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EXTENDED TO OCTOBER 17, 2016 Return of Private Foundation

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

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2014

Inter	nal Re		orm 990-PF and its separate	instructions is at www.ii		Open to Public Inspection
		ndar year 2014 or tax year beginning DE	EC 1, 2014	, and ending	NOV 30, 2015	5
		f foundation			A Employer identification	n number
F	RM2	FOUNDATION				
_(2/0	MARC PERLMAN			05-0494286	5
Nu	mber a	and street (or P.O. box number if mail is not delivered to str	B Telephone number			
3	375	COMMERCE PARK ROAD			401-295-26	572
Cı	y or t	own, state or province, country, and ZIP or foreig	n postal code		C if exemption application is	
	-	TH KINGSTOWN, RI 0285				,
		k all that apply: Initial return	Initial return of a f	ormer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return	. ,		,
		Address change	Name change		Foreign organizations m check here and attach c	eeting the 85% test,
Н	Checl		exempt private foundation			
Г	٦ se	ection 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	E If private foundation sta under section 507(b)(1	
			inting method: X Cash	Accrual	7 ' ' '	,, ,,
		Part II, col (c), line 16)	Other (specify)	L //tooldal	F If the foundation is in a under section 507(b)(1	
	- \$	4,380,263. (Part I, co		basis)	under section 507(b)(1)(D), CHECK HELE
	art l				(a) Advicted not	(d) Disbursements
L		(The total of amounts in columns (b), (c), and (d) may no necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	1,149,070.		N/A	(cash basis only)
	'2	Check If the foundation is not required to attach Sch. B	1,149,070.		IN/A	
	3	Interest on savings and temporary	16.	16	+	STATEMENT 1
	4	cash investments Dividends and interest from securities	37,653.	37,653		
	1	Gross rents	147,000.	37,033	•	STATEMENT 2 STATEMENT 3
	1 .	55 004		<u> </u>		
			60,005.			STATEMENT 4
e	Oa	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	00,005.	<u> </u>		
Revenue	ا ا	assets on line 6a		60 005		
B.	'	Capital gain net income (from Part IV, line 2)		60,005	•	
	8	Net short-term capital gain	mmu			
	9	Income modifications Gross sales less returns		,		
	1 .	and allowances				
	1	Less Cost of goods sold Gross profit or (loss)				
	1	Gross profit or (loss) Other income	29.	29	 	CMA MEMBER C
	11		1,393,773.	97,703		STATEMENT 5
	12	Total Add lines 1 through 11	1,393,773.	· · · · · · · · · · · · · · · · · · ·		VED 1
(C)	13	Compensation of officers, directors, trustees, etc Other employee salaries and wages	·	0.		
Q	14	, ,			8 OCT 14	200
≱ se	15	Pension plans, employee benefits Legal fees			│ <mark> </mark>	1711116 IC /I
Z	108	Accounting fees		<u></u>		.U10 J
Expenses Expenses		Other professional fees STMT 6	36.	36.	OGDEN	
— Д Щ	1,7	Interest	1,021.	1,021		
LOO Fative	18	Taxes STMT 7	6,000.	387		50.
otra	10					50.
5 68	19	Depreciation and depletion	72,909.	0.		
- 0	20	Occupancy Traval conferences and meetings	5,114.	0 .		0.
and A	21	Travel, conferences, and meetings				
֓֞֞֞֞֟֞֟֞֟֞֟֓֟֝֟֟	22	Printing and publications Other expenses STMT 8	12 000		 	
Operating	23		13,896.	0.		0.
era	24	Total operating and administrative	00 076	1 444		
å	0.5	expenses Add lines 13 through 23	98,976.	1,444.		50.
	25	Contributions, gifts, grants paid	293,885.		 	293,885.
	26	Total expenses and disbursements	202 061	1 4 4 4		202 035
	-	Add lines 24 and 25	392,861.	1,444.		293,935.
		Subtract line 26 from line 12.	1 000 010			
	1 .	Excess of revenue over expenses and disbursements	1,000,912.	06 050	<u> </u>	
	1	Net investment income (if negative, enter -0-)	-	96,259		
	l C	Adjusted net income (if negative, enter -0-)		<u></u>	N/A	<u> </u>

C/O	MARC	PERLMAN
C/U	MARC	PEKTMAN

Fo	rm 99	0-PF (2014) C/O MARC PERLMAN		<u>05-</u>	0494286 Page 2
	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
	art	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	73,844.	620,328.	620,328.
		Accounts receivable			
		Less: allowance for doubtful accounts ▶			
	1	Pledges receivable ►		William .	
	"	Less: allowance for doubtful accounts			
	_ ا				
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	1	Less: allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ä	10a	Investments - U.S. and state government obligations			
	Ь	Investments - corporate stock			
	1	Investments - corporate bonds			
	1	Investments - land, buildings, and equipment basis			
	l	Less accumulated depreciation			
	12	Investments - mortgage loans			
	1	Investments - other STMT 10	724,210.	1 /FO FF6	2 056 206
	13		724,210.	1,458,556.	2,056,386.
	14	Land, buildings, and equipment: basis ► 1,806,837.	1 886 450	1 502 540	1 500 540
	١	Less accumulated depreciation 103, 288.	1,776,458.	1,703,549.	1,703,549.
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
_	<u> </u>	instructions. Also, see page 1, item I)	2,574,512.	3,782,433.	4,380,263.
	17	Accounts payable and accrued expenses			
	18	Grants payable			*
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable			
=	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31			
es	24	Unrestricted			
Net Assets or Fund Balances	25	Temporarily restricted			
3ak	26	Permanently restricted			
ğ	20	· · · · · · · · · · · · · · · · · · ·			
בֿי		!			
ъ		and complete lines 27 through 31	1 075 207	1 075 207	
sts	27	Capital stock, trust principal, or current funds	1,075,327.	1,075,327.	
SSE	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
ţ	29	Retained earnings, accumulated income, endowment, or other funds	1,499,185.	2,707,106.	
Š	30	Total net assets or fund balances	2,574,512.	3,782,433.	
	31	Total liabilities and net assets/fund balances	2,574,512.	3,782,433.	<u></u>
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 30)		
		t agree with end-of-year figure reported on prior year's return)		1	2,574,512.
2	Enter	amount from Part I, line 27a		2	1,000,912.
3	Othe	increases not included in line 2 (itemize)	SEE STA	rement 9 3	207,009.
4	Add	ines 1, 2, and 3		4	3,782,433.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	mn (b), line 30	6	3,782,433.
					Form 990-PF (2014)

423511 11-24-14

	Part IV Capital Gains ar	nd Losses for Tax on Ir	nvestmen	t Income							
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					(b) I	How acquired - Purchase - Donation		acquired fay, yr.)	(d) Date sold (mo., day, yr)		
1	a VANGUARD-DETAIL;	S AVAILABLE UPC	N REQU	EST		P					
_	b		_		<u> </u>						
_					-						
-	de				\vdash						
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss) s (f) minus (
_	a						(+/	- (-)	60,005.		
_	a b								00,003.		
_	c	~ " d									
	d										
_	e		<u> </u>								
_	Complete only for assets showing (· · · · · · · · · · · · · · · · · · ·				(Gains (C	Col. (h) gain	minus		
_	(i) F.M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (3), if any				not less that (from col (h))		
_	a								60,005.		
_	b										
_	C										
_	d			 							
_	e	C 16		7	7						
2	Capital gain net income or (net capit	al loss) $ \begin{cases} & \text{If gain, also enter} \\ & \text{If (loss), enter -0} \end{cases} $			}	2			60,005.		
3	Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co If (loss), enter -0- in Part I, line 8		nd (6):		}	2		N/A			
П	Part V Qualification Und	der Section 4940(e) for	Reduced	Tax on Net	Inv	estment Inc	ome	11/12			
(F	or optional use by domestic private fo	oundations subject to the section	4940(a) tax on	net investment in	come	1.)		-			
			` ,			•					
11	section 4940(d)(2) applies, leave this	part urank.									
W	as the foundation liable for the section	n 4942 tax on the distributable am	nount of any ye	ear in the base per	rod?				Yes X No		
<u>If</u>	"Yes," the foundation does not qualify										
<u>1</u>	Enter the appropriate amount in eac	· · · · · · · · · · · · · · · · · · ·	nstructions be	fore making any e		<u>'</u>			(d)		
	Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying dis	tributions	(c) Net value of noncharitable-use assets				Distrib	(d) ution ratio ided by col. (c))		
_	2013		6,128.								
-	2012		5,538.			$\frac{7012}{163}, 412$.095006		
_	2011		5,314.			397,117					
_	2010		<u>4,705.</u>			367,919	•		.447666		
_	2009	25	1,219.			314,877	<u>.</u>		<u>.797832</u>		
	Total of line 1, column (d)						2		1.872337		
3	Average distribution ratio for the 5-y the foundation has been in existence		on line 2 by 5,	or by the number	of yea	ars	3		.374467		
		·	hao E								
4	Enter the net value of noncharitable-	use assets for 2014 from Part X,	iine 5				4		4,382,311.		
5 Multiply line 4 by line 3					5		1,641,031.				
6	Enter 1% of net investment income ((1% of Part I, line 27b)					6	_	5,502.		
7	Add lines 5 and 6						7_	7 1,646,533.			
8	Enter qualifying distributions from Pa	art XII, line 4					8		1,700,000.		
	If line 8 is equal to or greater than lin See the Part VI instructions.	ne 7, check the box in Part VI, line	1b, and comp	lete that part usin	g a 1%	% tax rate.					

	. RM2 FOUNDATION			
Earn	990-PF (2014) C/O MARC PERLMAN	05-049	14286	Daga
	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or			Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	1	, 1110ti do	
10	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	1		963.
u	of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2		0.
	Add lines 1 and 2	3		963.
A	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	-	0.
-	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		963.
0	·			
	Credits/Payments			
	2014 estimated tax payments and 2013 overpayment credited to 2014 Exempt foreign organizations - tax withheld at source 6b	1		
	6 150	-		
	, , , , , , , , , , , , , , , , , , ,	4 1		
		7 7	6	,150.
_	Total credits and payments. Add lines 6a through 6d	8		, 150 .
8		9		
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	10		,187.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2015 estimated tax	11		$\frac{187}{187}$
_	art VII-A Statements Regarding Activities			,107.
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven		T	es No
ıa	any political campaign?	0 III	1a	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	n\2	1b	X
и	If the answer is "Yes" to I_a or I_b , attach a detailed description of the activities and copies of any materials publish	-	- ''	
	distributed by the foundation in connection with the activities.	180 01		
	Did the foundation file Form 1120-POL for this year?		10	X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		''-	
u	(1) On the foundation \blacktriangleright \$ (2) On foundation managers \blacktriangleright \$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<u>.</u>		
-	managers > \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	X
٤.	If "Yes," attach a detailed description of the activities.			······································
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or		
3	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	UI	3	X
An			4a	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/A	4a 4b	- A
	If "Yes," has it filed a tax return on Form 990-T for this year?	и/ п	5	X
J	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		3	A
e	If "Yes," attach the statement required by General Instruction T. Are the requirements of continue 508(c) (relating to continue 4041 through 4045) estimated others.			
0	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or By state legislation that effectively amende the governing instrument as that so mandatory divisations that conflict with the state.	to low		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the statement is the government and the government.	fe ISM		х
	remain in the governing instrument?		6	1

7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

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

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

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8b

X

RI

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

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

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensati
NONE	
Total number of others receiving over \$50,000 for professional services	•
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	
1 <u>N/A</u>	
	
	
2	_
	_
3	
3	
	—
4	
·	
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
NOT APPLICABLE	
2	
All other program-related investments. See instructions.	
3	_
Total. Add lines 1 through 3	> 0

	Minimum Investment Return (All domestic foundations	must complete this par	t Foreign four	ndations, s	see instructions)	- Luge 0
 1	Fair market value of assets not used (or held for use) directly in carrying out charitat					
a	Average monthly fair market value of securities	, .		1a	4,381	.065.
b	Average of monthly cash balances			1b	4,38 <u>1</u> 67	.982.
C	Fair market value of all other assets			1c		, , , , , ,
d	Total (add lines 1a, b, and c)			1d	4,449	.047.
е	Reduction claimed for blockage or other factors reported on lines 1a and					
	1c (attach detailed explanation)	1e	0.			
2	Acquisition indebtedness applicable to line 1 assets	L 12 1		2		0.
3	Subtract line 2 from line 1d			3	4,449	.047.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amoun	t, see instructions)		4		736.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and o	•		5	4,382	.311.
6	Minimum investment return. Enter 5% of line 5			6		,116.
P	art XI Distributable Amount (see instructions) (Section 4942(1)(3) a	and (i)(5) private operating	foundations an	d certain		
_	foreign organizations check here and do not complete this part		,			
1	Minimum investment return from Part X, line 6			1	219	,116.
2a	Tax on investment income for 2014 from Part VI, line 5	2a	963.			
b	Income tax for 2014. (This does not include the tax from Part VI.)	2b				
C	Add lines 2a and 2b			2c		963.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	218	,153.
4	Recoveries of amounts treated as qualifying distributions			4		0.
5	Add lines 3 and 4			5	218	,153.
6	Deduction from distributable amount (see instructions)			6		0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Par	t XIII, line 1		7	218	153.
P	Qualifying Distributions (see instructions)					
<u> </u>	Amounts paid (including administrative expenses) to accomplish charitable, etc., pur	rposes:				
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	293	935.
b	Program-related investments - total from Part IX-B			1b		0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charita	ble, etc., purposes		2		
3	Amounts set aside for specific charitable projects that satisfy the:					
a	Suitability test (prior IRS approval required)			3a		
b	Cash distribution test (attach the required schedule)			3b		
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, a	ind Part XIII, line 4		4	293	935.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net invited	estment				
	income. Enter 1% of Part I, line 27b			5		0.
6	Adjusted qualifying distributions Subtract line 5 from line 4			6	293	,935.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years v	when calculating whether	the foundation o	jualifies for		
	4940(e) reduction of tax in those years.					

Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				
line 7				218,153.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
ь Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014:		<u>U.</u>		
a From 2009 235, 637.				
b From 2010 18,126.				
c From 2011 504,714.				
d From 2012 97,889.				
e From 2013 1,075,046.				
f Total of lines 3a through e	1,931,412.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ►\$ 293,935.				:
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			, , , , , , , , , , , , , , , , , , , ,	
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				218,153.
e Remaining amount distributed out of corpus	75,782.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,007,194.			
b Prior years' undistributed income Subtract		·		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously		ا م		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014, Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	235,637.			
9 Excess distributions carryover to 2015				
Subtract lines 7 and 8 from line 6a	1,771,557.			
0 Analysis of line 9.				
a Excess from 2010 18,126.				
b Excess from 2011 504, 714.				
c Excess from 2012 97,889.				
d Excess from 2013 1,075,046.				
e Excess from 2014 75,782.				Form 990-PF (2014)
1-94-14				FARM 440-PF (2014)

Part XIV	Private Operating F	oundations (see ins	structions and Part VII-	A, question 9)	N/A					
1 a If the foundation has received a ruling or determination letter that it is a private operating										
foundati	foundation, and the ruling is effective for 2014, enter the date of the ruling									
	b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)									
2 a Enter the	lesser of the adjusted net	Tax year		Prior 3 years						
income 1	from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total				
	ent return from Part X for					· · · · · · · · · · · · · · · · · · ·				
each yea										
b 85% of I										
	g distributions from Part XII,		*****							
	each year listed									
	s included in line 2c not									
	ectly for active conduct of									
exempt a										
	ig distributions made directly		•							
	e conduct of exempt activities.									
	line 2d from line 2c									
	e 3a, b, or c for the									
alternativ	ve test relied upon:									
	alternative test - enter:									
(1) Valu	ie of all assets									
	ue of assets qualifying er section 4942(j)(3)(B)(i)									
	nent" alternative test - enter		-							
	inimum investment return									
shown ir listed	n Part X, line 6 for each year									
c "Support	" alternative test - enter:									
(1) Tota	al support other than gross									
	stment income (interest,									
	dends, rents, payments on									
	urities loans (section (a)(5)), or royalties)									
	port from general public				-					
and	5 or more exempt									
	anizations as provided in ion 4942(j)(3)(B)(iii)									
	gest amount of support from									
• • •	xempt organization									
	ss investment income			-						
Part XV	Supplementary Info	rmation (Comple	te this part only i	f the foundation	had \$5,000 or mo	ore in assets				
	at any time during the				. . ,					
1 Informa	ation Regarding Foundation	n Managers:								
	managers of the foundation who	-	han 2% of the total contr	ibutions received by the f	oundation before the clos	se of any tax				
	t only if they have contributed m			•		,				
SEE ST	ATEMENT 11			· · · · · · · · · · · · · · · · · · ·						
	managers of the foundation who			or an equally large portion	n of the ownership of a pa	artnership or				
other ent	tity) of which the foundation has	a 10% or greater interes	t.							
NONE										
2 Informa	ation Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:						
	ere $ ightharpoonup oxed{X}$ if the foundation oi									
the found	dation makes gifts, grants, etc. (see instructions) to indiv	iduals or organizations ur	ider other conditions, coi	mplete items 2a, b, c, and	d d				
a The nam	e, address, and telephone numb	er or e-mail address of th	ne person to whom applic	ations should be address	sed:					
b The form	in which applications should be	e submitted and informat	ion and materials they sh	ould include:						
c Any subi	mission deadlines.	• • •								
d Anyrost	rictions or limitations on awards	euch as hy goographics	Largae phorutahia fiolida I	unde of perturbage of at	thar factors:					
u Any resti	rictions or limitations on awards	, audit as by geographica	i ai cas, ciiai iladie ileiOS, f	งเกเนอ บา เกอเสนินเบเกร, 01 ปีเ	ino Iduluis.					

05-0494286

Page 11

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, · Recipient Purpose of grant or show any relationship to Foundation Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year FRIENDS OF THE ISRAEL DEFENSE FORCES NONE PUBLIC CHARITY GENERAL OPERATING SUPPORT - NEW ENGLAND REGION 154 WELLS AVE NEWTON, MA 02459 20,000. PUBLIC CHARITY GENERAL OPERATING JEWISH ALLIANCE OF GREATER RHODE NONE SUPPORT ISLAND 401 ELMGROVE AVENUE PROVIDENCE RI 02906 2,500. PUBLIC CHARITY GENERAL OPERATING MAKING STRIDES AGAINST BREAST CANCER NONE 931 JEFFERSON BLVD, SUITE 3004 SUPPORT WARWICK, RI 02886 500. PEF ISRAEL ENDOWMENT FUNDS NONE PUBLIC CHARITY GENERAL OPERATING 630 THIRD AVENUE SUPPORT NEW YORK, NY 10017 220,000. TEMPLE SINAI NONE PUBLIC CHARITY GENERAL OPERATING SUPPORT 30 HAGEN AVENUE CRANSTON RI 02920 5,700. SEE CONTINUATION SHEET(S) **▶** 3a 293 885. Total b Approved for future payment NONE Total

inter gross amounts unless otherwise indicated.	Unrelated t	usiness income		y section 512, 513, or 514	(e)
•	(a) Business	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue	code	Amount	sion code	Amount	function income
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					·
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	16.	
4 Dividends and interest from securities			14	37,653.	
5 Net rental income or (loss) from real estate:				3,7,555	
a Debt-financed property					
b Not debt-financed property			18	55,081.	
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	29.	
8 Gain or (loss) from sales of assets other					· · · · · · · · · · · · · · · · · · ·
than inventory			14	60,005.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		().	152,784.	0
13 Total Add line 12, columns (b), (d), and (e)				13	152,784
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Accom	plishment of	Exempt Po	ırposes	
Line No Explain below how each activity for which incon	ne is reported in c	olumn (e) of Part XV	I-A contributed	importantly to the accomp	olishment of
the foundation's exempt purposes (other than b				, . ,	

Line No	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of
▼ .	the foundation's exempt purposes (other than by providing funds for such purposes).
· · · · · · - -	
423621 11-24-14	Form 990-PF (20

C/O MARC PERLMAN Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

		<u>'</u>								
Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of									Yes	No
	the Code	(other than section 501(c)	(3) organizations) or	ations?						
a	Transfers	from the reporting founda	ation to a noncharitab	le exempt org	ganization of:					
	(1) Cash							1a(1)		_X_
	(2) Other							1a(2)		<u>X</u>
b	Other tran									
	• •	s of assets to a noncharital						1b(1)		<u>X</u>
		hases of assets from a nor		ganization				1b(2)		X
	` '	al of facilities, equipment, o	or other assets					1b(3)		<u>X</u>
		bursement arrangements						1b(4)		<u>X</u>
	` '	is or loan guarantees						1b(5)		<u>X</u>
	• •	ormance of services or mei	•	_				1b(6)		<u>X</u>
		of facilities, equipment, mai						1c		_X_
ď					dule. Column (b) should alwa				ets,	
					ed less than fair market value	in any transaction	or snaring arrangement, sr	low in		
۵۱.	ine no	d) the value of the goods, or (b) Amount involved			exempt organization	[(d) n .				
4,1	ine no	(b) Amount involved	(c) Name of		exempt organization	(u) Description	of transfers, transactions, and s	naring an	rangeme	nts
				N/A						
				 	····					
										
								_		
	- 		····							
			_							
									-	
2 a	Is the fou	ndation directly or indirect	lv affiliated with, or re	lated to, one	or more tax-exempt organiza	tions described			-	
		501(c) of the Code (other						Yes	X	No
b		omplete the following sche		•						
		(a) Name of org			(b) Type of organization	(1	c) Description of relationsh	ıp		
		N/A				·				
		,								
	1				g accompanying schedules and st i taxpayer) is based on all informat		May	the IRS	discuss t	this
Si	gn 🔪		ipiete Decimanos arches	<u>Jarci (OII</u> IEI (IIII			shov	n with th <u>in</u> below	(see ins	er tr)?
He	re	17/			10/1/16	TRUSTE	E X	Yes		No
	Sigi	nature of officer or trustee			Date	Title				
		Print/Type preparer's na	me	Preparer's si	gnature		Check if PTIN			
_				Moh	a K HANIN	0/15/11	self- employed			
	iid	DEBORAH A.		AKM	WWINKI	סונטוד		167		
	eparer	Firm's name KAH	N, LITWIN,	, RENZ.	A & CO., LTD	• •	Firm's EIN ► 05-04	093	84	
US	e Only									
		Firm's address ► 95								
		PR	OVIDENCE,	RI <u>02</u>	904		Phone no. $401 - 27$			
							Fo	rm 99 0)-PF	(2014)

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

Department of the Treasury Internal Revenue Service

Name of the organization

RM2 FOUNDATION

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990 .

OMB No 1545-0047

Employer identification number

C/	O MARC PERLMAN	05-0494286
Organization type (check of	one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le See instructions
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special Rules		
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amour, line 1 Complete Parts I and II	or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sitions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educated to children or animals. Complete Parts I, II, and III	
year, contributions is checked, enter hourpose. Do not co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled makere the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box , charitable, etc ,
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule E Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	, , , , , , , , , , , , , , , , , , , ,
LHA For Paperwork Redu	iction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B	(Form 990, 990-EZ, or 990-PF) (2014)

Employer identification number

05-0494286

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARC PERLMAN 180 SHADY COVE ROAD NORTH KINGSTOWN, RI 02852	\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARC PERLMAN 180 SHADY COVE ROAD NORTH KINGSTOWN, RI 02852	\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARC PERLMAN 180 SHADY COVE ROAD NORTH KINGSTOWN, RI 02852	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MARC PERLMAN 180 SHADY COVE ROAD NORTH KINGSTOWN, RI 02852	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MARC PERLMAN 180 SHADY COVE ROAD NORTH KINGSTOWN, RI 02852	\$\$\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-0	MARC PERLMAN 180 SHADY COVE ROAD NORTH KINGSTOWN, RI 02852	\$ 45,900.	Person X Payroll Noncash X (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2014)

Employer identification number

Part I	·Contributors (see instruction	ons) Use duplicate copies of Part I if additional space is needed
	Continuators (See monache	one duplicate copies of rail in additional space is necessar

Parti	Contributors (see instructions) Use duplicate copies of Part I	r additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MARC PERLMAN 180 SHADY COVE ROAD NORTH KINGSTOWN, RI 02852	\$\$ 13,181.	Person X Payroll X Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MARC PERLMAN 180 SHADY COVE ROAD NORTH KINGSTOWN, RI 02852	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MARC PERLMAN 180 SHADY COVE ROAD NORTH KINGSTOWN, RI 02852	\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MARC PERLMAN 180 SHADY COVE ROAD NORTH KINGSTOWN, RI 02852	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	MARC PERLMAN 180 SHADY COVE ROAD NORTH KINGSTOWN, RI 02852	\$\$ <u>15,902.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	MARC PERLMAN 180 SHADY COVE ROAD NORTH KINGSTOWN, RI 02852	\$\$	Person X Payroll

Employer identification number

Part I	·Contributors	(see instructions)	Use duplicate co	pies of Part I if addition	onal space is needed
--------	---------------	--------------------	------------------	----------------------------	----------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MARC PERLMAN 180 SHADY COVE ROAD NORTH KINGSTOWN, RI 02852	\$ 15,132.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
422452 11.0		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is need	Part II	art II Noncash Property (see ins	istructions). Use duplicate copies of Part II if additional space is neede
---	---------	----------------------------------	--

rait II	Monicash Property (see instructions) use duplicate copies of Part III a		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	DONATED SECURITIES: 3500 SHARES OF APPLE AND 6000 FACEBOOK SHARES		
		\$ 877,858.	01/31/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	DONATED SECURITIES: 200 SHARES OF ABT		
		\$9,284.	04/30/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	DONATED SECURITIES: 200 SHARES OF ABBV		
		\$ <u>12,932.</u>	04/30/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	DONATED SECURITIES: 200 SHARES OF BA		
		\$ 28,668.	04/30/15
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	DONATED SECURITIES: 300 SHARES OF CVS	100	
		\$ 29,787.	04/30/15
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	DONATED SECURITIES: 900 SHARES OF DOW		
		\$ 45,900.	04/30/15

Employer identification number

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7 <u>DONA</u>	TED SECURITIES: 700 SHARES OF GG		
		\$13,18	04/30/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8 DONA	TED SECURITIES: 300 SHARES OF HD		
		\$\$	<u>04/30/15</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9 DONA	TED SECURITIES: 300 SHARES OF ITW		
		\$28,07	4. 04/30/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10 DONA?	TED SECURITIES: 200 SHARES OF PEP		10-1
		\$19,02	04/30/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11 DONAT	TED SECURITIES: 200 SHARES OF PG		
		\$15,90	2. 04/30/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
12 DONAT	TED SECURITIES: 200 SHARES OF SRE		
3453 11-05-14		\$ 21,23	4. 04/30/15 Form 990, 990-EZ, or 990-PF) (

Name of organization

Employer identification number

RM2 FOUNDATION C/O MARC PERLMAN

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	DONATED SECURITIES: 300 SHARES OF VZ	-	
		\$ 15,132.	04/30/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3453 11-05-		\$Sahadula B /Farm S	90, 990-EZ, or 990-PF) (

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Part XV Supplementary Information Grants and Contributions Paid During the				
Recipient	If recipient is an individual,	Foundation	Purpose of great or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
RINITY REPERTORY COMPANY	NONE	PUBLIC CHARITY	GENERAL OPERATING	
01 WASHINGTON ST			SUPPORT	
ROVIDENCE, RI 02903				45,18
		· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·	
Total from continuation sheets		1		45 1

FORM 990-PF INTERE	ST ON SAVING	SS AND TEMPOR	RARY CASH I	NVESTMENTS	STATEMENT 1	
SOURCE AMERITRADE - 866300067 US TRUST - 08272463 TOTAL TO PART I, LINE 3		(A) REVENUE PER BOOK		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME	
			4. 12.			
			16.	16.		
FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECU	RITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVES MENT INCO		
AMERITRADE VANGUARD HEALTH CARE ADMIRAL FUND	29,844.	0.	29,844			
- 09969643884	7,809.	0.	7,809	7,80	09.	
TO PART I, LINE 4	37,653.	0.	37,653	37,65	53.	
FORM 990-PF		RENTAL INCOM	IE		STATEMENT 3	
KIND AND LOCATION C	F PROPERTY			ACTIVITY NUMBER	GROSS RENTAL INCOME	
87 EMPIRE ST AND 32	ABORN ST PR	ROVIDENCE RI	02903	1	147,000.	
TOTAL TO FORM 990-P	F, PART I, I	INE 5A			147,000.	

FORM 990-PF	RENTAL EX	PENSES		STATEMENT	4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
WASTEWATER COLLECTION PROPERTY INSURANCE WATER REPAIRS & MAINTEANCE			3,056. 12,596. 2,058. 1,300.		
DEPRECIATION -	SUBTOTAL -	1	72,909.	91,9	19.
TOTAL RENTAL EXPENSES				91,9	19.
NET RENTAL INCOME TO FORM 99	0-PF, PART	I, LINE 5B	=	55,0	81.
FORM 990-PF	OTHER	INCOME		STATEMENT	Ę
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
SECURITIES LITIGATION PROCEE	DS -	29.	29.		
TOTAL TO FORM 990-PF, PART I	, LINE 11 =	29.	29.		
FORM 990-PF	OTHER PROFE	SSIONAL FEES	, , , , , , , , , , , , , , , , , , ,	STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITA PURPOS	
INVESTMENT MANAGEMENT FEES	36	36	•		0.
TO FORM 990-PF, PG 1, LN 16C	36	36	•		0.

FORM 990-PF	TAX	ES		STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCC		TED CHARITABLE
RI ATTORNEY GENERAL FILING FEES FEDERAL TAXES	50. 5,563.		0. 0.	50. 0.
FOREIGN TAXES	387.		87.	0.
TO FORM 990-PF, PG 1, LN 18	6,000.	3	87.	50.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		TED CHARITABLE
PROPERTY INSURANCE REPAIRS & MAINTEANCE	12,596. 1,300.		0.	0.
TO FORM 990-PF, PG 1, LN 23	13,896.		0.	0.
FORM 990-PF OTHER INCREASES	S IN NET ASS	ETS OR FUN	D BALANCES	STATEMENT 9
DESCRIPTION				AMOUNT
DIFFERENCE IN COST BASIS OF I	OONATED STOC	K		207,009.
TOTAL TO FORM 990-PF, PART II	II, LINE 3			207,009.
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 10
DESCRIPTION		LUATION ETHOD	BOOK VALUE	FAIR MARKET VALUE
			*	·
VANGUARD HEALTH CARE FUND ADM SHARES AMERITRADE ACCOUNT #866-30006		COST COST	374,31 1,084,24	

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 11

NAME OF MANAGER

MARC PERLMAN CLAIRE PERLMAN