,434.    (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d

Other E	xpenses	St	tatement 5
(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
5,876.	0.	0.	5,876.
305.	0.	0.	305.
31,612.	0.	0.	31,612.
953.	0.	0.	953.
150.	0.	0.	150.
232.	0.	0.	232.
206.	0.	0.	206.
23.	23.	23.	0.
39,357.	23.	23.	39,334.
	(a) Expenses Per Books  5,876. 305. 31,612. 953. 150. 232. 206.	Expenses Per Books Ment Income  5,876. 305. 31,612. 953. 150.  232. 206.  23. 23.	(a)       (b)       (c)         Expenses       Net Invest- ment Income       Adjusted Net Income         5,876.       0.       0.         305.       0.       0.         31,612.       0.       0.         953.       0.       0.         150.       0.       0.         232.       0.       0.         206.       0.       0.         23.       23.       23.

Form 990-PF Depreciation	of Assets No	t Held for Inv	restment	Statement 6
Description	Cost or Other Basis	Accumulated Depreciation	Book Value	Fair Market Value
Building at 54 Bonney Rd, Marlborough, NH Land at 54 Bonney Rd,	1,150,000.	34,402.	1,115,598.	1,150,000.
Marlborough, NH	50,000.	0.	50,000.	50,000.
Furniture and equipment	1,764.	357.	1,407.	1,407.
Furniture and equipment	18,161.	3,026.	15,135.	15,135.
Furniture and equipment	9,160.	1,418.	7,742.	7,742.
Security system	24,331.	104.	24,227.	24,227.
Presentation art work	7,000.	233.	6,767.	6,767.
Music and light system	10,400.	520.	9,880.	9,880.
Blinds	1,250.	60.	1,190.	1,190.
Stanchions	5,033.	240.	4,793.	4,793.
Office art work	115.	0.	115.	115.
To 990-PF, Part II, ln 14	1,277,214.	40,360.	1,236,854.	1,271,256.

Form 990-PF	U.S. and Sta	ate/City Gov	ernment	Obligations	Statement	7
Description		U.S. Gov't	Other Gov't	Book Value	Fair Marke Value	t
New Hampshire Mur	nicipal Bonds		X	4,576,243.	4,533,4	07.
Total U.S. Govern	nment Obligation	ons	•			
Total State and P	Municipal Gove	rnment Oblig	ations	4,576,243.	4,533,4	07.
Total to Form 990	O-PF, Part II,	line 10a	•	4,576,243.	4,533,4	07.
Form 990-PF		Substantial rt VII-A, Li		utors	Statement	8
Name of Contribut	tor	Addres	s			
Joan Ames			— ney Roa rough,	d NH 03455		
Stephen Ames			ney Roa	d NH 03455		

	ist of Officers, Dand Foundation Mana		State	ment	9
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib		
Stephen R. Ames 60 Bonney Road marlborough, NH 03455	Trustee 15.00	0.	0.		0.
Joan R. Ames 60 Bonney Road Marlborough, NH 03455	Trustee 5.00	0.	0.		0.
Douglas J. Byam 534 NH Route 137 Harrisville, NH 03450	Trustee 10.00	0.	0.		0.
Timothy L. Stuart P.O. Box 41, 70 Clinton Rd Sterling, MA 01564	Trustee 5.00	0.	0.		0.
Susan Tonseth 106 Troy Road Marlborough, NH 03455	Trustee 5.00	0.	0.		0.
Totals included on 990-PF, Page	e 6, Part VIII	0.	0.		0.
<del></del>	art XV - Line 1a Foundation Manage	ers	State	ment	10

Name of Manager

Stephen R. Ames Joan R. Ames

# 2017 DEPRECIATION AND AMORTIZATION REPORT

Form	Form 990-PF Page 1						990-PF							•
Asset No	Description	Date Acquired	Method	Lıfe	C Line	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Building at 54 Bonney Rd, 1 Marlborough, NH	10/26/16	SL	39.00	MM1 6	1,150,000.		,	,	1,150,000.	4,915.	ı	. 787,	34,402.
	Land at 54 Bonney Rd,  Marlborough, NH	10/26/16		<del></del> -		50,000.			,	50,000.	ì		0	
	3 Furniture and equipment	08/02/16	SL	7.00	. 16	1,764.			,	1,764.	105.	,	252.	357.
	4 Furniture and equipment	10/21/16	SI.	7.00	16	18,161.		,	;	18,161.	432.		2,594.	3,026.
	5 Furniture and equipment	12/14/16	· TS	7.00	- <del> </del>	9,160.				9,160.	109.	,	1,309.	1,418.
	6 Security system	10/18/17 SL	,	39,00	16	24,331.	· · · · · · · · · · · · · · · · · · ·			24,331.			104.	104.
_	7 Presentation art work	05/12/17	IJ,	20.00	16	.000,7	,		,	7,000.	) 1 1 5	,	233.	233.
	8 Music and light system	09/20/17	SL	5.00	9; H	10,400.		*		10,400.			520.	520.
	9 Blinds	09/15/17	SL	7.00	16	1,250.				1,250.	4	,	. 60	60.
	10 Stanchions	08/31/17 SL		7.00	16	5,033.	<del></del>		·	5,033.	j		240.	240.
	11 Office art work	10/31/17 NC		000	лн	115.				115.		,	0,	,
	* Total 990-PF Pg 1 Depr				<del></del>	1,277,214.	<u> </u>			1,277,214.	5,561.	,	34,799.	40,360.
	:	``	3	,	;-					3	,			
	Current Year Activity					ý	ì	,	e e	4	•		*	,
<del></del>	Beginning balance	,		,		1,229,085.			0	1,229,085.	5,561.	,	,	39,203.
<u></u>	Acquisitions					48,129.		£	0,	48,129.	0			1,157.
	Dispositions					<b>,</b>	,	;-	0	0	0,	,	,	· .
	Ending balance					1,277,214.			0	1,277,214.	5,561.			40,360.
728111	728111 04-01-17					(D) · Asset disposed	peso		*	ITC, Salvage,	Bonus, Comn	nercial Revita	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ion, GO Zone

REPORT
IORTIZATION
ION AND AM
DEPRECIAT
2017

990	Form 990-PF Page 1						66	990-PF							
Asset No	Description	Date Acquired	Method	Lıfe	000>	Line C	Unadjusted Bosis E	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
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