

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2015

Open to Public Inspection

For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation BAME FOUNDATION		A Employer identification number 27-4159707	
Number and street (or P O box number if mail is not delivered to street address) 900 MENDELSSOHN AVE NORTH		B Telephone number (see instructions) (877) 829-5500	
City or town, state or province, country, and ZIP or foreign postal code GOLDEN VALLEY, MN 55427		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 2,008,943		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	40,608			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	11,494	11,494		
	4 Dividends and interest from securities	21,347	21,347		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	5,551			
	b Gross sales price for all assets on line 6a 421,102				
	7 Capital gain net income (from Part IV, line 2)		5,551		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	79,000	38,392		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).	3,813	0		3,813
	b Accounting fees (attach schedule).				
	c Other professional fees (attach schedule)	38,531	0		38,531
	17 Interest	39	0		39
	18 Taxes (attach schedule) (see instructions)	237	237		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	11,194	0		0
	22 Printing and publications				
	23 Other expenses (attach schedule).	10,829	10,162		667
	24 Total operating and administrative expenses. Add lines 13 through 23	64,643	10,399		43,050
	25 Contributions, gifts, grants paid	304,265			304,265
	26 Total expenses and disbursements. Add lines 24 and 25	368,908	10,399		347,315
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-289,908			
	b Net investment income (if negative, enter -0-)		27,993		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	751,641	734,170	736,235
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	598,080	591,501	590,425
	c Investments—corporate bonds (attach schedule)	226,137	0	0
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	736,978	696,556	682,283
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	15 Other assets (describe ▶ _____)			
	16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	2,312,836	2,022,227	2,008,943
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds	0	0	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund	0	0	
	29 Retained earnings, accumulated income, endowment, or other funds	2,312,836	2,022,227	
	30 Total net assets or fund balances (see instructions)	2,312,836	2,022,227	
	31 Total liabilities and net assets/fund balances (see instructions) . .	2,312,836	2,022,227	

Part III **Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	2,312,836
2	Enter amount from Part I, line 27a	2	-289,908
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	2,022,928
5	Decreases not included in line 2 (itemize) ▶ _____	5	701
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	2,022,227

Part IV Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1 a	PUBLICLY TRADED SECURITIES			
b	CAPITAL GAINS DIVIDENDS	P		
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a 400,702		415,551	-14,849
b 20,400			20,400
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			-14,849
b			20,400
c			
d			
e			

2	Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	5,551
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	410,069	1,489,155	0 275370
2013	243,826	1,120,243	0 217655
2012	211,977	236,310	0 897029
2011	12,500	38,393	0 325580
2010			


2	Total of line 1, column (d).	2	1 715634
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 428909
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	1,138,236
5	Multiply line 4 by line 3.	5	488,200
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	280
7	Add lines 5 and 6.	7	488,480
8	Enter qualifying distributions from Part XII, line 4.	8	347,315

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See
the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)	1	560		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% 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)				
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	560		
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	560		
6	Credits/Payments	7	700		
a	2015 estimated tax payments and 2014 overpayment credited to 2015			6a	500
b	Exempt foreign organizations—tax withheld at source			6b	
c	Tax paid with application for extension of time to file (Form 8868).			6c	200
d	Backup withholding erroneously withheld			6d	
7	Total credits and payments. Add lines 6a through 6d.	7	700		
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . . . ▶	10	140		
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 140 Refunded ▶	11	0		

Part 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 any political campaign?		Yes	No
1a				No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>	1b		No
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2		No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5		No
6	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 state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MN _____			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i> 	10	Yes	

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	Yes	
14	The books are in care of ▶ JOHN POWELL Telephone no ▶ (612) 636-6472 Located at ▶ 5641 27TH AVE S MINNEAPOLIS MN ZIP+4 ▶ 55417			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b	Yes	
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		No
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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 ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 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, Form 4720, to determine if the foundation had excess business holdings in 2015).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2015?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No


(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ 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 section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ No **5b**

Organizations relying on a current notice regarding disaster assistance check here. ☐ 

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☒ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No **6b** **No**

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No **7b**


Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000.  0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services.▶0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3▶0

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	1,012,371
b	Average of monthly cash balances.	1b	143,199
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,155,570
e	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	1,155,570
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	17,334
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,138,236
6	Minimum investment return. Enter 5% of line 5.	6	56,912

Part XI Distributable Amount(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	56,912
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	560
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	560
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	56,352
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	56,352
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	56,352

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	347,315
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	347,315
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 (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	347,315

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 section 4940(e) reduction of tax in those years

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				56,352
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.				10,580
c From 2012.				200,161
d From 2013.				188,343
e From 2014.				335,643
f Total of lines 3a through e.	734,727			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ <u>347,315</u>				
a Applied to 2014, 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 2015 distributable amount.				56,352
e Remaining amount distributed out of corpus	290,963			
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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,025,690			
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 instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				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 not applied on line 5 or line 7 (see instructions). . .	0			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	1,025,690			
10 Analysis of line 9				
a Excess from 2011.				10,580
b Excess from 2012.				200,161
c Excess from 2013.				188,343
d Excess from 2014.				335,643
e Excess from 2015.				290,963

Part XIV

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b Check box to indicate whether the organization is a:

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	

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Part XV **Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)**

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			▶ 3a	304,265
b Approved for future payment				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2015)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

(1) Cash.

(2) Other assets.

- (1) Sales of assets to a noncharitable exempt organization.
- (2) Purchases of assets from a noncharitable exempt organization.
- (3) Rental of facilities, equipment, or other assets.
- (4) Reimbursement arrangements.
- (5) Loans or loan guarantees.
- (6) Performance of services or membership or fundraising solicitations.

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

[illegible]

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

_____ 2016-10-28 _____
 Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below
(see instr.)? ☒ Yes ☐ No

Print/Type preparer's name ASHLEY C REHN CPA	Preparer's Signature	Date 2016-10-28	Check if self-employed <input checked="checked" type="checkbox"/>	PTIN P00965922
Firm's name <input checked="checked" type="checkbox"/> REDPATH AND COMPANY LTD			Firm's EIN <input checked="checked" type="checkbox"/> 41-0975573	
Firm's address <input checked="checked" type="checkbox"/> 4810 WHITE BEAR PARKWAY WHITE BEAR LAKE, MN 55110			Phone no (651) 426-7000	

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
CHRISTIAN N BAME	PRESIDENT 0 00	0	0	0
900 MENDELSSOHN AVE NORTH GOLDEN VALLEY,MN 55427				
MARNA BAME	TREASURER 0 00	0	0	0
900 MENDELSSOHN AVE NORTH GOLDEN VALLEY,MN 55427				
WENDIE M BAME	SECRETARY 0 00	0	0	0
900 MENDELSSOHN AVE NORTH GOLDEN VALLEY,MN 55427				
STACEY L BAME	DIRECTOR 0 00	0	0	0
900 MENDELSSOHN AVE NORTH GOLDEN VALLEY,MN 55427				
MERRITT L GEYEN	DIRECTOR 0 00	0	0	0
900 MENDELSSOHN AVE NORTH GOLDEN VALLEY,MN 55427				
KEVIN F BAME	DIRECTOR 0 00	0	0	0
900 MENDELSSOHN AVE NORTH GOLDEN VALLEY,MN 55427				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
ALZHEIMERS'S ASSOCIATION 7900 W 78TH ST 100 MINNEAPOLIS,MN 55439	NONE	501(C)3	CHARITABLE GIFT	3,978
ANGEL FOUNDATION 1155 CENTRE POINTE DR MENDOTA HEIGHTS,MN 55120	NONE	501(C)3	CHARITABLE GIFT	23,250
ANNA MARIE'S ALLIANCE PO BOX 367 ST CLOUD,MN 56302	NONE	501(C)3	CHARITABLE GIFT	100
AUTISM SOCIETY OF MINNESOTA 2380 WYCLIFF ST ST PAUL,MN 55114	NONE	501(C)3	CHARITABLE GIFT	910
BOBBY & STEVE'S YOUTH FOUNDATION 4445 W 77TH ST 240 EDINA,MN 55435	NONE	501(C)3	CHARITABLE GIFT	5,500
BREAKAWAY INC 1911 PARK AVE S MINNEAPOLIS,MN 55404	NONE	501(C)3	CHARITABLE GIFT	30,520
BREAKTHROUGH TWIN CITIES 2051 LARPENTEUR AVE E ST PAUL,MN 55109	NONE	501(C)3	CHARITABLE GIFT	20,070
BREAST CANCER RESEARCH FUND 60 EAST 56TH ST NEW YORK,NY 10022	NONE	501(C)3	CHARITABLE GIFT	3,680
CHILDREN'S CANCER RESEARCH FUND 7301 OHMS LN 355 MINNEAPOLIS,MN 55439	NONE	501(C)3	CHARITABLE GIFT	33,380
CHRISTIANS REACH OUT IN SOCIAL SVCS 12915 WEINAND CIRCLE ROGERS,MN 55374	NONE	501(C)3	CHARITABLE GIFT	260
COLLEGE POSSIBLE 540 FAIRVIEW AVE N 201 ST PAUL,MN 55104	NONE	501(C)3	CHARITABLE GIFT	20
COMO FRIENDS 1225 ESTABROOK DR ST PAUL,MN 55103	NONE	501(C)3	CHARITABLE GIFT	5,260
CROHN'S & COLITIS FOUNDATION 733 THIRD AVE NEW YORK,NY 10017	NONE	501(C)3	CHARITABLE GIFT	130
DUCKS UNLIMITED INC ONE WATERFOWL WAY MEMPHIS,TN 38120	NONE	501(C)3	CHARITABLE GIFT	1,040
EVANGEL CHRISTIAN ACADEMY ATTN MEGHAN FISHER COON RAPIDS,MN 55433	NONE	501(C)3	CHARITABLE GIFT	300
Total ▶ 3a				304,265

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
FEED MY STARVING CHILDREN 401 93RD AVE NW COON RAPIDS,MN 55433	NONE	501(C)3	CHARITABLE GIFT	520
FOUNDATION FOR ESSENTIAL NEEDS 701 NORTH 3RD ST 203 MINNEAPOLIS,MN 55401	NONE	501(C)3	CHARITABLE GIFT	2,500
GLOBAL ACTION PO BOX 51063 COLORADO SPRINGS,CO 80949	NONE	501(C)3	CHARITABLE GIFT	2,500
HARRY SLIMMER FOUNDATION 6600 JANSEN AVE NE ALBERTVILLE,MN 55301	NONE	501(C)3	CHARITABLE GIFT	6,000
HEADWATERS RELIEF ORGANIZATION 9400 GOLDEN VALLEY RD GOLDEN VALLEY,MN 55427	NONE	501(C)3	CHARITABLE GIFT	500
HIGH SCHOOL FOR RECORDING ARTS 1166 UNIVERSITY AVE ST PAUL,MN 55104	NONE	501(C)3	CHARITABLE GIFT	5,950
HUMOR TO FIGHT THE TUMOR 8550 W BRYN MAWR AVE 550 CHICAGO,IL 60631	NONE	501(C)3	CHARITABLE GIFT	10,000
INVER HILLS COMMUNITY COLLEGE FOUNDATION 2500 EAST 80TH ST INVER GROVE HEIGHTS,MN 55076	NONE	501(C)3	CHARITABLE GIFT	5,000
JARED ALLEN'S HOMES FOR WOUNDED WARRIORS 2025 COULTER BLVD 2W CHANHASSEN,MN 55317	NONE	501(C)3	CHARITABLE GIFT	25,970
JUVENILE DIABETES RESEARCH FUND 3001 METRO DR 100 BLOOMINGTON,MN 55425	NONE	501(C)3	CHARITABLE GIFT	330
LAURENCIA'S VICTORY 12201 ARMITAGE AVE NW MONTICELLO,MN 55362	NONE	501(C)3	CHARITABLE GIFT	260
LEUKEMIA AND LYMPHOMA SOCIETY MN CHAPTER 1711 BROADWAY ST NE MINNEAPOLIS,MN 55413	NONE	501(C)3	CHARITABLE GIFT	2,500
LITCHFIELD WATERCADE PO BOX 217 LITCHFIELD,MN 55355	NONE	501(C)3	CHARITABLE GIFT	1,000
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE,VA 22172	NONE	501(C)3	CHARITABLE GIFT	130
MATTER 7005 OXFORD ST ST LOUIS PARK,MN 55426	NONE	501(C)3	CHARITABLE GIFT	5,000
Total ► 3a				304,265


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
MIDWEST ANIMAL RESCUE & SERVICES PO BOX 290073 BROOKLYN PARK,MN 55429	NONE	501(C)3	CHARITABLE GIFT	410
MINUTE MEN 30 E PLATO BLVD ST PAUL,MN 55107	NONE	501(C)3	CHARITABLE GIFT	1,000
MN LAW ENFORCEMENT MEMORIAL ASSN 4335 PHEASANT RIDGE DR NE BLAINE,MN 55449	NONE	501(C)3	CHARITABLE GIFT	120
MN OVARIAN CANCER ALLIANCE 4604 CHICAGO AVE MINNEAPOLIS,MN 55407	NONE	501(C)3	CHARITABLE GIFT	130
MONTICELLO SOCCER CLUB PO BOX 1214 MONTICELLO,MN 55362	NONE	501(C)3	CHARITABLE GIFT	4,675
MONTICELLO YOUTH HOCKEY PROGRAM 330 E 4TH ST MONTICELLO,MN 55362	NONE	501(C)3	CHARITABLE GIFT	400
MOVEMBER PO BOX 1595 CULVER CITY,CA 90232	NONE	501(C)3	CHARITABLE GIFT	3,970
MPMA EDUCATION FOUNDATION 5353 WAYZATA BLVD 350 MINNEAPOLIS,MN 55416	NONE	501(C)3	CHARITABLE GIFT	5,600
MUSCULAR DYSTROPHY ASSOCIATION 222 S RIVERSIDE PLAZA 1500 CHICAGO,IL 60606	NONE	501(C)3	CHARITABLE GIFT	6,130
NATIONAL MARROW DONOR PROGRAM 3001 BROADWAY ST NE 1500 MINNEAPOLIS,MN 55413	NONE	501(C)3	CHARITABLE GIFT	500
NORTHERN STAR COUNCIL BSA 393 MARSHALL AVE ST PAUL,MN 55102	NONE	501(C)3	CHARITABLE GIFT	520
NORTHFIELD AREA FAMILY YMCA 519 DIVISION ST NORTHFIELD,MN 55057	NONE	501(C)3	CHARITABLE GIFT	1,000
ORPHAN NETWORK 2624 SOUTHERN BLVD 101 VIRGINIA BEACH,VA 23452	NONE	501(C)3	CHARITABLE GIFT	500
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE MANHATTAN BEACH,CA 90266	NONE	501(C)3	CHARITABLE GIFT	130
PAUL'S PALS 13100 WAYZATA BLVD 200 MINNETONKA,MN 55305	NONE	501(C)3	CHARITABLE GIFT	520
Total ▶ 3a				304,265

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
PAUL ADELMAN CHILDREN WITH DISABILITIES 13100 WAYZATA BLVD 200 MINNETONKA,MN 55305	NONE	501(C)3	CHARITABLE GIFT	17,800
PHEASANTS FOREVER 1783 BUERKLE CIRCLE ST PAUL,MN 55110	NONE	501(C)3	CHARITABLE GIFT	5,760
PROLIFE ACROSS AMERICA PO BOX 18669 MINNEAPOLIS,MN 55418	NONE	501(C)3	CHARITABLE GIFT	520
READ AFTERSCHOOL PROGRAMS 4826 200TH ST FOREST LAKE,MN 55025	NONE	501(C)3	CHARITABLE GIFT	1,000
ROGER MARIS CANCER CENTER 520 MAIN AVE 700 FARGO,ND 58103	NONE	501(C)3	CHARITABLE GIFT	1,000
ROGERS YOUTH HOCKEY ASSOCIATION PO BOX 35 ROGERS,MN 55374	NONE	501(C)3	CHARITABLE GIFT	260
SAVE THE CHILRDEN 501 KINGS HIGHWAY E 400 FAIRFIELD,CT 06825	NONE	501(C)3	CHARITABLE GIFT	372
SECOND HARVEST HEARTLAND 6325 SANDBURG RD 1700 GOLDEN VALLEY,MN 55427	NONE	501(C)3	CHARITABLE GIFT	500
SECOND MILE HAITI 5251 W DESERT FALCON LN TUCSON,AZ 85742	NONE	501(C)3	CHARITABLE GIFT	6,573
SEVEN DREAMS EDUCATION FOUNDATION PO BOX 41782 PLYMOUTH,MN 55442	NONE	501(C)3	CHARITABLE GIFT	700
SOCIAL VENTURE PARTNERS OF MN 14451 HIGHWAY 7 MINNETONKA,MN 55345	NONE	501(C)3	CHARITABLE GIFT	36,000
SPECIAL OLYMPICS 100 WASHINGTON AVE S 550 MINNEAPOLIS,MN 55401	NONE	501(C)3	CHARITABLE GIFT	520
ST CLOUD AREA SCHOOL DISTRICT 742 1000 44TH AVE N 100 ST CLOUD,MN 56303	NONE	501(C)3	CHARITABLE GIFT	100
ST JUDE'S CHILDREN RESEARCH HOSPITAL 501 ST JUDE PLACE MEMPHIS,TN 38105	NONE	501(C)3	CHARITABLE GIFT	2,700
SWAN RIVER MONTESSORI SCHOOL 500 MAPLE ST MONTICELLO,MN 55362	NONE	501(C)3	CHARITABLE GIFT	2,500
Total ▶ 3a				304,265

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i>				
THE FOOD GROUP 8501 54TH AVE N NEW HOPE,MN 55428	NONE	501(C)3	CHARITABLE GIFT	400
THE SALVATION ARMY 10011 NOBLE PARKWAY BROOKLYN PARK,MN 55443	NONE	501(C)3	CHARITABLE GIFT	2,000
TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR TRIANGLE,VA 22172	NONE	501(C)3	CHARITABLE GIFT	342
TRIPLE H MINIATURE HORSE RESCUE 4747 2ND AVE MANDAN,ND 58554	NONE	501(C)3	CHARITABLE GIFT	260
WISHES & MORE 961 HILLWIND RD NE MINNEAPOLIS,MN 55432	NONE	501(C)3	CHARITABLE GIFT	1,000
WOUNDED WARRIOR PROJECT 4899 BELFORT RD 300 JACKSONVILLE,FL 32256	NONE	501(C)3	CHARITABLE GIFT	520
YOUNG LIFE PO BOX 614 ELK RIVER,MN 55330	NONE	501(C)3	CHARITABLE GIFT	150
YOUTH FRONTIERS 6009 EXCELSIOR BLVD ST LOUIS PARK,MN 55416	NONE	501(C)3	CHARITABLE GIFT	1,125
Total  3a				304,265

TY 2015 Investments Corporate Bonds Schedule**Name:** BAME FOUNDATION**EIN:** 27-4159707

Name of Bond	End of Year Book Value	End of Year Fair Market Value
EATON VANCE BOND FUND	0	0
FPA NEW INCOME INC	0	0
FPA NEW INCOME INC	0	0
JP MORGAN STRATEGIC INCOME OPPORTUNITIES FUND CLASS S	0	0
JP MORGAN STRATEGIC INCOME OPPORTUNITIES FUND CLASS S	0	0
LOOMIS SAYLES STRATEGIC ALPHA FUND CLASS Y	0	0
LOOMIS SAYLES STRATEGIC ALPHA FUND CLASS Y	0	0
LORD ABBETT SHORT DURATION INCOME FUND CLASS F	0	0

TY 2015 Investments Corporate Stock Schedule

Name: BAME FOUNDATION
EIN: 27-4159707

Name of Stock	End of Year Book Value	End of Year Fair Market Value
3M CO	8,467	9,490
ABBOTT LABS	2,121	2,111
ABBVIE INC COM	7,569	8,886
ALTRIA GROUP INC	3,893	6,054
AMBAC FINL GROUP INC COM NEW	4,560	4,227
ANALOG DEVICES INC	5,067	5,532
AUTOMATIC DATA PROCESSING INC	2,856	3,897
BAXTER INTL INC	0	0
BB&T CORP	7,379	7,184
BCE INC NEW CAD	0	0
BECK MACK & OLIVER PARTNERS FUND CL NL	0	0
BLACKROCK INC	7,183	8,173
BROOKLINE BANCORP INC NEW	19,471	23,000
CANFOR CORP CAD	4,297	4,290
CHEVRON CORP	0	0
CISCO SYSTEMS INC	21,897	27,155
CISCO SYSTEMS INC	6,769	7,712
COCA COLA CO COM	4,264	4,382
CONVANTA HLDG CORP	3,132	3,098
CROWN CASTLE INTL CORP REIT	7,768	7,953
DEVON ENERGY CORP NEW	31,913	16,000
EMERSON ELECTRIC CO	7,783	6,170
EVERMORE GLOBAL VALUE	42,450	40,101
FASTENAL CO	6,263	5,960
GALLAGHER ARTHUR J & CO	3,909	3,521
GENL ELECTRIC CO	5,014	6,635
GENUINE PARTS CO	0	0
HASBRO INC	3,751	4,580
HEALTH CARE REIT INC SBI	0	0
HERSHEY CO	0	0

Name of Stock	End of Year Book Value	End of Year Fair Market Value
HOME DEPOT INC	8,427	9,654
JOHNSON & JOHNSON COM	6,653	7,601
JP MORGAN LARGE CAP GROWTH FUND SELECT	16,236	20,836
JPMORGAN CHASE & CO	8,734	9,574
KIMBERLY CLARK CORP	7,302	9,548
KINDER MORGAN INC	0	0
KRAFT FOODS GROUP INC	0	0
LEUCADIA NATIONAL CORP	19,054	12,173
LOCKHEED MARTIN CORP	4,206	7,383
LYONDELLBASELL INDUSTRIES N V SHS - A - CL A	4,977	5,388
MANTECH INTL CORP CL A	0	0
MARSH & MCLENNAN COS INC	0	0
MAXIM INTEGRATED PRODS INC	4,386	4,978
MCDONALDS CORP	0	0
MERCK & CO INC NEW COM	6,867	7,553
MICROSOFT CORP	7,677	11,540
NEXTERA ENERGY INC COM	7,538	8,415
NOVARTIS AG SPON ADR	0	0
OAKMARK FUND CLASS I	50,173	51,353
OAKMARK INTL FUND CLASS I	50,534	43,383
OCCIDENTAL PETROLEUM CRP	7,890	7,572
ONEOK INC NEW	0	0
PAYCHEX INC	8,385	10,314
PEPSICO INC	8,311	8,893
PFIZER INC	8,604	8,425
PHILIP MORRIS INTL INC	2,953	2,725
PNC FINANCIAL SERVICES GROUP	7,660	8,197
PRICE T ROWE GROUP INC	5,932	5,219
PROCTER & GAMBLE CO	0	0
PUBLIC STORAGE REIT	4,609	5,697

Name of Stock	End of Year Book Value	End of Year Fair Market Value
QUALCOMM INC	5,333	4,049
SEARS HOLDINGS COPR	4,124	4,112
SMUCKER J M CO NEW	3,496	3,700
SPECTRA ENERGY CORP	8,368	6,272
SUPERIOR INDUS INTL	19,550	18,420
TARGET CORP	5,802	5,010
THIRD AVENUE VALUE FUND	17,617	15,209
US BANCORP DEL (NEW)	0	0
VENTAS INC	7,648	7,336
WEYERHAEUSER CO	14,760	14,990
WILLIAMS COS INC (DEL)	0	0
WINTERGREEN INSTL	15,659	14,093
WEC ENERGY GROUP INC COM	6,448	7,491
WELLTOWER INC REIT	7,812	7,211

TY 2015 Investments - Other Schedule**Name:** BAME FOUNDATION**EIN:** 27-4159707

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
BAKKEN DRILLING FUND IV	AT COST	441,132	441,132
FIRST EAGLE GLOBAL FUNDS CLASS I	AT COST	54,327	52,148
FIRST EAGLE US VALUE FUND CLASS I	AT COST	17,528	16,496
FPA CRESCENT FUND	AT COST	166,689	156,785
JPMORGAN INCOME BUILDER CLASS SELECT	AT COST	16,880	15,722
MAINSTAY MARKETFIELD FUND CLASS I	AT COST	0	0

TY 2015 Legal Fees Schedule**Name:** BAME FOUNDATION**EIN:** 27-4159707

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	3,813	0		3,813

TY 2015 Other Decreases Schedule**Name:** BAME FOUNDATION**EIN:** 27-4159707

Description	Amount
PRIOR PERIOD ADJUSTMENT	701

TY 2015 Other Expenses Schedule**Name:** BAME FOUNDATION**EIN:** 27-4159707

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	63	0		63
DUES & SUBSCRIPTIONS	425	0		425
OFFICE SUPPLIES	179	0		179
BAKKEN DRILLING FUND III LP EXPENSES & ORDINARY LOSSES	10,162	10,162		0

TY 2015 Other Professional Fees Schedule**Name:** BAME FOUNDATION**EIN:** 27-4159707

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	11,671	0		11,671
PROFESSIONAL FEES	26,860	0		26,860

TY 2015 Substantial Contributors Schedule

Name: BAME FOUNDATION

EIN: 27-4159707

Name	Address
LUBRICATION TECHNOLOGIES INC	900 MENDELSSOHN AVENUE NORTH GOLDEN VALLEY, MN 55427
EMMERICH FOUNDATION	7700 OLD HWY 169 JORDAN, MN 55352

TY 2015 Taxes Schedule**Name:** BAME FOUNDATION**EIN:** 27-4159707

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES	237	237		0

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>BAME FOUNDATION</div>	<div>Employer identification number</div> <div>27-4159707</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div> <div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>
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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 other 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 33¹/₃% 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* religious, charitable, etc , contributions totaling \$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 its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization BAME FOUNDATION	Employer identification number 27-4159707
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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	EMMERICH FOUNDATION	\$ 20,000	Person <input checked="" type="checkbox"/>
	7700 OLD HWY 169		Payroll <input type="checkbox"/>
	JORDAN, MN 55352		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization BAME FOUNDATION	Employer identification number 27-4159707
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Part II Noncash Property (see instructions) Use duplicate copies of 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
		\$	
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization BAME FOUNDATION	Employer identification number 27-4159707
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Part III 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 completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed

(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 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 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 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	
_____		_____	
_____		_____	
--		_____	
_____		_____	