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Department of the

Internal Revenue Service

Treasury

DLN: 93493321158050

2019

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	e 2019 c	alendar year, or tax year beginning 01-01-2019 , and ending 12-3	1-2019			
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return			C Name of organization The Ames Foundation			D Employer identification number	
			Doing business as		51-01616	51-0161669	
☐ Final return/terminated							
☐ Amended return ☐ Application pending			Number and street (or P.O. box if mail is not delivered to street address) PO Box 213 City or town, state or province, country, and ZIP or foreign postal code Ames, IA 50010		E Telephone i	E Telephone number	
					G Gross rossi	pts \$ 873, 1 82	
			F Name and address of principal officer:		Is this a group retu		
			· ·	П(а)	subordinates?	Th for ☐Yes ☑No	
			PO Box 213 Ames, IA 50010	Н(Ь)	Are all subordinates		
I Ta	x-exen	npt status:			included? If "No," attach a list		
J W	ebsit	e:▶ N/A			Group exemption no	•	
K For	m of or	ganization:	Corporation ☐ Trust ☐ Association ☐ Other ►	L Year o	of formation:	State of legal domicile:	
Р	art I	Sumi	mary				
	1 E	1 Briefly describe the organization's mission or most significant activities:					
e	<u>P</u>	Public Betterment-City of Ames					
ë	-						
em	-						
Governance		2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a)					
Activities & (1						
	1						
ž	1	Total number of individuals employed in calendar year 2019 (Part V, line 2a)				5 0	
Act	1		elated business revenue from Part VIII, column (C), line 12			7a 0	
	1		ated business taxable income from Form 990-T, line 39			7b	
Ravenue	+-	Ties aimei	acca sasmess accase meanic norm form 550 17 mile 55 1 1 1 1 1	Ť	Prior Year	Current Year	
	8	Contribut	ions and grants (Part VIII, line 1h)		868,01		
	1	9 Program service revenue (Part VIII, line 2g)				0	
	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-	7,06	3 17,809	
	1	1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			,	, 0	
	1		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		875,07	7 873,182	
Expenses	+		nd similar amounts paid (Part IX, column (A), lines 1–3)			0	
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)			0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)				0	
	16a	a Professional fundraising fees (Part IX, column (A), line 11e)				0	
	b	Total fundr	raising expenses (Part IX, column (D), line 25) ▶0				
	17	7 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			32,88	1,028,343	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			32,88	1,028,343	
	19	Revenue	less expenses. Subtract line 18 from line 12		842,19	1 -155,161	
Net Assets or Fund Balances				Begi	inning of Current Yea	r End of Year	
	20	Total acc	ets (Part X, line 16)		1,426,60	2 1,290,735	
	1		ilities (Part X, line 26)		1,420,00	1,290,733	
žĘ.	1		s or fund balances. Subtract line 21 from line 20		1,426,60		
	art II		ature Block		1,120,00	2,230,730	
			erjury, I declare that I have examined this return, including accompanying	schedul	es and statements,	and to the best of my	
	ledge mowle		f, it is true, correct, and complete. Declaration of preparer (other than offic	er) is ba	ased on all informati	on of which preparer has	
arry K	TIOVVIC	uge.					
Sign		*****	2020-11-16				
		Josephace	Signature of officer Date				
Here	3		INDT Treasurer r print name and title				
		17	·	ate	☐ PTI	N	
Paid Prepare Use Onl			ring 1790 proporer 3 flame Proporer 3 signature	acc	Check L if PO	1579741	
		Ser FI	Firm's name Klatt & Associates CPA PC			self-employed Firm's EIN ▶ 42-1219716	
		;; -					
USE	UII	יע F	irm's address ▶ 617 Duff / PO Box 310		Phone no. (515) 23:	2-5642	
			Ames, IA 50010				
May t	he IR	S discuss	this return with the preparer shown above? (see instructions) $\ \ . \ \ \ .$			✓ Yes □ No	