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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.on/itorm990.

+ tax wear beginning JAN 1, 2015 and ending JUN 30, 2015 A For the 2014 calendar year, or tax year beginning JAN 1, 2015

Open to Public Inspection

OMB No. 1545-0047

| B | Check if | C Name of organization | | D Employer identifi | cation number |
|--------------------------------------|--------------------------------|---|--|-----------------------------|-------------------------------|
| _ | Address change | RLM Foundation | | į | |
| \vdash | change change | | 27-101 | 1776 | |
| 늗 | Initial | Doing business as Number and street (or P.O. box if mail is not delivered to street address) | Room/sui | | |
| 늗 | return | | Roulivsus | | ar 30-5628 |
| Finel return/ termin- eted | | 209 East Liberty Drive | <u></u> | | |
| _ | eted ™Amende | City or town, state or province, country, and ZIP or foreign postal code | • | G Gross receipts \$ | 80,507. |
| 늗 | ireturn | wheaten, it sole? | | H(a) is this a group i | return |
| <u> </u> | Applica- tich pending | F Name and address of principal officer. Tan Chapman | | | s? Yes 🗵 No |
| _ | | same as C above | | H(b) Are all subordinates | |
| | | | a)(1) or 5 |) | a list. (see instructions) |
| | | www.russianleadership.org | | H(c) Group exemption | |
| | | rganization: X Corporation Trust Association Other | L Ye | ar of formation; 2009 | M State of legal domicile: IL |
| <u>P</u> | | Summary | | | |
| ക്ക | 1 E | riefly describe the organization's mission or most significant activities: ${\color{red} {\tt To}}$ | support th | e ministry program | 18 |
| SE SE | a | nd activities of Russian Leadership Ministries. | | | |
| E | 2 0 | heck this box 🕨 📖 If the organization discontinued its operations or o | • | • | esets. |
| `₫ | . 3 N | umber of voting members of the governing body (Part VI, line 1a) | | | |
| رت: که_ | ' 4 N | tumber of independent voting members of the governing body (Part VI, line | 1b) | | |
| | 5 7 | otal number of individuals employed in calendar year 2014 (Part V, line 2a) | ••••• | 5 | 0 |
| ₹ | 6 T | otal number of volunteers (estimate if necessary) | • •• • • • • • • • • • • • • • • • • • • | 6 | 3 |
| B | 7a 1 | otal unrelated business revenue from Part VIII, column (C), line 12 | | | 0, |
| Revenue Minimartivities & Governance | b1 | let unrelated business taxable income from Form 990-T, line 34 | ****** | 71 | 0. |
| Z | ; | | | Prior Year | Current Year |
| 6 | 8 (| contributions and grants (Part VIII, line 1h) | [| 750,000 | . 80,000. |
| | 9 F | rogram service revenue (Part VIII, line 2g) | | 0 | . 0. |
| €\$ | 10 | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 803 | . 507. |
| Œ | 111 | other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 | 0. |
| | | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line | | 750,803 | . 80,507. |
| _ | | irants and similar amounts paid (Part IX, column (A), lines 1-3) | | 844,700 | 405 000. |
| | | benefits paid to or for members (Part IX, column (A), line 4) | | 0 | |
| 67 | 1 | alaries, other compensation, employee benefits (Part IX, column (A), lines | | 0 | . 0. |
| Expenses | 16a F | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | 0. |
| 8 | ь | otal fundraising expenses (Part IX, column (D), line 25) | 0. | | |
| ũ | 177 | ther expenses (Part IX column (A) lines 11a-11d 11f-24st= @ [] | | 5,374 | 2,040. |
| | 18 | otal expenses. Add lines 13-17 (must equal Part 10 column (av. line 25) | | 850,074 | |
| | 19 | levenue less expenses, Subtract line 18 from line 3 | ù | <99,271 | |
| | 8 | | 16 0. | Beginning of Current Yea | |
| 1 | 20 Pagaluces | fotal assets (Part X, line 16) | 10 6 | 1,161,169 | |
| Ě | 21 | otal liabilities (Part X, line 28) | 8 | | 300. |
| | E 22 | Net assets or fund balances, Subtract line 21 from in 20GDEN | | 1,161,169 | |
| | Part II | Signature Block | | | |
| • | ider pena | ties of perjury, I declare that I have examined this return, including accompanying so | hedules and sta | fements, and to the hest of | my knowledge and hallef it is |
| | | , and complete. Declaration of prepayer (other than officer) is based on all informatio | | | my womouge and action, it is |
| | | 10nd Cherma | | 2/ | 00/1/ |
| | gn | Signature of officer | | Date | 22//6 |
| | ere | Ian Chapman, President | | | • |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | | Date Check | T T PTIN |
| | ıid | Print/Type preparer's name Daren Daiga Preparer's signature | Daise | 0,040 | |
| | | | | - 3/8/15 seti-emp | 10)en F 444 (41 / 23 |
| | | Firm's name Capin Crouse LY-P | | Ermin Citi | 36-3990893 |
| | epater | Firm's name Capin Crouse LLP Firm's address 972 Emerson Parkway STE A | - 0 | Firm's EIN | 36-3990892 |
| | | Firm's address > 972 Emerson Parkway, STE A | - 0 | | |
| | eparer :e Only | Firm's address 972 Emerson Parkway, STE A Greenwood, IN 46143 | - 0 | | 17-885-2620 |
| | eparer ie Only ay the II | Firm's address > 972 Emerson Parkway, STE A | drudiene | | |





| orm | 990 (2014) RLM Foundation | 27-1010736 Pa | <u> 19e 2</u> |
|---------------|---|-------------------------------|---------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission: | | |
| | To support the ministry programs and activities of Russian Leadership | | |
| | Ministries. | | |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | |
| _ | the prior Form 990 or 990-EZ? | Yes X | No |
| | · | 165 | 110 |
| _ | If "Yes," describe these new services on Schedule O. | ? Yes X | ٦٨٨ |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services | i? Lites 🕰 | ⊿ 140 |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot | hers, the total expenses, and | |
| | revenue, if any, for each program service reported. | | |
| 4a | (Code) (Expenses \$ 315,000. including grants of \$ 315,000.) (Rev | enue \$ |) |
| | Provides support for Russian Leadership Ministries (RLM). RLM prepares | | |
| | national leaders to impact Russia with the Gospel of Jesus Christ. | | |
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| | | | |
| | | | |
| 4b | (Code) (Expenses \$ 90,000. including grants of \$ 90,000.) (Rev | enue \$ |) |
| | Grants for support of Moscow Theological Seminary (MTS). MTS operates | | |
| | in nine learning centers across Russia. MTS was established in 1993 and | | |
| | has a total enrollment of over 900 students. Since most students are | | |
| | bi-vocational, the satellite learning center model makes it possible to | | |
| | reach hundreds of students who can have an immediate impact on their | | |
| | churches and communities. | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code) (Expenses \$) (Rev | enue \$ |) |
| | | | |
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| | | <u> </u> | |
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| | | | |
| 4d | Other program services (Describe in Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ | | |
| 4e | Total program service expenses ► 405,000. | | |

Form **990** (2014)

Form 990 (2014) RLM Foundation Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|----------|----------|
| 1 | is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| _ | Part VI | 11a | х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| C | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | x |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | x | |
| 192 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 124 | Schedule D, Parts XI and XII | 12a | | х |
| ь | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | x |
| 14a | -Did the organization-maintain an office, employees, or agents outside of the United States? | 14a | | х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | ١. | | |
| 4- | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | х | <u> </u> |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | x | |
| 46 | foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | ^ | |
| 16 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | <u> </u> | х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | <u> </u> | х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | ļ | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | 900 | (2014) |
| | | | 27241 | / `\ |

| | 990 (2014) RLM Foundation 27-1010736 | 1 | Р | age 4 |
|-------------|---|-----|-----|-------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | x |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | 1 | | |
| | Schedule K. If "No", go to line 25a | 24a | 1 | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | 1 | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | 1 : | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | х |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | х |
| 33- | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

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| Par | Check if Schedule O contains a response or note to any line in this Part V | | | | | | | | | |
|----------------|--|---|----------|---------------|--|--|--|--|--|--|
| | Chock in Concession Contession of the Contession Contes | | Yes | No | | | | | | |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 0 | 1.00 | | | | | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0-if not applicable 1b | 0 | | | | | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 7 | | | | | | | | |
| | (gambling) winnings to prize winners? | 1c | 1 | | | | | | | |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 0 | | | | | | | | | |
| b | of at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | | | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | | | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | | | | | | | | |
| 4 a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | ļ | X | | | | | | |
| þ | If "Yes," enter the name of the foreign country: | | | | | | | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | _ | | | | | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | _ | X | | | | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | | | | | | |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | - | | | | | | |
| oa | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | x | | | | | | |
| . | any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 6a | | - | | | | | | |
| • | were not tax deductible? | 6b | | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor | ? 7a | | x | | | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | | | |
| | to file Form 8282? | 7c | | х | | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | | | | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | х | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | х | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 <u>g</u> | | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C' | 7 <u>h</u> | | ļ | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | İ | | İ | | | | | | |
| _ | sponsoring organization have excess business holdings at any time during the year? | 8 | | - | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | | |
| 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: | 9b | | | | | | | | |
| | -Initiation-fees-and-capital-contributions included on Part-VIII, line-12 10a | | | | | | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | - | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | ┪ | | | | | | | | |
| | Gross income from members or shareholders | | | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | 7 | | | | | | | | |
| | amounts due or received from them.) | | · ' | 1 | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | | |
| | organization is licensed to issue qualified health plans | 4 | 1 | | | | | | | |
| | Enter the amount of reserves on hand | - | <u> </u> | <u> </u> | | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | | | | |
| <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | <u> </u> | | | | | | |

Form 990 (2014) RLM Foundation 27-1010736 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | | , | | | | | | | |
|------------|--|------------------|------|----------|--|--|--|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | х | | | | | | |
| Sec | tion A. Governing Body and Management | | | | | | | | | |
| | | | Yes | No | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing |] | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | | | | |
| b | | | | | | | | | | |
| 2 | | | | | | | | | | |
| | officer, director, trustee, or key employee? | | | | | | | | | |
| 3 | | | | | | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | х | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | х | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | х | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | x | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | | |
| | more members of the governing body? | 7a | | х | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | | |
| | persons other than the governing body? | 7b | | х | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | _ | | _ | | | | | | |
| а | The governing body? | 8a | х | L | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | <u> </u> | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х | | | | | | |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | | |
| | | | Yes | No | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | х | | | | | | |
| þ | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 10b | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | | | | | | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | x | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? | 12a | x | ├─ | | | | | | |
| b | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 12b | • | | | | | | | |
| С | In Schedule O how this was done | 12c | х | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | х | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | х | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | - : - | | | | | | | | |
| .0 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | ŀ | | | | | | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | | х | | | | | | |
| | Other officers or key employees of the organization | 15b | | х | | | | | | |
| - | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | | |
| | taxable entity during the year? | 16a | | x | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ None | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | avaılat | le | | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | |
| | Own website Another's website X Upon request Other (explain in Schedule 0) | | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d finan | cıaj | | | | | | | |
| | statements available to the public during the tax year. | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | | | | | | | |
| | Ian Chapman - 630-580-5628 | | | | | | | | | |
| | 209 East Liberty Drive, Wheaton, IL 60187 | | | | | | | | | |

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| om 990 (2014) | RLM Foundatio |
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| | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| Check this box if neither the organization (A) Name and Title | (B) Average hours per week | (C) Position (do not check more than on box, unless person is both a officer and a director/trustee | | | | than | one han | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------------|--|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Ian Chapman | 1.00 | | | | | | | | | |
| President | 8.00 | х | | х | | | | 0. | 0. | 0. |
| (2) Jo Voorhorst (part year) | 1.00 | | | | | | | | | |
| Vice President | 1.00 | х | | х | | | $oxed{oxed}$ | 0. | 0. | 0. |
| (3) Tom Hayes | 1.00 | | | | | | | | | _ |
| Vice President | | Х | | Х | | | $oxed{oxed}$ | 0. | 0. | 0. |
| (4) Jaynn Tobias Johnson | 1.00 | | | | | | | | | |
| Secretary/Treasurer | 1.00 | Х | | х | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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| (A) Name and title | (B) Average hours per week (list any | offi | (C) Position (do not check more than one box, unless person is both ar officer and a director/trustee) | | | than | th an | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | | ar | (F) stimate nount other ipensa | of |
|---|---|-------------------------------|--|---------|--------------|------------------------------|-------------|--|--|-------|----------------|--|------------------|
| | hours for related organizations below line) | Indiwdual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MI | | f org an | rom th janızat d relat anızati | e tion ted |
| | | _ | | | | _ | | | | | | | |
| | | _ | | | | <u> </u> | | | | | _ | | |
| | | | | | | | | | | | | | |
| | | _ | | | | <u> </u> | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 0. | | 0. | | | 0. |
| c Total from continuation sheets to Part d Total (add lines 1b and 1c) | VII, Section A | | | | - | | > | 0. | | 0. | | | 0. |
| Total number of individuals (including but compensation from the organization | not limited to th | ose | liste | ed al | bov | e) wl | no r | eceived more than \$100 | 0,000 of reportab | le | | | 0 |
| 3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for | | | e, ke | y er | nplo | уее | , or | highest compensated e | mployee on | | | Yes | No |
| For any individual listed on line 1a, is the and related organizations greater than \$1 | sum of reportab | le co | | | | | | | the organization | | 4 | | x |
| 5 Did any person listed on line 1a receive of rendered to the organization? If "Yes," co | r accrue compe | nsat | ion 1 | from | any | / uni | | | idual for services | s | 5 | | х |
| Section B. Independent Contractors 1 Complete this table for your five highest of | • | | | | | | | | | npens | sation | from | |
| the organization. Report compensation for (A) Name and busines | | ear NO | | ng v | <u>vith</u> | or w | rthir | the organization's tax (B) Description of s | | | | C) nsatio | |
| | | | | | | | 1 | | | | | | |
| | | | | • | | | | | _ | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors | (including but n | not le | mte | d to | tho | se le | ster | above) who received m | nore than | | · <u>-</u> | | |
| \$100,000 of compensation from the orga | | | | | | 0 | | | | | | 000 | |

| تنا | II V | | Check if Schedule O cont | | or note to any lir | ie in this Part VIII | | | |
|--|----------|----------|--|------------------|--|----------------------|--|---|---|
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 | а | Federated campaigns | 1a | | | | <u>-</u> | |
| | | b | Membership dues | 1b | | | | | |
| | | С | Fundraising events | 1c | | | | | |
| | | d | Related organizations | 1d | | | | | |
| | | | Government grants (contribut | | | | | | |
| | | f | All other contributions, gifts, gran | | | | | | |
| 들뙫 | | | similar amounts not included abo | ve 1f | 80,000. | | | | |
| ng d | | _ | Noncash contributions included in lines | 3 1a-1f \$ | . | | | | |
| <u>0 8</u> | | h | Total. Add lines 1a-1f | | | 80,000. | | | |
| • | _ | _ | | | Business Code | | | | |
| Program Service Revenue | 2 | | | | - | | | | |
| age a | | b | | | | | | _ | |
| EŞ | | d | | | | | | _ | |
| P. E. | | - | | | | - | | | |
| £ | | f | All other program service reve | enue | | | | | |
| | | | Total. Add lines 2a-2f | | | | | | |
| | 3 | | Investment income (including | dividends, inter | est, and | | | | |
| | | | other similar amounts) | | • | 507. | | | 507. |
| | 4 | | Income from investment of ta | x-exempt bond | proceeds > | | | - | |
| | 5 | | Royalties | | | | | | |
| | | | | (ı) Real | (II) Personal | | | | |
| | 6 | а | Gross rents | | | ! | | | |
| | | | Less: rental expenses | | | | | | |
| | | | Rental income or (loss) | | | | | | |
| | ı | | Net rental income or (loss) | | | | | | |
| | ' | а | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | ļ | L | assets other than inventory | | | | | | |
| | | D | Less: cost or other basis and sales expenses | | | | | | |
| | l | _ | Gain or (loss) | - | + | | | | |
| | l . | | Net gain or (loss) | L | | ; | | | |
| • | ŀ | | Gross income from fundraisin | a events (not | | - | | - | |
| enne/ | - | _ | including \$ | | | | | | |
| | | | contributions reported on line | | | ! | | | |
| _ _ | <u> </u> | | Part-IV, line 18————— | | | | | | |
| Other Re | | b | Less: direct expenses | t | • | | | | |
| U | | С | Net income or (loss) from fund | draising events | | | | | |
| | 9 | а | Gross income from gaming ad | ctivities. See | | | | | |
| | | | Part IV, line 19 | . 8 | ı | | | | |
| | 1 | | Less: direct expenses | . t | · | ; | i | | |
| | | | Net income or (loss) from gan | | | | | | |
| | 10 | a | Gross sales of inventory, less | returns | 1 | | | | ŀ |
| | | _ | and allowances | 8 | | | | | |
| | | | Less: cost of goods sold | t . | · | | • | | |
| | <u> </u> | <u>c</u> | Net income or (loss) from sale | | b | | | | |
| | 11 | • | Miscellaneous Revenu | 16 | Business Code | | | | |
| | l | b | | | | <u></u> | | | |
| | | C | | | | | | | |
| | | d | All other revenue | | | | | | |
| | | | Total. Add lines 11a-11d | | — | <u> </u> | | | |
| | 12 | | Total revenue. See instructions. | | | 80,507. | 0. | 0. | 507. |

Form 990 (2014) RLM Foundation Part IX Statement of Functional Expenses

| Secti | ion 501(c)(3) and 501(c)(4) organizations must com | | | ompiete column (A). | |
|-------------|---|----------------------------|-----------------------------|--|-------------------------|
| | Check if Schedule O contains a respor | nse or note to any line in | this Part IX (B) | (C) | (D) |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | 405 000 | 405 000 | | |
| | individuals. See Part IV, lines 15 and 16 | 405,000. | 405,000. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| _ | trustees, and key employees Compensation not included above, to disqualified | | | <u></u> | |
| 6 | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salanes and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| U | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | <u>, </u> | <u>-</u> |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 1,800. | | 1,800. | - |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | | | | |
| 12 | Advertising and promotion | - | | | |
| 13 | Office expenses | 240. | | 240. | |
| 14 | Information technology | | _ | . <u>.</u> | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | - | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | | | - | |
| -19- -20 | Conferences, conventions, and meetings Interest | | | | |
| 20 21 | Payments to affiliates | | | | |
| 21 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | - | | | |
| 24 | Other expenses, Itemize expenses not covered | | | · · · · · · · · · · · · · · · · · · · | |
| | above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) | | | | |
| | amount, list line 24e expenses on Schedule 0.) | | | | |
| а | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 407,040. | 405,000. | 2,040. | 0. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here I if following SOP 98-2 (ASC 958-720) | | | | |

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 4,213 653. Cash - non-interest-bearing 1 800,956. 398,375. 2 Savings and temporary cash investments 2 80,000. Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 281,000. basis. Complete Part VI of Schedule D 10a 356,000. 281,000. 10b b Less: accumulated depreciation 10c 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 1,161,169. 760,028. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 300. 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 300. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,161,169 759,728. Unrestricted net assets 27 28 Temporanly restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 759 728. 1,161,169 33 33 Total net assets or fund balances

Form 990 (2014)

760,028.

1,161,169.

Total liabilities and net assets/fund balances

| Form | 990 (2014) RLM Foundation | 27-1010 | 736 | Pa | ge 12 |
|------------|--|-------------|-------------|-------------|---------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | х |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 80 | <u>,507</u> . |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 407 | ,040. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | <326 | ,533. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | ,161 | ,169. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 92. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses . | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | <75 | ,000. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | | 75 9 | ,728. |
| Pa | rt XIII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | х |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | - | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | O. | l | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | | ŀ |
| | separate basis, consolidated basis, or both: | | l l | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | <u> </u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | te basis, | | | |
| | consolidated basis, or both: | | - 1 | | |
| | Separate basis | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | ie audit, | 1 | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2 c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | ł | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audrt | | | 1.5 |
| | Act and OMB Circular A-133? | | 3a | 1 | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ııred audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | <u> 3b</u> | 000 | (2014) |
| | | | Eam | ~ 444() | 7201A |

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

2014

Open to Public Inspection

Employer identification number

27-1010736 RLM Foundation Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
 control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter-the number-of-supported organizations g Provide the following information about the supported organization(s). (ii) EIN (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your organization other support (see support (see governing document above or IRC section Instructions) Instructions) Yes No (see instructions)) Russian Leadership 20-0133008 Ministries 7 x 315,000

315,000.

Schedule A (Form 990 or 990-EZ) 2014
Part II Support Schedule for Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | |
|------|--|---------------|-----------------------|-----------------------|----------------------|---------------------|--------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | _ | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | <u>.</u> | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| | Total support. Add lines 7 through 10 | | | <u> </u> | l | | |
| | Gross receipts from related activities, | | | | | 12 | |
| 13 | First five years. If the Form 990 is for | • | s first, second, thir | d, fourth, or fifth t | ax year as a section | n 501(c)(3) | |
| Sec | organization, check this box and storetion C. Computation of Publication | ic Support Pe | rcentage | | • | | |
| | Public support percentage for 2014 (| | | column (fl) | | 14 | |
| | Public support percentage from 2013 | | | Joiumm (i)) | | 15 | % |
| | 33 1/3% support test - 2014. If the | | | n line 13, and line | 14 is 33 1/3% or n | <u> </u> | |
| | | - | | | 14 8 66 1/6/0 611 | nore, encerting pe | ▶ □ |
| b | stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box | | | | | | |
| _ | and stop here. The organization qual | | | | | | ▶ □ |
| 17a | 10% -facts-and-circumstances tes | | • | | e 13, 16a, or 16b. | and line 14 is 10% | or more. |
| | and if the organization meets the "fac | - | | | | | • |
| | meets the "facts-and-circumstances" | | | | | 3 | ▶□ |
| b | 10% -facts-and-circumstances tes | • | • | | • | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | | | | | | |
| | organization meets the "facts-and-circ | | | | | | ightharpoons |
| 18 | | | | | | | <u>s</u> |
| | | | | | | edule A (Form 990 | |

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | | | | | | |
|------|--|---------------------|-----------------------|-----------------------|---------------------|---------------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | , | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | , | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | , | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | 1 | | | |
| | ızatıon's benefit and either paid to | ! | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | • | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| K | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | ļ | |
| | Add lines 7a and 7b | | | | | - | |
| | Public support (Subtractline 7c from line 6.) | | | | | l | |
| | ndar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| | Amounts from line 6 | (4) 2010 | (6) 2011 | (0) 2012 | (4) 2013 | (6) 2014 | (I) IOIAI |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties and income from similar sources | | | | | | |
| Ŀ | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether or not the business is | | | | | | |
| | regularly carned on | | | | | | |
| 12 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | <u> </u> | | | | | |
| 14 | First five years. If the Form 990 is fo | rthe organization's | s first, second, thir | d, fourth, or fifth t | ax year as a sectio | n 501(c)(3) organiz | zation, |
| | check this box and stop here | | | | | | <u> </u> |
| | ction C. Computation of Publ | | | | | | |
| | Public support percentage for 2014 (| | • | column (f)) | | 15 | % |
| | Public support percentage from 2013 | | | | | 16 | <u>%</u> |
| | ction D. Computation of Inve | | | 20 12 column (f) | | 47 | 0/ |
| | Investment income percentage for 2 | • | • | ie 13, column (1)) | | 17 | <u>%</u> |
| | Investment income percentage from 33.1/3% support tests - 2014. If the | • | · · | on line 14 and line | a 15 ie more than ' | 18 33 1/3% and line: | % |
| 136 | 33 1/3% support tests - 2014. If the more than 33 1/3%, check this box a | - | | | | | 17 18 110t |
| | 33 1/3% support tests - 2013. If the | | - | | • • • | | ₽ □□ |
| ٠ | line 18 is not more than 33 1/3%, che | _ | | | | | |
| 20 | Private foundation. If the organization | | | | | _ | |
| | | | | | | | |

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D. and complete Part V.)

| | Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.) | | | |
|------------|--|-----|-----|----|
| Sec | tion A. All Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing | | | |
| | documents? If "No" describe in Part VI how the supported organizations are designated. If designated by | | | |
| | class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | х | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status | | | |
| | under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | | |
| | organization was described in section 509(a)(1) or (2). | 2 | | х |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer | | | |
| | (b) and (c) below. | 3a | | X |
| þ | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | | | |
| | satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the | | | |
| | organization made the determination. | _3b | | |
| C | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) | | | |
| | (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If | | | |
| | "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. | 4a | | x |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign | | | |
| | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion | | | |
| | despite being controlled or supervised by or in connection with its supported organizations. | 4b | | |
| C | Did the organization support any foreign supported organization that does not have an IRS determination | | | |
| | under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used | | | |
| | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | | | |
| | purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | | | |
| | answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN | | - | |
| | numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, | | | |
| | (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action | | | |
| | was accomplished (such as by amendment to the organizing document). | 5a | | x |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | | | |
| | designated in the organization's organizing document? | 5b | | |
| С | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | | | |
| | anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class | | | |
| | benefited by one or more of its supported organizations; or (c) other supporting organizations that also | | | |
| | support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in | | | |
| | Part VI. | 6_ | | Х |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial | | | |
| | contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent | | | |
| | controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | Х |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? | | | |
| | If "Yes," complete Part I of Schedule L (Form 990). | 8 | | х |
| 9 a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | | | |
| | disqualified persons as defined in section 4946 (other than foundation managers and organizations described | , | | |
| | ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. | 9a | | Х |
| þ | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which | | | |
| | the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | х |
| C | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit | | | |
| | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | | Х |
| 10a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) | | | |
| | (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting | | | |
| | organizations)? If "Yes," answer (b) below. | 10a | | X |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | | | |

determine whether the organization had excess business holdings.)

| Pa | rt IV Supporting Organizations (continued) | | | |
|-----|--|--|--------------|--------------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | x |
| b | A family member of a person described in (a) above? | 11b | | x_ |
| С | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | x |
| | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | l | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | x | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | 1 | | |
| | Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | х |
| Sec | tion C. Type II Supporting Organizations | | | |
| | tion or type it duplot unit or summer to the control of the contro | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 1.00 | |
| • | or trustees of each of the organization's supported organization(s)? If "No," describe in part VI how control | | 1 | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | , |
| | the supported organization(s). | ۱ ، | 1 | |
| Sec | tion D. Type III Supporting Organizations | <u> </u> | | |
| 000 | tion 5. Type in cupporting organizations | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 103 | |
| • | organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax | Ì | | |
| | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| • | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | ├ | <u> </u> | |
| 2 | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in part yi how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | ļ | |
| _ | | | | \vdash |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | | | l | |
| | income or assets at all times during the tax year? If "Yes," describe in $p_{art} v_l$ the role the organization's supported organizations played in this regard. | 3 | l | 1 |
| 500 | tion E. Type III Functionally-Integrated Supporting Organizations | <u>, </u> | L | |
| | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | | |
| 1 | The organization satisfied the Activities-Test. Complete-fine 2-below. | | | |
| a | | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi | niction | -1 | |
| c | | , actions | Yes | No |
| 2 | Activities Test. Answer (a) and (b) below. | | 163 | 140 |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | 1 |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | Ì | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 200 | | |
| _ | · | 2a | - | |
| D | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | 1 |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part yi the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | 1 | } |
| _ | activities but for the organization's involvement. | 2b | ┼ | \vdash |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | 1 |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | + | 1 |
| b | | | 1 | |
| | of its supported organizations? If "Yes," describe in part vi the role played by the organization in this regard. | 3b | 1 | 1 |

| Sche | dule A (Form 990 or 990-EZ) 2014 RLM Foundation | | | 27-1010736 | Page 6 |
|------|---|--|----------------------------|-----------------|--------|
| Pai | t V Type III Non-Functionally Integrated 509(a)(3) Supporting | ig Orgai | nizations | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on | Nov. 20, 1970. See instr | uctions. All | |
| | other Type III non-functionally integrated supporting organizations must co | omplete Se | ections A through E. | | |
| C | lan A. Adinated Nat Income | | (A) Duan Vanu | (B) Curren | t Year |
| Sect | on A - Adjusted Net Income | | (A) Pnor Year | (option | al) |
| 1 | Net short-term capital gain | 1 | | | |
| 2 | Recoveries of pnor-year distributions | 2 | | | |
| 3 | Other gross income (see instructions) | 3 | | | |
| 4 | Add lines 1 through 3 | 4 | | | |
| 5 | Depreciation and depletion | 5 | | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | | |
| | collection of gross income or for management, conservation, or | | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | | |
| 7 | Other expenses (see instructions) | 7 | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | <u> </u> | | |
| | Law B. Add Law A. A. A. A. A. A. A. A. A. A. A. A. A. | | (A) 5 | (B) Curren | t Year |
| Sect | ion B - Minimum Asset Amount | | (A) Pnor Year | (option | al) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | |
| | instructions for short tax year or assets held for part of year): | | | | |
| a | Average monthly value of securities | 1a | | | |
| b | Average monthly cash balances | 1b | | | |
| C | Fair market value of other non-exempt-use assets | 1c | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | |
| е | Discount claimed for blockage or other | | | | |
| | factors (explain in detail in Part VI): | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | |
| 3 | Subtract line 2 from line 1d | 3 | • | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | | • |
| | see instructions). | 4 | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | • | | |
| 6 | Multiply line 5 by .035 | 6 | | | |
| 7 | Recoveries of pnor-year distributions | 7 | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
| Sect | ion C - Distributable Amount | | | Current ' | Year |
| | Adjusted not income for provisor from Costing A line 9. Column A | | | + | |
| 1_ | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 1 | | | |
| 2 | Enter 85% of line 1 | 3 | - - | + | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 4 | | | |
| 4 | Enter greater of line 2 or line 3 | - | | + | |
| 5 | Income tax imposed in prior year | 5 | | | |
| -6- | , | <u> </u> | | | - |
| _ | emergency temporary reduction (see instructions) | 6 | | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ıyıntegrat | ea Type III supporting org | ganization (see | |

instructions).

| Pai | TV Type III Non-Functionally Integrated 50 | ອ(a)(3) Supporting Org | anizations _(continued) | |
|--|--|--|-----------------------------------|-----------------|
| Sect | on D - Distributions | | | Current Year |
| _1_ | Amounts paid to supported organizations to accomplish ex | | | |
| 2 | Amounts paid to perform activity that directly furthers exem | | | |
| | organizations, in excess of income from activity | | | |
| _3_ | Administrative expenses paid to accomplish exempt purpor | าร | | |
| _4_ | Amounts paid to acquire exempt-use assets | | | |
| _5_ | Qualified set-aside amounts (prior IRS approval required) | | | |
| _6_ | Other distributions (describe in Part VI). See instructions. | | <u>.</u> | |
| _7_ | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is responsiv | e | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2014 from Section C, line 6 | | | |
| <u>10</u> | Line 8 amount divided by Line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| Sect | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions | Distributable |
| | | | Pre-2014 | Amount for 2014 |
| _1_ | Distributable amount for 2014 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2014 | | | |
| | (reasonable cause required-see instructions) | | | |
| _3_ | Excess distributions carryover, if any, to 2014: | | | |
| <u>a</u> | | | | |
| <u>b</u> | | | | |
| <u> </u> | | | | |
| <u>d</u> | | ļ | | |
| е | From 2013 | ļ | | |
| <u>f</u> | Total of lines 3a through e | | | |
| | Applied to underdistributions of prior years | | | |
| <u>h</u> | Applied to 2014 distributable amount | ļ | | |
| <u> i </u> | Carryover from 2009 not applied (see instructions) | | | |
| <u>_i</u> | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2014 from Section D, | | | |
| | line 7: \$ | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2014 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2014, if | | | |
| | any. Subtract lines 3g and 4a from line 2 (if amount | | | |
| | greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2014. Subtract lines 3h | | | |
| | -and 4b from line-1-(if-amount-greater-than zero,-see | | | |
| | instructions). | - | | |
| 7 | Excess distributions carryover to 2015. Add lines 3 _j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | |
| b | | | | |
| С | | | | |
| d | Excess from 2013 | | | |
| е | Excess from 2014 | | | |
| | | | | |

| Scriedule A | (Form 990 of 990-E2) 2014 XIII Foundation Page 8 | | | | | | | |
|-------------|---|--|--|--|--|--|--|--|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. | | | | | | | |
| | Also complete this part for any additional information. (See instructions). | | | | | | | |
| | 7.000 complete this part for any additional information. (Occi montactions). | | | | | | | |
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SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete If the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| | RLM Foundation | | | 27-1010736 |
|-----|---|---|-------------------|---------------------------------------|
| Pai | t I Organizations Maintaining Donor Advise | ed Funds or Other Similar Funds o | r Ac | counts.Complete if the |
| | organization answered "Yes" to Form 990, Part IV, lin | ne 6. | | · |
| | | (a) Donor advised funds | (b) | Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advised | funds | |
| | are the organization's property, subject to the organization's | - | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | advisors in writing that grant funds can be use | ed onl | у |
| | for chantable purposes and not for the benefit of the donor | or donor advisor, or for any other purpose co | nfemn | g |
| | impermissible private benefit? | | | Yes No |
| Pai | t II Conservation Easements. Complete if the or | ganization answered "Yes" to Form 990, Part | IV, lın | e 7. |
| 1 | Purpose(s) of conservation easements held by the organizat | tion (check all that apply). | | |
| | Preservation of land for public use (e.g., recreation or | education) Preservation of a historic | ally in | portant land area |
| | Protection of natural habitat | Preservation of a certifie | d histo | onc structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form of a | a cons | servation easement on the last |
| | day of the tax year. | | _ | |
| | | | L | Held at the End of the Tax Year |
| а | Total number of conservation easements | | <u> </u> | 2a |
| b | Total acreage restricted by conservation easements | | _ | <u>2b</u> |
| C | Number of conservation easements on a certified historic st | • • | _ | 2c |
| d | Number of conservation easements included in (c) acquired | after 8/17/06, and not on a historic structure | | |
| | listed in the National Register | | _ | 2d |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or terminated by the or | ganız | ation during the tax |
| | year > | | | |
| 4 | Number of states where property subject to conservation ea | | | |
| 5 | Does the organization have a written policy regarding the per | | | Yes No |
| 6 | violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting. | | a tha | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | _ | - | |
| 8 | Does each conservation easement reported on line 2(d) abo | | | |
| • | and section 170(h)(4)(B)(ii)? | vo dationy the requirements of decision to disp | **,\ - \/\ | Yes No |
| 9 | In Part XIII, describe how the organization reports conservat | ion easements in its revenue and expense st | ateme | |
| | include, if applicable, the text of the footnote to the organiza | • | | |
| | conservation easements. | | | |
| Pai | t III Organizations Maintaining Collections of | f Art, Historical Treasures, or Oth | er Si | milar Assets. |
| | Complete if the organization answered "Yes" to Form | 990, Part IV, line 8. | | |
| 1a | If the organization elected, as permitted under SFAS 116 (A | SC 958), not to report in its revenue statemer | nt and | balance sheet works of art, |
| | historical treasures, or other similar assets held for public ex | hibition, education, or research in furtherance | of pu | iblic service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that descri | nbes these items. | | |
| b | If the organization elected, as permitted under SFAS 116 (A | SC 958), to report in its revenue statement ar | ıd bak | ance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, e | ducation, or research in furtherance of public | serv | ce, provide the following amounts |
| | relating to these items: | | | |
| | (i) Revenue included in Form 990, Part VIII, line 1 | | ١ | > \$ |
| | (ii) Assets included in Form 990, Part X | | I | > \$ > \$ |
| 2 | If the organization received or held works of art, historical tre | easures, or other similar assets for financial ga | an, pr | ovide |
| | the following amounts required to be reported under SFAS 1 | 116 (ASC 958) relating to these items: | | |
| а | Revenue included in Form 990, Part VIII, line 1 | | I | \$ |
| b | Assets included in Form 990, Part X | | ı | > \$ > \$ |
| | | | | |

| | dule D (Form 990) 2014 RLM Foundat | | | | | | 27-10107 | | Page 2 |
|--------------|--|------------------------|-------------|-------------------|---------------------------------------|----------------|--|--------------------|---------------|
| Par | t III Organizations Maintaining C | collections of A | rt, Hist | orical Tr | easures, or Oth | <u>ier Sim</u> | ilar Asse | ts (contini | ued) |
| 3 | Using the organization's acquisition, accessi | on, and other record | ls, check | any of the | following that are a | significan | t use of its | collection | ı items |
| | (check all that apply): | | | | | | | | |
| а | Public exhibition | d | ╵╠╵ | _oan or exc | hange programs | | | | |
| b | Scholarly research | е | (| Other | | | | | |
| C | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how th | ey further tl | he organızation's ex | empt pur | pose in Par | t XIII. | |
| 5 | During the year, did the organization solicit of | r receive donations | of art, his | stoncal trea | sures, or other simıl | ar assets | | _ | |
| | to be sold to raise funds rather than to be ma | | | | | | | Yes_ | No_ |
| Par | t IV Escrow and Custodial Arran | | ete if the | organizatio | n answered "Yes" t | o Form 99 | 00, Part IV, I | ine 9, or | |
| | reported an amount on Form 990, Pa | rt X, line 21. | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | an or other intermed | diary for o | contribution | s or other assets no | ot include | d | _ | _ |
| | on Form 990, Part X? | | | | | | L_ | Yes | └── No |
| ь | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing t | able: | | | _ | | |
| | | | | | | | | Amount | |
| C | Beginning balance | | | | | 1c | | | |
| đ | Additions during the year . | | | | | 1d | _ | | |
| е | Distributions during the year | | | | | <u>1e</u> | <u> </u> | | |
| f | Ending balance | | | | | 1f | | | |
| 2 a | Did the organization include an amount on F | orm 990, Part X, line | 21, for e | scrow or co | ustodial account liab | oility? | | 」Yes | L∐ No |
| _ | If "Yes," explain the arrangement in Part XIII. | | | | | _ | | | |
| Par | t V Endowment Funds. Complete | f the organization an | swered | "Yes" to Fo | rm 990, Part IV, line | 1 | | | |
| | | (a) Current year | (b) P | nor year | (c) Two years back | (d) Three | years back | (e) Four | years back |
| 1a | Beginning of year balance | <u></u> | | | | ļ | | ļ | |
| b | Contributions | | | | | ļ | | <u> </u> | |
| C | Net investment earnings, gains, and losses | | | | | | | <u> </u> | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | |
| | and programs | | | | | ļ | | <u> </u> | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | <u> </u> | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end baland | e (line 1 | g, column (a | a)) held as: | | | | |
| а | Board designated or quasiendowment | | _% | | | | | | |
| b | Permanent endowment | % | | | | | | | |
| C | Temporarily restricted endowment | % | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c shou | | | | | | | | |
| 3 a | Are there endowment funds not in the posse | ssion of the organiz | ation tha | it are held a | nd administered for | the orga | nization | г | |
| | by: | | | | | | | _ | Yes No |
| | (i) unrelated organizations | | | | | | | 3a(i) | $\overline{}$ |
| _ | (ii) related organizations | | | | | | | 3a(ii) | |
| | -ff-"Yes"-to 3a(ii), are the related organizations | • | | | | | | <u>3b</u> _ | |
| 4 | Describe in Part XIII the intended uses of the | | owment_t | unds. | | | | | |
| Par | | |) Dowl N | lino 11a C | 00 Form 000 Bard \ | Line 10 | | | |
| | Complete if the organization answere | | | | | | - I | (4) = 1 | |
| | Description of property | (a) Cost or o | | | | Accumula | | (d) Book | (value |
| | · · · · | basis (investr | | Dasis | (other) d | epreciation | <u>"' </u> | | 291 000 |
| _ | Land | 28 | 1,000. | | | | | | 281,000. |
| b | Buildings | | | | | | - | | |
| C | Leasehold improvements | | | | | | | | |
| d | Equipment | | | | | | | | |
| | Other Add lines 1a through 1e. (Column (d) must e | aud Form 000 Port | Y ook | on (D) line 1 | (00.) | | | | 281,000. |
| otal | . Add lines ta unrough te. (Column (d) must e | ryuai ruiiii 990, Part | A, COIUN | ו שוזוו, (ס) וווי | · · · · · · · · · · · · · · · · · · · | | | | ~UI,UU. |

| Schedule D (Form 990) 2014 RLM Foundation | | | 27-: | 1010736 | Page 3 |
|--|----------------------|-------------------------|-------------------------|-----------------|----------|
| Part VII Investments - Other Securities. | | | | | |
| Complete if the organization answered "Yes" to | o Form 990, Part IV, | | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of | valuation: Cost or end | l-of-year marke | et value |
| (1) Financial derivatives | | | | | |
| (2) Closely-held equity interests | | | | | |
| (3) Other | | | | | |
| (A) | | | <u></u> | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | - | |
| (E) | | | | _ | |
| (F) | | | · | | |
| (G) | • | | | | |
| (H) | | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | * | | | |
| Part VIII Investments - Program Related. | | | | · | |
| Complete if the organization answered "Yes" to | o Form 990 Part IV | line 11c. See Form 990 | Part Y line 13 | | |
| (a) Description of investment | (b) Book value | | valuation: Cost or end | l-of-vear marke | et value |
| (1) | (-, | (4) | | , | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | • |
| (7) | | | | | |
| (8) | | | | | _ |
| (9) | | | • | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | <u> </u> | | | | |
| Part IX Other Assets. | | | | - | |
| Complete if the organization answered "Yes" to | o Form 990, Part IV, | line 11d. See Form 990, | Part X, line 15. | | |
| | escription | | | (b) Book | value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | - | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
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| (9) | <u>-</u> | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | 15.) | | | | |
| Part X Other Liabilities. | | | · | | |
| Complete if the organization answered "Yes" to | o Form 990, Part IV, | | n 990, Part X, line 25. | | |
| 1. (a) Description of liability | | (b) Book value |] | | |
| (1) Federal income taxes | | |] | | |
| (2) | | | <u>]</u> | | |
| (3) | | | _ | | |
| (4) | | | 1 | | |
| (5) | | | | | |
| (6) | | · | 1 | | |
| | | | 1 | | |
| (8) | | | | | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

| Sche | dulè D (Form 990) 2014 RLM Foundation | | 27-1010736 | Page 4 |
|----------------|--|--------------------------------|--------------------------------|-------------|
| Pai | t XI Reconciliation of Revenue per Audited Financial State | ments With Revenue | per Return. | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 1 | 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | • | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | 24] | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | * | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| | Add lines 4a and 4b | ַ ער | —— ₄₀ | |
| | | | 4c 5 | |
| Dai | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Stat | ements With Evnense | | |
| Га | | | s per neturn. | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 1 | 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | | |
| а | Donated services and use of facilities | 2a | | |
| þ | Prior year adjustments | 2b | | |
| С | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | _4b | | |
| С | Add lines 4a and 4b | | 4c | |
| _5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 212 | 5 | |
| Pa | t XIII Supplemental Information. | | | |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I | Part IV, lines 1b and 2b; Part | V, line 4; Part X, line 2; Par | rt XI, |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any | additional information. | | |
| | | | | |
| | | | | |
| Part | X, Line 2: | | | |
| | | | | |
| The | financial statement effects of a tax position taken or expe | cted to be | | |
| | | | • | |
| take | n are recognized in the consolidated financial statements wi | hen it is | | |
| | | | | |
| more | likely than not, based on the technical merits, that the p | osition | | |
| | | | | |
| will | be sustained upon examination. Interest and penalties, if | anv are | | |
| | | | - . | |
| incl | uded in expenses in the consolidated statements of activiti | es la of | | |
| | The supplied in the second police of the second pol | | | |
| Tunc | 30 2015 and Degember 31 2013 the Organization had no un | aartain tau | | |
| 0 4116 | 30, 2015 and December 31, 2013, the Organization had no un | Certain tax | | |
| | tions that qualify for removining as displaying is the second | 1144 | | |
| ров | tions that qualify for recognition or disclosure in the con | BOIldated | | |
| رع | | | | |
| tina | ncial statements. | | | |
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| | | | | |
| The | Organization files information tax returns in the U.S. and | various | | |
| | | | | |
| | es. The Organization is generally no longer subject to U.S. | federal | | |
| 43205 10-01 | 14 | | Schedule D (Form | 990) 2014 |

| Schedule D (Form 990) 2014 RLM Foundation | 27-1010736 | Page 5 |
|---|-------------|--------------|
| Schedule D (Form 990) 2014 RLM Foundation Part XIII Supplemental Information (continued) | | |
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| and state income tax examinations by tax authorities for years before | | |
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| 2012. | | |
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047
2014

Open to Public

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

| RLM | Foundation | | | | 27-1010736 | | | | | | |
|------|--|---|---|--|--|--|--|--|--|--|--|
| Pa | rt I General Info | mation on A | ctivities Ou | tside the United States. Comple | | /es* on | | | | | |
| | Form 990, Part IV | | | | | | | | | | |
| 1 | | | n maintain recon | ds to substantiate the amount of its gra | | | | | | | |
| | the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| | United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) | | | | | | | | | | |
| _3_ | | | | | | T | | | | | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | ia and | | | Grants to recipients | | | | | | | |
| Neig | hboring States | 0 | 0_ | located in region | | 405,000. | | | | | |
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| 3 2 | Sub-total | 0 | 0 | | | 405,000. | | | | | |
| | Total from continuation | | | | | 1 | | | | | |
| _ | sheets to Part I | 0 | 0 | | | 0. | | | | | |
| С | Totals (add lines 3a | | | | | | | | | | |
| | and 3h) | 1 6 | l o | | 1 | 405 000 | | | | | |

Schedule F (Form 990) 2014 RLM Foundation 27-1010736

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any 27-1010736 recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV appraisal, other) |
|-------------------------------|---|-------------------------------------|---------------------------|--------------------------|------------------------------------|---|--|--|
| | | Russia and Weighboring States | Support Russian | 315,000. | Wire | 0. | | Çash |
| | | Russia and Neighboring States | For seminary programming, | 90,000. | | 0. | | Cash |
| | | peaces | programming. | 30,000. | | | | |
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| 2 | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt be |
|---|---|
| | the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter |
| • | Figure 4 at all more than a figure and a three properties and a spetting |

| 3_ | Enter total number of | other organizations or entities | |
|----|-----------------------|---------------------------------|--|
| | | | |

Schedule F (Form 990) 2014

27-1010736

Page 3

Pert III Grante and Other Assistance to Individuals Quiside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 16.

Part III can be duplicated if additional space is needed

(e) Type of grant or assistance

(b) Region

(c) Region

(d) Amount of cash grant

(e) Manner of cash grant

(e) Manner of cash grant

(ii) Manner of cash grant

(iii) Manner of cash grant

(iv) Amount of non-cash assistance

(iv) Description of non-cash assistance

(iv) Agprassal, other)

| Sche <u>d</u> | ule F (Form 990) 2014 RLM Foundation | 27-1010736 | Page 4 |
|---------------|---|------------|--------|
| Part | IV Foreign Forms | | |
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With | | |
| | a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) | . Yes | x No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | ☐ Yes | x No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | x No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) | Yes | x No |

SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www Irs. gov/form990.

Inspection Employer identification number

| RLM Foundation | 27-1010736 |
|--|------------|
| Form 990, Part VI, Section B, line 11: | |
| The Form 990 is prepared by an independent CPA firm, and then a draft of | |
| the Form 990 is reviewed and approved by all board members before filing | |
| the return with the IRS. | |
| | |
| Form 990, Part VI, Section B, Line 12c: | |
| Officers and board members fill out a conflict of interest form each year. | |
| The President of the Board reviews the signed statements. If a conflict | |
| arises, the individual would abstain from voting. | |
| | |
| Form 990, Part VI, Section B, Line 15: | |
| The organization does not compensate any officers or key employees. | |
| Therefore, Lines 15a and 15b were answered no in accordance with the | |
| instructions. | |
| | |
| Form 990, Part VI, Section C, Line 19: | |
| The organization's governing documents, conflict of interest policy, and | |
| financial statements are made available upon request. | |
| | |
| Form 990, Part XI, line 9, Changes in Net Assets: | |
| Impairment loss - property held for sale -75,000. | |
| | |
| Form 990, Part XII, Line 2c | - |
| The organization's Board assumes responsibility for oversight of the | |
| audit of its financial statements and selection of its independent | |
| accountant. This process has not changed since the prior year. | |
| | |

| Schedule O (Form 990 or 990-EZ) (2014) | Page 2 |
|--|---|
| Name of the organization RLM Foundation | Employer identification number 27-1010736 |
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

2014 Open to Public Inspection

Name of the organization Employer Identification number RLM Foundation 27-1010736 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Part I (b) (d) (f) Name, address, and EIN (rf applicable) Primary activity Legal domicile (state or Total income End-of year assets Direct controlling of disregarded entity foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year (a) (b) (c) (d) (e) (f) (g) ion 512(b)(13) Exempt Code Public charity Direct controlling Name, address, and EIN Legal domicile (state or Primary activity controlled entity? status (if section entity of related organization section foreign country) 501(c)(3)) Yes No Russian Leadership Ministries - 20-0133008 Prepare pastoral and 209 E Liberty Drive congregational leaders for Wheaton, IL 60187 the Russian churches llinois 501(c)(3) Line 7

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

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Page 2

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

| (a) | (b) | (c) | (d) | (e) | (f) | (B) | (1 | h) | (i) | Ω | (k) |
|---|------------------|---|---------------------------|--|-----------------------|-----------------------------------|--------|--------------------|---------------------------------|-----------------------------|-------------------------|
| Name, address, and EiN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | allocs | orionate tions? | amount in box 20 of Schedule | General managi partne | Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes N | <u> </u> |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domacile (state or foreign country) Direct controlling entity (C of | | Direct controlling Type of entity | | (g) Share of end-of-year assets | (h) Percentage ownership | Sec 512(t contr enti | i) :Son b)(13) rolled ilty? |
|---|-------------------------|--|---|-----------------------------------|---|--|--------------------------------|-------------------------------|---|
| | | | | , | | | | Yes | No |
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Schedule R (Form 990) 2014

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|-----|--|---------------|-----|----------------|
| Par | V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 | | | |
| Not | e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | Yes | No |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 18 | | x |
| ь | Gift, grant, or capital contribution to related organization(s) | 1b | x | Π |
| c | Gift, grant, or capital contribution from related organization(s) | 1c | | x |
| d | Loans or loan guarantees to or for related organization(s) | 1d | | x |
| e | Loans or loan guarantees by related organization(s) | 1e | | X |
| f | Dividends from related organization(s) | <u>-</u> | - | <u>x</u> . |
| g | Sale of assets to related organization(s) | 1g | | × |
| h | Purchase of assets from related organization(s) | 1h | | x |
| | Exchange of assets with related organization(s) | 11 | ı | x |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 11 | | x |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| - 1 | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | x |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | x |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | х | |
| ۰ | Sharing of paid employees with related organization(s) | 10 | x | |
| P | Reimbursement paid to related organization(s) for expenses | 4 | ļ | |
| - | Reimbursement paid by related organization(s) for expenses | 1p | | - |
| ч | nembursement paid by related organization(s) for expenses | 1q | | ^ |
| r | Other transfer of cash or property to related organization(s) | 1r | | x |
| 8 | Other transfer of cash or property from related organization(s) | 18 | | x |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transacti | on thresholds | | |

| The distriction to day of the above is 103, occ the districtions for shormation on t | vilo musi complete i | ilis ilile, lilicidaling covered | relationships and transaction thresholds |
|--|----------------------------------|----------------------------------|--|
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
| (1) Russian Leadership Ministries | В | 0. | |
| (2) Russian Leadership Ministries | N | 0. | |
| (3) Russian Leadership Ministries | • | 0. | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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Schedule R (Form 990) 2014

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| (e) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners see 501(c)(3) ords? Yes No | (f) Share of total ncome | (g) Share of end-of-year assets | (h) Disproptional alocato Yes N | or- Code V-UBI amount in box of Schedule K- | General of 20 managin pertner? | (k) Percentage ownership |
|--|-------------------------|-----|---|---|-----------------------------------|--|---------------------------------|---|--------------------------------|--------------------------------|
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| Schedule R | (Form 990) 2014 | RLM Foundation | 27-1010736 | Page 5 |
|------------|------------------------------------|---|---------------|--------------|
| Part VII | (Form 990) 2014 Supplemental Info | rmation | - | |
| | Provide additional inform | nation for responses to questions on Schedule R (see instructions). | | |
| | Provide additional infor | lation for responses to questions on ocheque in (see instructions). | - | |
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