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Form' 990-PF

Department of the Treasury Internal Revenue Service

Name of foundation

For calendar year 2014 or tax year beginning

437 MADISON AVENUE 40TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code

Number and street (or P O box number if mail is not delivered to street address)

DONALD HAMBURG, ESQ GOLENBOCK EISEMAN ASSOR

Initial return

Final return

Address change

R.H.M. FOUNDATION, INC.

NEW YORK, NY 10022

G Check all that apply

Return of Private Foundation

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

Amended return

Name change

V Costing 501/a)/3) avament provide foundation

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

03/01 , **2014**, and ending

Initial return of a former public charity

Room/suite

OMB No 1545-0052,

Open to Public Inspection

A Employer identification number

B Telephone number (see instructions)

13-6090865

C If exemption application is pending, check here

D 1. Foreign organizations, check here -

2. Foreign organizations meeting the 85% test, check here and attach

computation

02/28, 2015

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Us.	

6	aır end		ounting method X C	1				
_		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))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)		
-	1	Contributions, grifts, grants, etc., received (attach schedule)	23,259	k to all to the part	جي ن	在建筑等。 40~1		
	2	Check If the foundation is not required to attach Sch. B	-K()	y = − X , ε ₁ + ₁	e de la lace	《海路學學學學》		
	3	Interest on savings and temporary cash investments.				中国的 1		
	4	Dividends and interest from securities	15,860	15,860.		ATCH21		
	5a	Gross rents				深機構 たじんれ		
	b	Net rental income or (loss)	٠ .			1. 19. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18		
<u> </u>	6a	Net gain or (loss) from sale of assets not on line 10	24,306			te + m · m		
Kevenue	þ	Gross sales pnce for all assets on line 6a 45,088	ž.	ı) *		
2	7	Capital gain net income (from Part IV, line 2)	j.	42,620.		3 r		
	8	Net short-term capital gain				hz		
ł	9	Income modifications						
1	0 a	Gross sales less returns and allowances • • • • •		,	,			
	b	Less Cost of goods sold .						
	С	Gross profit or (loss) (attach schedule)				-		
1	1	Other income (attach schedule)						
1	2	Total. Add lines 1 through 11		58,480.				
1	3	Compensation of officers, directors, trustees, etc	(
1	4	Other employee salaries and wages						
: 1	5	Pension plans, employee benefits Legal fees (attach schedule)						
취1	6 a	Legal fees (attach schedule)		R	ECEIVED			
اذ	Ь	Accounting fees (attach schedule)ATCH 2 .	7,000.		3	7,00		
arine arine	c	Other professional fees (attach schedule)		12 1 U	CT 0 6 2015 9			
<u> </u>	7	Interest		8 0	SS SS			
2 1	8	Taxes (attach schedule) (see instructions)[3].	1,400.	1,400.				
<u> </u>	9	Depreciation (attach schedule) and depletion.			GDEN, UT			
<u>.</u>	0	Occupancy						
3 2	1	Travel, conferences, and meetings						
	2	Printing and publications						
2 2	3	Other expenses (attach schedule) ATCH . 4 .	1,514.	1,274.		24		
	4	Total operating and administrative expenses.						
5		Add lines 13 through 23	9,914	2,674.		7,24		
3 2	5	Contributions, gifts, grants paid	18,050			18,05		
2	6	Total expenses and disbursements. Add lines 24 and 25	27,964	2,674.	C	25,29		
12	7	Subtract line 26 from line 12						
	. <i>т</i>	Excess of revenue over expenses and disbursements	35,461					
		Net investment income (if negative, enter -0-)		55,806.				
		Adjusted net income (if negative, enter -0-)		· · · · · · · · · · · · · · · · · · ·				
For 10 1	Par	perwork Reduction Act Notice, see instructions	s. :08 PM V 14-6	·	<u> </u>	Form 990-PF (201		

_	i .	Attached schedules and amounts in the	Beginning of year	End o	of year	
Ŀ	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
٦	1	Cash - non-interest-bearing	924.	15,236.		
	2	Savings and temporary cash investments				
	3	Accounts receivable]			
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable	मिलकारांक्रम् १ शास्त्र १८११ १४३३५ ४ ८	BORDAMED TRILLA EXPANDED	MENNYP GEMENNEN AGENTALIS	
		Less. allowance for doubtful accounts ▶			<u> </u>	
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other			!	
1		disqualified persons (attach schedule) (see instructions)				
1	7	Other notes and loans receivable (attach schedule)				
		Less: allowance for doubtful accounts ▶				
ets.	8	Inventories for sale or use				
ssets	9	Prepaid expenses and deferred charges				
ã	10 a	Investments - U S. and state government obligations (attach schedule)[5]	114,736.		•	
		Investments - corporate stock (attach schedule) ATCH 6	300,356.	372,723.	611,501	
	, c	Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment basis Less accumulated depreciation (attach schedule)				
	12	Investments - mortgage loans				
	13	Investments - other (attach schedule)				
	14	Land, buildings, and equipment, basis	4 4		اینام سا ، .	
		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)	416,016.	451,477.	674,994	
	17	Accounts payable and accrued expenses			` <i>•</i>	
	18	Grants payable			,	
es	19	Deferred revenue				
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons .				
Liabilities	21	Mortgages and other notes payable (attach schedule) \dots				
_	22	Other liabilities (describe				
				,		
_	23	Total liabilities (add lines 17 through 22)	0		•	
		Foundations that follow SFAS 117, check here.				
es		and complete lines 24 through 26 and lines 30 and 31.				
anc	24	Unrestricted				
3a	25	Temporarily restricted				
Net Assets or Fund Balanc	26	Permanently restricted				
ᆵ		Foundations that do not follow SFAS 117, \triangleright X				
ō		check here and complete lines 27 through 31.			·	
şţs	27	Capital stock, trust principal, or current funds				
886	28	Paid-in or capital surplus, or land, bldg , and equipment fund	416,016.	451,477.		
t A	29	Retained earnings, accumulated income, endowment, or other funds	44.5.04.5	451,477.	•	
Š	30 31	Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see	-	131/1//		
	31		416 016	451,477.	-	
F	ort li	Instructions)		151/1/1	<u> </u>	
		al net assets or fund balances at beginning of year - Part		must agree with		
7				- 1	416,016	
2		-of-year figure reported on prior year's return)			35,461	
					451,477	
		I lines 1, 2, and 3creases not included in line 2 (itemize) ▶	• • • • • • • • • • • • •	•	331,377	
		al net assets or fund balances at end of year (line 4 minu	e line 5) - Part II, column /	b), line 30 6	451,477	
_0	100	arner assers or runu parances at end or year (line 4 minu	s mie oj - rait ii, column (υ <i>j</i> , iii ie ου b	- 000 DE	

P	art IV. Capital Gains	and Losses for Tax on Inv	estment Income			rage
		d describe the kind(s) of property sold ((b) How	(c) Date	(d) Date sold
_ •	2-story b	P - Purchase D - Donation	acquired (mo., day, yr)	(mo., day, yr)		
<u>1a</u>	SEE PART IV SCHE	DULE		Political		
_ <u>b</u>						
_c						
_d		·····				
<u>e</u>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
	· · · · · -	(6. 26.125.6)	prod deponde or date	 	(e) plus (i) minu	
<u>a</u> b				<u> </u>		
C						
d	-				 	
е						
	Complete only for assets	showing gain in column (h) and owne	d by the foundation on 12/31/69	0	Gains (Col. (h) ga	ain minus
	(i) F.M V. as of 12/31/69	(j) Adjusted basis	(k) Excess of col (i)		(k), but not less t	han -0-) or
		as of 12/31/69	over col (j), if any		Losses (from co	l. (n))
<u>a</u>				<u> </u>		
_ <u>b</u>				-		
_ <u>c</u>						
_u e						
<u> </u>		(If	gain, also enter in Part I, line 7			
2	Capital gain net income	or iner canital loce i I	(loss), enter -0- in Part I, line 7	2		42,620.
3	Net short-term capital ga	ain or (loss) as defined in sections				,
	If gain, also enter in Pa	art I, line 8, column (c) (see inst	tructions) If (loss), enter -0- in $\}$			
				3		0
		Jnder Section 4940(e) for Recommendations subject to the				
		the section 4942 tax on the distrib		ase penod	12	Yes X No
		not qualify under section 4940(e)			 .	
1	(a)	nount in each column for each yea		ng any entr	ies (d)	<u>-</u> -
C.	Base penod years alendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra	tio
	2013	35,566.	577,517.	-	(col (b) divided by	0.061584
	2012	30,727.	509,566.			0.060300
	2011	29,241.	464,335.			0.062974
	2010	30,569.	438,021.			0.069789
	2009	33,820.	402,059.			0.084117
2		0		2	<u>.</u>	0.338764
3	-	for the 5-year base period - divid		<u> </u>		
	number of years the four	ndation has been in existence if les	s than 5 years	3		0.067753
			D. AV. L 5			638,417.
4	Enter the net value of no	ncharitable-use assets for 2014 fro	om Part X, line 5	4		030,417.
_	Multiply line 4 by line 2			5		43,255.
5	wuitiply line 4 by line 3.		• • • • • • • • • • • • • • • • • • • •			43,233.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		558.
U	Futer 170 OF Het mivestifft	and income (1% of Fait), line 2/b)		 		
7	Add lines 5 and 6			7		43,813.
8	Enter qualifying distributi	ons from Part XII, line 4		8		25,290.
	If line 8 is equal to or gi	reater than line 7, check the box	in Part VI, line 1b, and complete	that part i	using a 1% tax	rate See the
ISA	Part VI instructions.					

X

X

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8b

NY,

Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either

Enter the states to which the foundation reports or with which it is registered (see instructions)

• By state legislation that effectively amends the governing instrument so that no mandatory directions that

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

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? If "No," attach explanation

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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"

By language in the governing instrument, or

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

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 2014?

4a

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(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	(e) Expense account, other allowances
NONE				
				
Total number of other employees paid over \$50,000.				-

Form 990-PF (2014)		Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Mar and Contractors (continued)	agers, Highly Paid Emplo	
3 Five highest-paid independent contractors for professional services (see instr	ructions). 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	<u></u> ▶	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical organizations and other beneficianes served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 N/A		
2		
3		
4		
Date of the second of the seco	·	-
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 a N/A	nd 2	Amount
1N/A		
2		
All other program-related investments. See instructions		
3 NONE		
		
Total. Add lines 1 through 3		

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foundations,	1 495 \$
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	549,130.
b	Average of monthly cash balances	1b	99,009.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	648,139.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	3	648,139.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	9,722.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	638,417.
6	Minimum investment return. Enter 5% of line 5		31,921.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	31,921.
2a	Tax on investment income for 2014 from Part VI, line 5		
Ь	Income tax for 2014. (This does not include the tax from Part VI.)		i
C	Add lines 2a and 2b	2c	1,116.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	30,805.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	30,805.
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	30,805.
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	40	25 200
b	Program related investments, total from Part IV R	1a	25,290.
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
2		•	
3	purposes	2	
-	Amounts set aside for specific charitable projects that satisfy the		
	Suitability test (prior IRS approval required)	3a	
D A	Cash distribution test (attach the required schedule)	3b	25 200
4 5	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	25,290.
Ü	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	^
c	Enter 1% of Part I, line 27b (see instructions)	5	25 200
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	25,290.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years	aiculating whether	tne foundation

Page 9

_	irt XIII Undistributed Income (see instru	ictions)			Page 9
ĻĊ	TITALII Undistributed income (see inside	(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI, line 7	Corpus	Years prior to 2013	2013	2014 30,805.
2	Undistributed income, if any, as of the end of 2014	and the transfer of the second	434 - 4	. h	Late be a him to
² a	Enter amount for 2013 only	a to a contract to the			
	Total for pnor years 20 12 ,20 11 ,20 10		-		
3	Excess distributions carryover, if any, to 2014			<u> </u>	
-	From 2009 13, 864.	•			
a	0.050				
	From 2010				,
4	From 2012 5, 501.				•
	From 2013	•	, '		
	Total of lines 3a through e	42,351.		in the state of the	in in the second of the second
Α'	Qualifying distributions for 2014 from Part XII,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	line 4. ▶ \$ 25,290.				
а	Applied to 2013, but not more than line 2a	-			- 63
b	Applied to undistributed income of prior years (Election required - see instructions)			40	
С	Treated as distributions out of corpus (Election required - see instructions)			gen in the second	· Sint · ·
d	Applied to 2014 distributable amount			- 1/2	25,290.
	Remaining amount distributed out of corpus			The same of the same of	-
	Excess distributions carryover applied to 2014	5,515.		1 =	5,515.
	(If an amount appears in column (d), the same amount must be shown in column (a))			-	
6	Enter the net total of each column as indicated below:			-	,
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	36,836.			
b	Prior years' undistributed income Subtract				
c	line 4b from line 2b Enter the amount of prior years' undistributed				<u> </u>
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				, ,
	tax has been previously assessed			<u></u>	
d	Subtract line 6c from line 6b Taxable				
е	amount - see instructions	!			
	instructions				
f	Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				
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)				
8	Excess distributions carryover from 2009 not				
	applied on line 5 or line 7 (see instructions)	8,349.			
9	Excess distributions carryover to 2015.				
	Subtract lines 7 and 8 from line 6a	28,487.			
10	Analysis of line 9				
а	Excess from 2010 8,850.		İ		
ь	Excess from 2011 6, 230.				
С	Excess from 2012 5,501.				
d	Excess from 2013 7, 906.				
_e	Excess from 2014	:			
					Form 990-PF(2014)

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Part XV Supplementary Information (continued)

Page 11

3 Grants and Contributions Paid Dur	Ing the Year or Appl	oved for I		
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)	or substantial contributor	recipient		
a Paid during the year				
ATCH 8	1			
111011 0				
Total			▶ 3a	18,050.
b Approved for future payment				
	<u> </u>	<u> </u>		
Total				<u> </u>

JSA 4E1491 1 000

Part XVI-A Analysis of Incom					(a)
Enter gross amounts unless otherwise ind	(a)	(b)	(c)	(d)	(e) Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a					
b					
c					
d					
e					
				<u> </u>	
g Fees and contracts from government					
2 Membership dues and assessments		<u> </u>			
3 Interest on savings and temporary cash inve			14	15,860.	
4 Dividends and interest from securities5 Net rental income or (loss) from real ex		And and side			Fred to the State of the A
a Debt-financed property		· · · · · · · · · · · · · · · · · · ·	AND THE PROPERTY OF THE PARTY O	a feeting in the same in way	American American Communication Communicatio
b Not debt-financed property				·	
6 Net rental income or (loss) from personal pr					
7 Other investment income					
8 Gain or (loss) from sales of assets other tha			18	24,306.	
9 Net income or (loss) from special even			 	,	
10 Gross profit or (loss) from sales of inve	1 1				
11 Other revenue: a	• 1		_		
b					
c					
d	l l				
e					
12 Subtotal Add columns (b), (d), and (e)	3			40,166.	
13 Total. Add line 12, columns (b), (d), ar				13	40,166.
(See worksheet in line 13 instructions to					
Part XVI-B Relationship of A	ctivities to the Accor	mplishment of E	xempt Purpos	es	
Line No. Explain below how each	ch activity for which in	come is reported	ın column (e) d	of Part XVI-A contrib	uted importantly to the
▼ accomplishment of the					
		· · · · · · · · · · · · · · · · · · ·			, ()
					
					
					· · · · · · · · · · · · · · · · ·
					
			 • ··		
			 -		
					
					
					
					
					- -
					
		.			
					
					· · · · · · · · · · · · · · · · · · ·

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16(2)

1b(3)

1b(4)

1b(5)

1b(6)

Form	(2014) R.H.M. FOUNDATION, INC. 13-60908	865	Pa	ge 1
Pai	Information Regarding Transfers To and Transactions and Relationships With Nonch Exempt Organizations	harit	table	<u>-</u>
1	he organization directly or indirectly engage in any of the following with any other organization described		Yes	N
•	ction 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political nizations?			
а	sfers from the reporting foundation to a noncharitable exempt organization of:	- 1		
	ash	a(1)		>
	other assets			7
b	r transactions			

(2) Purchases of assets from a noncharitable exempt organization.

d If the	answer to any of th	e above is "Yes," complete the following so	chedule Column (b) should always show the fair marke
value	of the goods, other	assets, or services given by the reporting fo	undation. If the foundation received less than fair market
			he value of the goods, other assets, or services received
(a) Line no	(b) Amount involved	(c) Name of nonchantable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
			N/A
		·	

(b) Type of organization	
	(c) Description of relationship
	· · · · · · · · · · · · · · · · · · ·

and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Sign Here

Title

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

						retum
with	the	pre	pan	er s	hown	<u>bel</u> ow
(see ı	nstruc	tions	۱۶(X	Yes	No

D-:-I	Print/Type prep	parer's name	Preparer's signature	Date	Chec		
Paid	MARCO SV	/AGNA	Mastras	08/AB/	2015 self-e	employed P00217291	
Prepai	rer Firm's name	▶ BERDON LLP			Firm's EIN	▶13-0485070	
Use O	nly Firm's address	▶ 360 MADISON AV	Æ.				
		NEW YORK, NY		10017	Phone no	212-832-0400	
				•		- 000 DE	:

Schedule B

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

Schedule of Contributors

OMB No 1545-0047

Name of the organization

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

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number

R.H.M. FOUNDATION,	INC.	13-6090865			
Organization type (check o	ne)				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation			
	527 political organization				
Form 990-PF					
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation			
501(c)(3) taxable private foundation					
General Rule)(7), (8), or (10) organization can check boxes for both the General R on filing Form 990, 990-EZ, or 990-PF that received, during the yea				
	y or property) from any one contributor. Complete Parts I and II Se	-			
Special Rules					
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that me sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (and that received from any one contributor, during the year, total co of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ	(Form 990 or 990-EZ), Part II, line ontributions of the greater of (1)			
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990 o	eligious, charitable, scientific,			
contributor, during contributions tota during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990 g the year, contributions exclusively for religious, charitable, etc., pulled more than \$1,000. If this box is checked, enter here the total coor an exclusively religious, charitable, etc., purpose Do not complete offices to this organization because it received nonexclusively religious, it more during the year	urposes, but no such ontributions that were received e any of the parts unless the charitable, etc., contributions			
-	at is not covered by the General Rule and/or the Special Rules does	•			

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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) (2014)

Name of organization R.H.M. FOUNDATION, INC.

Employer identification number 13-6090865

Part I	Contributors (see instructions).	Use duplicate copies of Par	t I if additional space is needed
	Octivi indicoro	,000 111011 4011011071	and and month ordered of the	· · · ·

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	MARIANNE MEYER 1050 FIFTH AVENUE NEW YORK, NY 10028	\$23,259.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization R.H.M. FOUNDATION, INC.

Employer identification number 13-6090865

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
1	300 SHARES - EXPRESS SCRIPTS HOLDING CO		
		\$23,259.	_11/13/2014
(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 R.H.M. FOUNDATION, INC.

Employer identification number

13-6090865

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		(d) Description of how gift is held				
Parti								
		(e) Transf	er of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship 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, at	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 gift							
	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) Transi	er of gift					
	Transferee's name, address, as	nd ZIP + 4	Relation	nship of transferor to transferee				

FORM 990-PF - PART IV

· C	<u>APITAL GAI</u>	NS AND LO	SSES FOR	R TAX ON	INVEST	ME	NT INCOM	IE
' Kind of	Property		Descr	iption		or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
19.		19.35 SHS G	NMA FUNDS				VAR -3.	VAR
		600 SHS MED				D	VAR	02/04/2015
45,069.		2,446.	22. 0200112	120			42,623.	
TOTAL GAIN(I	oss)		••••••		• • • • • • • • • • • • • • • • • • • •	-	42,620.	
1								
		}						

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

NET INVESTMENT INCOME	15,831. 26. 3.	15,860.
REVENUE AND EXPENSES PER BOOKS	15,831. 26. 3.	15,860.
DESCRIPTION	DIVIDENDS INTEREST INCOME - GNMA INTEREST INCOME - INTERNAL REVENUE SERV.	TOTAL

	.,
FEES	
ACCOUNTING	
ı	
Н	
PART	
990PF,	
FORM	

CHARITABLE PURPOSES	7,000.	7,000.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	7,000.	7,000.
		TOTALS
DESCRIPTION	ACCOUNTING FEES	

ATTACHMENT 3

FORM 990PF, PART I - TAXES

NET INVESTMENT INCOME	1,400.
REVENUE AND EXPENSES PER BOOKS	1,400.
	TOTALS
DESCRIPTION	FEDERAL TAXES

ATTACHMENT 3 PAGE 26

	NET			1,274.		
REVENUE	AND	EXPENSES	PER BOOKS	1,274.	100.	140.
			DESCRIPTION	INVESTMENT EXPENSES	NYS FILING FEES	NY LAW JOURNAL

1,514.

TOTALS

PURPOSES	100.	240.

CHARITABLE

DESCRIPTION	
-------------	--

GOV'T NATIONAL MORTGAGE ASSN JPMORGAN US GOVT MONEY MARKET US OBLIGATIONS TOTAL

	ENDING	FMV
ဂ		
ATTACHMENT	ENDING	BOOK VALUE
	DI	>
	EN	BOOK

253. 228. 63,265.

63,518.

63,493.

ATTACHMENT 6 PAGE 29

ဖ	
•	
MΕ	
ij	
TTI	

	ENDING BOOK VALUE	61,009.
FORM 990PF, PART II - CORPORATE STOCK		MBLE
FORM 990PF,	DESCRIPTION	PROCTER & GAMBLE

ENDING

0,46	86,60	7,08	5,08	23,355.	7,14	6,55	3,29	3,25	5,43	3,23	611,501.
1,00	2,77	9,62	4,33	15,075.	1,17	5,07	6,21	9,39	3,26	4,79	372,723.

TOTALS

CAMPBELL SOUP COMPANY
INTEL CORP
EXPRESS SCRIPTS HOLDING CO
WALGREENS BOOT ALLIANCE INC

MERCK & CO STAPLES EI DU PONT DE NEMOURS & CO WAL MART STORES INC MEDTRONIC, INC.

7 1	EXPENSE ACCT AND OTHER ALLOWANCES	0	0	0	0
ATTACHMENT 7	CONTRIBUTIONS EXE TO EMPLOYEE AN BENEFIT PLANS AI	6	0	0	
	COMPENSATION B	0	0	0	0
TRUSTEES	URS PER	AS REQ'D	AS REQ'D	AS REQ'D	i II
OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRES/TR DI	SECRETARY DIRECTOR	VP DIRECTOR	GRAND TOTALS
FORM 990PF, PART VIII - LIST OF OFFICERS,	NAME AND ADDRESS	MARIANNE MEYER 1050 FIFTH AVE. NEW YORK, NY 10028	DONALD HAMBURG 437 MADISON AVENUE 40TH FLOOR NEW YORK, NY 10022	RUTH ELLEN BRUCE 9320 S. HOLLYBROOK LAKE DR. PEMBROKE PINES, FL 33025	

13-6090865

ATTACHMENT 8

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
YESHIVA ELIEZER LEMA	NONE	GENERAL	2,400.
1000 ORCHARD TER	EOF		
LINDEN, NJ 07036			
METROPOLITAN MUSEUM OF ART	NONE	GENERAL	360.
1000 FIFTH AVE	EOF		
NEW YORK, NY 10028			
YESHIVA ZICHRON ELIEZER	NONE	GENERAL	10,000.
1543 E, 9TH ST.	EOF		
BROOKLYN, NY 11230			
DCDSA	NONE	GENERAL	25.
AVAILABLE UPON REQUEST	EOF		
NEW YORK, NY 10022			
AMERICAN FRIENDS OF CONGREGATION MESCAH CHOCHMA	NONE	GENERAL	200.
AVAILABLE UPON REQUEST	EOF		
NEW YORK, NY 10022			
WNYC NY PUBLIC RADIO	NONE	GENERAL	300.
160 VARICK ST.	EOF		
NEW YORK, NY 10013			

ATTACHMENT 8 (CONT'D)

FORM 990PF. PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

PURPOSE OF GRANT OR CONTRIBUTION	GENERAL 500.	GENERAL 500.	GENERAL 300.	GENERAL 200.	GENERAL 15.	GENERAL 50.
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE EOF	NONE EOF	NONE EOF	NONE EOF	NONE EOF	NONE EOF
RECIPIENT NAME AND ADDRESS	GIFT OF LIFE BONE MARROW FDN 800 YAMATO ROAD, SUITE 101 BOCA RATON, FL 33431	CHUPAS YAAKOV AVAILABLE UPON REQUEST NEW YORK, NY 10017	USA FOR UNHCR 1775 K STREET, NW , STE 580 WASHINGTON, DC 20006	DISABLED AMERICAN VETERANS AVAILABLE UPON REQUEST NEW YORK, NY 10017	THE BREAST CANCER SOCIETY AVAILABLE UPON REQUEST NEW YORK, NY 10022	TALMUDICAL ACADEMY AVAILABLE UPON REQUEST

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ATTACHMENT 8 (CONT'D)

N	1,000.	150.	. 600	300.	500.	150.
PURPOSE OF GRANT OR CONTRIBUTION	GENERAL	GENERAL	GENERAL	GENERAL	GENERAL	GENERAL
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE EOF	NONE EOF	NONE EOF	NONE	NONE	NONE EOF
RECIPIENT NAME AND ADDRESS	MINYAN VASIKIN OF FLATBUSH 1495 CONEY ISLAND AVENUE BROOKLYN, NY 11230	OCEAN CONSERVANCY 1300 19TH STREET WASHINGTON, DC 20036	THE MUSEUM OF MODERN ART 11 WEST 53 STREET NEW YORK, NY 10019	MCLEAN HOSPITAL 115 MILL STREET NEW YORK, MA 02478	CITYMEALS ON WHEELS 355 LEXINGTON AVENUE NEW YORK, NY 10017	HIAS 333 SEVENTH AVENUE - 16TH FLOOR NEW YORK, NY 10001

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13-6090865

R.H.M. FOUNDATION, INC.

FORM 990PF. PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

ATTACHMENT 8 (CONT'D)

39 BROADWAY FOOD BANK

NEW YORK, NY 10006

RECIPIENT NAME AND ADDRESS

NONE

GENERAL

500.

TOTAL CONTRIBUTIONS PAID

18,050.

PAGE 34 ATTACHMENT 8

Q88754 1608 8/13/2015

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SCHEDULE'D (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No. 1545-0092

Internal Revenue Service

Department of the Treasury

R.H.M. FOUNDATION, INC.

Employer identification number

13-6090865

Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on (q) (h) Gain or (loss) the lines below Adjustments (d) (e) Subtract column (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents Form(s) 8949, Part I. (sales price) (or other basis) combine the result with line 2, column (a) column (g) to whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2013 Capital Loss 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h) Enter here and on Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (h) Gain or (loss) the lines below Adjustments Subtract column (e) Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents (sales pnce) Form(s) 8949, Part II, (or other basis) combine the result with line 2, column (g) column (g) to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. 8b Totals for all transactions reported on Form(s) 8949 with Box D checked.................. Totals for all transactions reported on Form(s) 8949 45,088. 2,468 42,620. Totals for all transactions reported on Form(s) 8949

Schedule D (Form 1041) 2014

11

12

13

14

15

14

Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824

Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.

Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h) Enter here and on

42,620.

	due D (Form 1041) 2014		I "	. 1		Page 2
Pa	t III . Summary of Parts I and II	-4	(1) Beneficianes	1	state's	(3) Total
	Caution: Read the instructions before completing this pa		(see instr)	Or ti	ust's	(0)
17 40	Net short-term gain or (loss)	17	.,			<u> </u>
18	Net long-term gain or (loss):	40-				42 620
	·	<u>18a</u> 18b				42,620.
		18c	<u> </u>			
	Total net gain or (loss). Combine lines 17 and 18a	19				42,620.
Note	e: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Fo	ı rm 990-T. Part I. lır.	ne 4a) If lines	18a and	19 column (2) are ne
gains	, go to Part V, and do not complete Part IV. If line 19, column (3), is a ne ssary	t loss	, complete Part IV	and the Cap	ital Loss C	arryover Worksheet, a
	rt IV Capital Loss Limitation					
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa	art I li	ne 4c if a trust) the	smaller of	1 -1-	
а	The loss on line 19, column (3) or b \$3,000				20 (Y
Note	e: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, p Carryover Worksheet in the instructions to figure your capital loss carryover	oage	1, line 22 (or Form	990-T, line 34	1), is a loss	s, complete the Capita
						
	Tax Computation Using Maximum Capital Gains Rates on 1041 filers. Complete this part only if both lines 18a and 19 in colu		2) 050 00100 05 0	n omount in	antarad	- Dord I Dord II
	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more			n amount is	enterea ii	1 Part I or Part II and
	tion: Skip this part and complete the Schedule D Tax Worksheet in the in					
	ther line 18b, col. (2) or line 18c, col. (2) is more than zero, or					
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero					
Forn	n 990-T trusts. Complete this part only if both lines 18a and 19 ar	e ga	ins, or qualified o	lividends are	included	in income in Part
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this part a	and c	omplete the Scho	edule D Tax	Workshe	et in the instructions
	her line 18b, col. (2) or line 18c, col. (2) is more than zero				, <u>,-</u>	
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34	1)	. 21		」	
22	Enter the smaller of line 18a or 19 in column (2)					
	but not less than zero					
23	Enter the estate's or trust's qualified dividends		'			
	from Form 1041, line 2b(2) (or enter the qualified					
	dividends included in income in Part I of Form 990-T)		_			
24	Add lines 22 and 23					
25	If the estate or trust is filing Form 4952, enter the					
	amount from line 4g; otherwise, enter -0 ▶ 25		-			
26	Subtract line 25 from line 24 If zero or less, enter -0-		·		4	
27	Subtract line 26 from line 21. If zero or less, enter -0-		. 27		4	
28	Enter the smaller of the amount on line 21 or \$2,500				-	
29					-	
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is t			•	30	
31 32	Enter the smaller of line 21 or line 26				-	
32 33	Subtract line 30 from line 26	• •	33		-	
33 34	Add lines 27 and 30				-	
35	Subtract line 34 from line 33 If zero or less, enter -0-				-	
36	Enter the smaller of line 32 or line 35				-	
37	Multiply line 36 by 15%				37	
38	Enter the amount from line 31				3,	
39	Add lines 30 and 36				┤	
40	Subtract line 39 from line 38 If zero or less, enter -0-				1	
41	Multiply line 40 by 20%				41	
42	Figure the tax on the amount on line 27 Use the 2014 Tax Rate Schedule for E					
-	and Trusts (see the Schedule G instructions in the instructions for Form 1041)		1 1			
43	Add lines 37, 41, and 42				1	
44	Figure the tax on the amount on line 21 Use the 2014 Tax Rate Schedule for E				1	
•	and Trusts (see the Schedule G instructions in the instructions for Form 1041).					
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 he			Schedule	1	
. •	G line 1a (or Form 990-T line 36)	J. U a	0 1 0 104	, concube	45	

Page 2

Social security number or taxpayer identification number 13-6090865

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS. Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
 - (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property	(b) Date acquired (Mo , day, yr.)	(c) Date sold or disposed (Mo , day, yr)	(d) Proceeds (sales pnce) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f) See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
19.35 SHS GNMA FUNDS			19.	22.			-3.
600 SHS MEDTRONIC, INC		02/04/2015	45,069.	2,446.			42,623.
						,	
2 Totals. Add the amounts in col (subtract negative amounts). E include on your Schedule D, lin checked), line 9 (if Box E above	nter each tota e 8b (if Box I	al here and D above is					
(if Box F above is checked) ▶	s is checked),	o mie iu	45,088.	2,468.			42,620

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form 8868

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Chanties & Nonprofits Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or print R.H.M. FOUNDATION, INC. 13-6090865 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for DONALD HAMBURG, ESQ GOLENBOCK EISEMAN ASSOR filing your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions NEW YORK, NY 10022 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 The books are in the care of ►MARIANNE D MEYER, 437 MADISON AVENUE 40TH FLOOR NEW YORK, NY 10022 Telephone No ▶ 212 832-0400 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 10/15 , 20_15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 20 ____ or \blacktriangleright x tax year beginning ______03/01_, 2014_, and ending _____02/28_, 2015_ If the tax year entered in line 1 is for less than 12 months, check reason | Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 2,286. 3a |\$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 786. 3b|\$ c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev 1-2014)