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Form **990-PF** Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2015 Return of Private Foundation

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

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

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

For	alen	dar year 2014 or tax year beginning		, and ending	_	
Nai	ne of	foundation			A Employer identification	number
Т	ΗE	JAMES & BARBARA CIMINO	FOUNDATION,			
I	<u>NC</u>	•			82-0474867	'
Nur	nber a	nd street (or P.O. box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_P	0	BOX 363328			(787)781-2	070
		own, state or province, country, and ZIP or foreign p JUAN, PR 00936	ostal code		C If exemption application is p	ending, check here
		all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	check here
•		Final return	Amended return	armor public orienty	b 1.1 or origin or gamzations	, oncon noro
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,
H	heck	type of organization: X Section 501(c)(3) ex			E If private foundation sta	
	_		Other taxable private founda	ition	under section 507(b)(1)	
I Fa	ır ma	arket value of all assets at end of year J Accounti		Accrual	F If the foundation is in a	• •
		· ! —	ther (specify)		under section 507(b)(1)	
	\$	15,294,069. (Part I, colu	mn (d) must be on cash t	oasis)		
Pa	ırt I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	38,216.		N/A	
	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	402.	402		STATEMENT 1
	4	Dividends and interest from securities	624,527.	504,635		STATEMENT 2
	5a	Gross rents	10,000.	10,000	•	STATEMENT 3
	ь	Net rental income or (loss)				STATEMENT 4
ø	6a	Net gain or (loss) from sale of assets not on line 10	-266,189.			
n.	b	Gross sales price for all assets on line 6a 5,286,716.			OFN	
Revenue	7	Capital gain net income (from Part IV, line 2)		0	·II RECEIV	ヒリ
ш	8	Net short-term capital gain				S
	9	Income modifications Gross sales less returns			SEP 29 7	1015
	10a	and allowances			1 1 20	<u> </u>
		Less Cost of goods sold			000	117 - I
	l	Gross profit or (loss)	7 ((1	T CC1	1 OCIDEN	CMXminvenim F
	11	Other income	-7,661. 399,295.	-7,661 507,376		STATEMENT 5
	12	Total. Add lines 1 through 11	399,295.	0		0.
	13	Compensation of officers, directors, trustees, etc	0.	U	•	0.
	14 15	Other employee salaries and wages Pension plans, employee benefits				
S	40-	Legal fees STMT 6	2,003.	2,003		0.
ŠUŠ	IVa h	Accounting fees STMT 7	12,920.	12,920		0.
Expense	, ו	Other professional fees STMT 8	35,539.	35,539		0.
ē m		Interest	33,333.	33,333		
aţì	18	Taxes STMT 9	9,471.	9,471		0.
istr	19	Depreciation and depletion	10,000.	10,000		
ä	20	Occupancy				
Ad	21	Travel, conferences, and meetings				
and Administrative	22	Printing and publications				
ğ	23	Other expenses STMT 10	25,919.	25,919	•	0.
Operating	24	Total operating and administrative				
per		expenses. Add lines 13 through 23	95,852.	95,852	•	0.
O	25	Contributions, gifts, grants paid	251,899.			251,899.
	26	Total expenses and disbursements.				
	ļ. <u></u> .	Add lines 24 and 25	347,751.	95,852	•	251,899.
	27	Subtract line 26 from line 12:]			
	a	Excess of revenue over expenses and disbursements	51,544.			
		Net investment income (if negative, enter -0-)		411,524		
	C	Adjusted net income (if negative, enter -0-)			N/A	L

FOI	II <u>I</u> 99	U-PF (2014) INC.	Decrease of the s		-04/400/ Page 2
Р	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Doob and returned become		(b) book value	(C) I dil Market Value
	1	Cash - non-interest-bearing	393,400.	1 700 500	1 700 500
		Savings and temporary cash investments	402,717.	1,708,529	. 1,708,529.
	3	Accounts receivable ►			
		Less; allowance for doubtful accounts			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	ł	Less; allowance for doubtful accounts			
s	8	Inventories for sale or use			
Assets	1 '	Prepaid expenses and deferred charges		····	
As		Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 12	11,021,355.	11,025,540	. 11,025,540.
		Investments - corporate bonds	11,041,555	11,023,340	11,023,310.
	t				
	11	4.5.	2,570,000.	2,560,000	. 2,560,000.
	10		2,370,000.	2,300,000	2,300,000.
	ļ	Investments - mortgage loans			
		Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			
		Other assets (describe ►)		······································	
	16	Total assets (to be completed by all filers - see the	4.4 000 400	15 004 060	15 004 060
	-	instructions. Also, see page 1, item I)	14,387,472.	15,294,069	. 15,294,069.
		Accounts payable and accrued expenses			_
		Grants payable			{
es	19	Deferred revenue		<u></u>	
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons	<u> </u>		_
Liabilities	21	Mortgages and other notes payable			_
_	22	Other liabilities (describe 🕨)			
	23	Total liabilities (add lines 17 through 22)	0.	0	ᅴ
		Foundations that follow SFAS 117, check here			
r)		and complete lines 24 through 26 and lines 30 and 31.			
č	24	Unrestricted	14,387,472.	15,294,069	<u>.</u>]
<u>a</u>	25	Temporarily restricted			
or Fund Balances	26	Permanently restricted			
ם		Foundations that do not follow SFAS 117, check here			
Ę	l	and complete lines 27 through 31.	1		
S	27	Capital stock, trust principal, or current funds			
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
As	29	Retained earnings, accumulated income, endowment, or other funds			
Net Assets	1	Total net assets or fund balances	14,387,472.	15,294,069	•
_		·			
	31	Total liabilities and net assets/fund balances	14,387,472.	15,294,069	
P	art		alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3			
•		at agree with end-of-year figure reported on prior year's return)			14,387,472.
2		amount from Part I, line 27a		<u> </u>	51,544.
		r increases not included in line 2 (itemize)	SEE STA		855,053.
		lines 1, 2, and 3			15,294,069.
		eases not included in line 2 (itemize)			0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30		15,294,069.
				-	Form 990-PF (2014)

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Form 990-PF (2014) INC						<u>82-0</u>	<u>474867</u>	Page 3
<u> </u>	and Losses for Tax on I		Income	(b) How acqu	ured) D-4	4 (4) D	
(a) List and desc 2-story brick wa	ribe the kind(s) of property sold (e. arehouse; or common stock, 200 sh	g., real estate, is. MLC Co.)		P - Purcha D - Donatio	se ¦ ''	;) Date acquire (mo., day, yr.)		ate sold day, yr.)
1a ·				D DONAIN				
b SEE ATTACHED	STATEMENT							
С								
_d								
_e				<u> </u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Gain or ((e) plus (f) mi		
<u>a</u>		 						
<u>b</u>		<u> </u>						
d		<u> </u>						
e 5,286,716.		 	5,552,90)5.			-266	5,189.
	ng gain in column (h) and owned by				(1) 0	Gains (Col. (h)		, <u>, , , , , , , , , , , , , , , , , , </u>
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (j), ıf any		còl. (I	k), but not less Losses (from	than -0-) or	
a								
b		ļ. <u>.</u>	<u> </u>					
<u>C</u>								
<u>d</u>		<u> </u>					250	5 100
<u>e</u>		.l		$\overline{}$		· · · · · · · · · · · · · · · · · · ·	-200	5,189.
2 Capital gain net income or (net ca	apıtal loss) $ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter} \end{cases} $	er in Part I, line 0- in Part I, line	7 7	} 2			-266	5,189.
3 Net short-term capital gain or (lo		ınd (6):						
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8) ₃		N	/A	
Part V Qualification L	Inder Section 4940(e) fo	r Reduced	Tax on Net	Investme	nt Inco			
(For optional use by domestic private	e foundations subject to the section	4940(a) tax on	net investment ir	ncome.)				
		, ,						
If section 4940(d)(2) applies, leave t	ilis part Dialik.							
	tion 4942 tax on the distributable a		•	rıod?			Yes	No X
If "Yes," the foundation does not qua				ntrino				
	each column for each year; see the	instructions be	ibre maxing any e				(d)	
(a) Base period years Calendar year (or tax year beginni	(b) Adjusted qualifying di	stributions	Net value of no	(c) oncharitable-us	e assets	(col (t	istribution ratio) divided by co)) (c))
2013	mg m/	95,007.		4,794		(60). (1		040669
2012		70,106.			,289.	 		367847
2011		24,475.			,701.			145806
2010		28,342.			,825.			139833
2009	2:	32,610.		987	,682.			<u> 235511</u>
2 Total of line 1, column (d)						2	<u> </u>	<u>929666</u>
	5-year base period - divide the total	on line 2 by 5,	or by the number	r of years		1 1		
the foundation has been in existe	ince if less than 5 years					3		<u> 185933</u>
4 Enter the net value of noncharital	ble-use assets for 2014 from Part X	, line 5				4	14,50	1,904.
		,						
5 Multiply line 4 by line 3						5	2,696	<u>6,383.</u>
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)					6	4	4,115.
7 Add lines 5 and 6						7	2,700	0,498.
8 Enter qualifying distributions from	m Part XII, line 4					8	251	1,899.
	n line 7, check the box in Part VI, lin	e 1b, and comp	lete that part usin	ng a 1% tax rat	e.			

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THE JAMES & BARBARA CIMINO FOUNDATION, 82-0474867 Form 990-PF (2014) INC Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) 1a Exempt operating foundations described in section 4940(d)(2), check here \blacktriangleright and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) 8,230. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% 1 of Part I, line 27b c All other domestic foundations enter 2% of line 27b, Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 8.230. 3 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 8,230. 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: 3,077. a 2014 estimated tax payments and 2013 overpayment credited to 2014 6a b Exempt foreign organizations - tax withheld at source 6b 15,000. c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d 18,077. 7 Total credits and payments. Add lines 6a through 6d 95. 8 Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 9 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed 9,752. 10 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 9.752. Refunded ▶ 11 Enter the amount of line 10 to be: Credited to 2015 estimated tax Part VII-A | Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in X 1a any political campaign? 1b X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. X c Did the foundation file Form 1120-POL for this year? 10 d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0. (2) On foundation managers. > \$_ (1) On the foundation. > \$ ___ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$ Х 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 2 If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or X bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Х 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? N/A 4b b If "Yes," has it filed a tax return on Form 990-T for this year? X 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes," attach the statement required by General Instruction T. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law X remain in the governing instrument? X 7 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

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906___1

X

8b

ID

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

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

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

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Х

3b

4a

N/A

May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

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

Form 4720, to determine if the foundation had excess business holdings in 2014.)

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

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

Yes X No

Yes X No

N/A

Х

6b

7b

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

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

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

1 List all officers, directors, trustees, foundation managers and the	eir compensation.			,
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ROBERT CIMINO	DIRECTOR/PRES	IDENT		
P.O. BOX 363328				
SAN JUAN, PR 00936	0.00	0.	0.	0.
DAVID CIMINO	DIRECTOR			
P.O. BOX 363328				
SAN JUAN, PR 00936	0.00	0.	0.	0.
JAMES A. CIMINO	DIRECTOR/VICE	PRESIDEN	T	
P.O. BOX 420				
SUN VALLEY, ID 83353	0.00	0.	0.	0.
ANA APONTE	SECRETARY/TRE	ASURER	ļ	
P.O. BOX 363328			1	
SAN JUAN, ID 00936	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those	included on line 1). If none,	enter "NONE."		· · · · · · · · · · · · · · · · · · ·
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

a personal benefit contract?

If "Yes" to 6b, file Form 8870.

THE JAMES & BARBARA CIMINO FOU Form 990-PF (2014) INC.		0474867 Page 7
Part VIII Information About Officers, Directors, Trustees, Four	ndation Managers, Highly	O T / T O O / T Uge /
Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, e		4) Company to p
. (a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant's number of organizations and other beneficiaries served, conferences convened, research papers	tatistical information such as the produced, etc.	Expenses
1 N/A		
2		
3		
	-	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	ır on lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		

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Total. Add lines 1 through 3

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<u>P</u>	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foun	dations,	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	11,269,066.
	Average of monthly cash balances	1b	883,679.
	Fair market value of all other assets	1c	2,570,000.
	Total (add lines 1a, b, and c)	1d	14,722,745.
	Reduction claimed for blockage or other factors reported on lines 1a and		
٠	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	14,722,745.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	220,841.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	14,501,904.
6	Minimum investment return Enter 5% of line 5	6	725,095.
_	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and	d certain	
_	foreign organizations check here and do not complete this part.)		705 005
1	Minimum investment return from Part X, line 6	1 _	725,095.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.)		0 220
С	Add lines 2a and 2b	2c	8,230.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	716,865.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	716,865.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	716,865.
Р	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	251,899.
b	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	.	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	251,899.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	.	
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	251,899.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q 4940(e) reduction of tax in those years.	ualifies fo	or the section

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INC.

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,	Острав	Todio pilot to 2010	2010	
line 7				716,865.
2 Undistributed income, if any, as of the end of 2014	İ			
a Enter amount for 2013 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2014:		0.		
1 1 1				
a From 2009 183,798.				
b From 2010 82,870. c From 2011 82,045.				
d From 2012 233,644.				
e From 2013				
f Total of lines 3a through e	582,357.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ►\$ 251,899.				
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				251,899.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014	464,966.			464,966.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	117,391.			· · · · · · · · · · · · · · · · · · ·
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously		_		
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 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	I			
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	į			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	117,391.			
10 Analysis of line 9:		ļ		
a Excess from 2010			İ	
b Excess from 2011	J			
c Excess from 2012 117,391.				
d Excess from 2013				
e Excess from 2014 423581 11-24-14				Form 990-PF (2014)
11-24-14				TUTH 3307 FT (2014)

BY LETTER, WITH SPECIFIC EXPLANATION OF PROGRAM FOR USE OF FUNDS

c Any submission deadlines:

NONE

423601 11-24-14

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

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

AWARDS USUALLY BENEFIT EDUCATIONAL AND ENVIRONMENTAL AREAS

Form **990-PF** (2014)

If recipient is an individual,

show any relationship to

any foundation manager

or substantial contributor

Foundation

status of

recipient

Amount

Form **990-PF** (2014)

Purpose of grant or

contribution

		_		
orm 990-PF	(2014)	I	NC.	•

Recipient

Name and address (home or business)

Supplementary Information (continued)

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

Part XV

a Paid during the year					
CAL STATE UNIVERSITY EAST BAY		501(C)(3)	EDUCATIONAL		
					16,634,
HOTEL AND TOURISM SCHOLARSHIP FUND		501(C)(3)	CHARITABLE		r 000
			- 		5,000,
		504 (5) (3)			
IDAHO WILD LIFE FOUNDATION		501(C)(3)	CHARITABLE		15,000
BOISE STATE UNIVERSITY		501(C)(3)	EDUCATIONAL		
					5,000,
SUN VALLEY HIGHER GROUND		501(C)(3)	CHARITABLE		F 000
Total SEE CON	TINUATION SHEE	T(S)		▶ 3a	5,000 251,899
b Approved for future payment					
NONE					
Total				▶ 3b	

11

INC.

inter gross amounts unless otherwise indicated.	Unrelated b	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	Amount	function income
a					
b					
c					
d					
e	l i				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			01	402.	
4 Dividends and interest from securities			01	622,807.	1,720.
5 Net rental income or (loss) from real estate;					
a Debt-financed property					
b Not debt-financed property	531110	-5,970).		
6 Net rental income or (loss) from personal	33333				
property					
7 Other investment income			01	245.	-7,906.
8 Gain or (loss) from sales of assets other					
than inventory			01	20,506.	-286,695 .
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	1		1 1	1	
b					·
C	1				
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		-5,970).	643,960.	-292,881.
3 Total. Add line 12, columns (b), (d), and (e)				13	345,109.
(See worksheet in line 13 instructions to verify calculations.	.)			_	

Line No.	Explai the fo	in belov undatio	v how each activity for w	hich income is reported ther than by providing f	rted in column (e) of Part XVI-A contributed importantly to the accomplishment of ig funds for such purposes).
3	SALE	OF	INVESTMENT	PORTFOLIO	O ASSETS
	 				
	<u> </u>		- 		
	-				
	<u> </u>				
	 				
	 				
		<u></u>			
	<u> </u>				
	<u> </u>				
	<u> </u>				

Form **990-PF** (2014)

		AMES & BARBA	ARA (CIMINO FOUND	ATION,	00.0	45.4065	_	
	-PF (2014) INC •						<u>474867</u>		ge 13
Part X	VII Information Re Exempt Organ	egarding Transfers	s To a	nd Transactions a	and Relations	ships With Nond	charitable)	
1 Did	the organization directly or indi		following	with any other organizati	on described in sec	ction 501(c) of		Yes	No
	Code (other than section 501(c								
	sfers from the reporting found							,	
	Cash						1a(1)		X
	Other assets						1a(2)		_X_
	er transactions:								
(1)	Sales of assets to a noncharita	ble exempt organization					1b(1)		_X
(2)	Purchases of assets from a no	ncharitable exempt organiz	zation				1b(2)		X
	Rental of facilities, equipment,	• -					1b(3)		X
	Reimbursement arrangements						1b(4)		X
(5)	Loans or loan guarantees						1b(5)		X
	Performance of services or me	embership or fundraising si	olicitation	าร			1b(6)		X
٠, ,	ring of facilities, equipment, ma						1c		X
	e answer to any of the above is				ways show the fair	market value of the god	ods, other ass	ets,	
or s	ervices given by the reporting firm (d) the value of the goods,	oundation. If the foundation	n receive						
a) Line no	T			exempt organization	(d) Description	on of transfers, transactions	, and sharing arr	angeme	nts
		ľ	A/V						
-									
			-						
		1							
ın s	ne foundation directly or indirection 501(c) of the Code (othe	er than section 501(c)(3)) o	•	• -	izations described		Yes	X	No
b If "Y	es," complete the following sch (a) Name of org		1	(b) Type of organization	Τ	(c) Description of rela	tionshin		
		Janization		(b) Type of organization	 	(c) Description of rea	donomp		
	N/A								
					 				
									
					+				——
	Under penalties of perjury, I declare	that I have examined this return	n including	n accompanying schedules and	d statements, and to the	ne best of my knowledge			
Sign Here	and belief, it is true correct and co	mplete Declaration oppreparer	(other than	taxpayer) is based on all infor	PRESI	rer has any knowledge	May the IRS of return with the shown below Yes	e prepar (see ins	er
	Signature of officer of trustee	3		Date /	Title		<u> </u>		
	Print/Type preparer's n	ame Prep	parer's sy	anature	Date	Check if F	PTIN		
Paid	G. L. BILI	MILLER W		WINDIN	09/17/15	;	P00119	774	
Prepa		RRIN MCMILLAI	N & 1	MILLER	<u>, , , , , , , , , , , , , , , , , , , </u>	Firm's EIN ► 61			

423622 11-24**-**14

Use Only

Phone no. (503)239-0932

Form **990-PF** (2014)

Firm's address ▶ 1725 S.E. ASH

PORTLAND, OR 97214-1525

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

Department of the Treasury Internal Revenue Service

Name of the organization

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 .

THE JAMES & BARBARA CIMINO FOUNDATION,

OMB No 1545-0047

Employer identification number

	INC.	82-0474867
Organization type (che	ck 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	
	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	rial Rule. See instructions
General Rule		
-	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a contri	
Special Rules		
sections 509(a any one contri	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% su)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 butor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the a 0-EZ, line 1. Complete Parts I and II.	, 16a, or 16b, and that received from
year, total con	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990·EZ that received tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or of cruelty to children or animals. Complete Parts I, II, and III	
year, contribut is checked, en purpose. Do n	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received close exclusively for religious, charitable, etc., purposes, but no such contributions total ter here the total contributions that were received during the year for an exclusively relot complete any of the parts unless the General Rule applies to this organization becautable, etc., contributions totaling \$5,000 or more during the year	led more than \$1,000. If this box igious, charitable, etc ,
Caution. An organizati	on that is not covered by the General Rule and/or the Special Rules does not file Sche	edule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE JAMES & BARBARA CIMINO FOUNDATION,

Employer identification number

INC. 82-0474867

Part I	Contributors (see instructions). Use duplicate copies of Part I	ıf addıtıonal space ıs needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STACY SMITH PO BOX 3555 HAILEY, ID 83333	s6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ANONYMOUS DONATIONS	\$\$ <u>32,216.</u>	Person X Payroll
(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
		\$	Person Payroll 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

Name of organization

THE JAMES & BARBARA CIMINO FOUNDATION,

Employer identification number

82-0474867

art II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) ło. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
a) o. om ert l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
a) lo. om ort l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\ 	

L4420917 758428 906

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

(d) Description of how gift is held

Relationship of transferor to transferee

14420917 758428 906

(a) No. from

Part I

(e) Transfer of gift

(c) Use of gift

Transferee's name, address, and ZIP + 4

(b) Purpose of gift

FORM 990-PF INTERE	ST ON SAVING	S AND TEMPOR	ARY CASH I	NVESTMENTS	STATEMENT	1
SOURCE		(A) REVENUE PER BOOK		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOMI	€
US BANK		4	02.	402.		
TOTAL TO PART I, LI	4	02.	402.			
FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECU	JRITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVES MENT INCO		
BLACKSTONE GROUP CPI CAPITAL CROSSAMERICA PTRS	2,871. 2,113. 1,803.	4,156. 121. 2,075.	-1,285 1,992 -272	2. 1,99	92.	
MORGAN STANLEY (200) MORGAN STANLEY (692)	550,061. 11,192.	16,027. 0.	534,034 11,192			
OAKTREE CAPITAL UBS FINANCIAL	547. 78,642.	323. 0.	78,642	1. 22	0.	
TO PART I, LINE 4	647,229.	22,702.	624,527	504,63	35.	
FORM 990-PF		RENTAL INCOM	E	-	STATEMENT	3
KIND AND LOCATION O	F PROPERTY			ACTIVITY NUMBER	GROSS RENTAL INC	OME
CONDO - KETCHUM IDA	HO			1	10,0	00.
TOTAL TO FORM 990-P	F, PART I, I	LINE 5A			10,0	00.

FORM 990-PF	RENTAL EX	PENSES		STATEMENT 4
DESCRIPTION	2	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION HOA FEES UTILITIES MAINTENANCE INSURANCE	-		10,000. 2,167. 209. 256. 3,338. 0.	
- :	SUBTOTAL -	1	0.	15,970.
TOTAL RENTAL EXPENSES			_	15,970.
NET RENTAL INCOME TO FORM 99	0-PF, PART	I, LINE 5B	=	-5,970.
FORM 990-PF	OTHER :	INCOME		STATEMENT 5
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
BLACKSTONE GROUP OAKTREE CAPITAL CPI CAPITAL EUROPE CROSSAMERICA PTRS		198. 47. -3,204. -4,702.		
TOTAL TO FORM 990-PF, PART I	, LINE 11	-7,661.	-7,661.	
FORM 990-PF	LEGA	FEES		STATEMENT 6
DUGGDIDMION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
DESCRIPTION				
ATTORNEY FEES	2,003	2,003	•	0.

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	12,920.	12,920.		0.	
TO FORM 990-PF, PG 1, LN 16B	12,920.	12,920.		0.	
FORM 990-PF C	THER PROFES	SIONAL FEES	S	PATEMENT 8	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
SECRETARIAL & BOOKKEEPING INVESTMENT ADVISOR FEES BROKER FEES	12,000. 11,771. 11,768.	12,000. 11,771. 11,768.		0. 0. 0.	
TO FORM 990-PF, PG 1, LN 16C	35,539.	35,539.		0.	
FORM 990-PF	TAX	ES	S'	гатемент 9	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES PAID	9,471.	9,471.		0.	
TO FORM 990-PF, PG 1, LN 18	9,471.	9,471.		0.	
FORM 990-PF	OTHER E	XPENSES	S	ratement 10	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INSURANCE MAINTENANCE CPI EUROPE OAKTREE CAPITAL BLACKSTONE	16,141. 981. 862. 44. 118.	16,141. 981. 862. 44. 118.		0. 0. 0. 0.	

THE JAMES & BARBARA CIMINO FOUNDA	TION, I		82-0474	867
HOA FEES UTILITIES MAINTENANCE	2,167. 2,1 209. 2 256. 2	303. 167. 209. 256.		0. 0. 0.
TO FORM 990-PF, PG 1, LN 23 25	25,9	919.		0.
FORM 990-PF OTHER INCREASES IN NE	T ASSETS OR FUN	ID BALANCES	STATEMENT	11
DESCRIPTION			AMOUNT	-
CHANGES IN THE FAIR MARKET VALUE OF	SECURITIES	•	855,0	53.
TOTAL TO FORM 990-PF, PART III, LIN	TE 3		855,0	53.
FORM 990-PF COR	PORATE STOCK		STATEMENT	12
DESCRIPTION		BOOK VALUE	FAIR MARKE VALUE	Т
BROKERS STATEMENT FIRST WESTERN BANK	-	10,650,540. 375,000.	10,650,5 375,0	
TOTAL TO FORM 990-PF, PART II, LINE	- 10B =	11,025,540.	11,025,5	40.
FORM 990-PF DEPRECIATION OF ASSE	TS HELD FOR IN	/ESTMENT	STATEMENT	13
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VAL	UE
CONDOMINIUM APARTMENT	275,000.	10,000.	265,0	00.
TOTAL TO FM 990-PF, PART II, LN 11	275,000.	10,000.	265,0	00.

Part IV Capital Gains and Los	sses for Tax on Investment Income				
(a) List and	describe the kind(s) of property solick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a MORGAN STANLEY	A/C 106200		P		
b MORGAN STANLEY			P		
c MORGAN STANLEY	A/C 57692		P		
d MORGAN STANLEY	A/C 57692		P		
e UBS A/C 6F5102	7		P		
CAPITAL GAINS	DIVIDENDS				
9		-			
h		,			
1					
_k					
1					
m					
n					
_0		 			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h)	Gain or (loss) lus (f) minus (g)	
- CAE 000	(or anowable)		(e) h	ius (i) iiiilus (y)	62 506
a 645,062.		581,476. 2,308,371.			63,586.
b 2,589,376.					<u>281,005.</u> 101,932.
c 1,091,348.		1,193,280. 141,543.			76,307.
d 217,850.		1,328,235.			607,857.
e 720,378. f 22,702.		1,328,233.			22,702.
					22,102.
g h					
					
k					
1					
<u>m</u>					
n					
0					
Complete only for assets showing	ng gain in column (h) and owned by	the foundation on 12/31/69	(I) Los	ses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (I) over col. (J), If any	Gains (excess o	of col. (h) gain over ot less than "-0-")	col. (k),
_a					63,586.
b					281,005.
_c				_	101,932.
d					76,307.
е					<u>607,857.</u>
f					22,702.
<u>g</u>			.		
h			·		
					
<u>k</u>	 				
			·		
<u>m</u>		 			
0		L			
2 Capital gain net income or (net ca	ipital loss) { If gain, also enter "-C	r in Part I, line 7)-" in Part I, line 7	2		266,189.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8, if (loss) enter "-0-" in Part I, line 8	column (c).	nd (6):		N/A	

THE JAMES & BARBARA CIMINO FOUNDATION,

82-0474867

Part XV Supplementary Information		 		T
3 Grants and Contributions Paid During the		 		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or šubstantial contributor	recipient		
PUBLIC BROADCASTING OF IDAHO		501(C)(3)	EDUCATIONAL	25,000
WOOD RIVER ANIMAL SHELTER		501(C)(3)	CHARITABLE	1,000
SUN VALLEY WOMENS CENTER		501(C)(3)	CHARITABLE	10,000,
SV SKI EDUCATION FUND		501(C)(3)	EDUCATIONAL	10,000
ST JOSEPH INDIAN SCHOOL		501(C)(3)	EDUCATIONAL	1,000
LIVING WITH WOLVES		501(C)(3)	EDUCATIONAL	5,000
FUNDACION GARCIA RINALDI		501(C)(3)	CHARITABLE	5,000,
CITY OF KETCHUM		501(C)(3)	CHARITABLE	23,265,
HOSPICE OF WOOD RIVER VALLEY		501(C)(3)	CHARITABLE	2,000.
MACKAY ELEMENTARY SCHOOL		501(C)(3)	EDUCATIONAL	5,000
Total from continuation sheets				205_265

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
MACKAY JUNIOR-SENIOR HS		501(C)(3)	EDUCATIONAL	5,00
BRITTE COUNTY SCHOOL DISTRICT		501(C)(3)	EDUCATIONAL	5,00
STENNETT SCHOLARSHIP FUND		501(C)(3)	EDUCATIONAL	
		301(0)(3)	SUCCESTOR	10,00
SENIOR CONNECTION		501(C)(3)	CHARITABLE	
				10,00
KETCHUM LIBRARY		501(C)(3)	CHARITABLE	25,00
STANLEY LIBRARY		501(C)(3)	EDUCATIONAL	5,00
THE COMMUNITY LIBRARY		501(C)(3)	EDUCATIONAL	25,00
DEFENDERS OF WILDLIFE		501(C)(3)	CHARITABLE	
				5,00
IDAHO HUMANE SOCIETY		501(C)(3)	CHARITABLE	3,00
IDAHO BLACK BEAR FUND		501(C)(3)	CHARITABLE	2.00

82-0474867

Part XV Supplementary Information	(0			1
3 Grants and Contributions Paid During the Ye	ar (Continuation)	T		1
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
THE PEREGRINE FUND		501(C)(3)	CHARITABLE	2,000
AIDA		501(C)(3)	CHARITABLE	u, 333
			CHARITABLE	2,000
WESTERN WATERSHEDS PROJECT		501(C)(3)	CHARITABLE	4,000
WORLD WILDLIFE FOUNDATION		501(C)(3)	CHARITABLE	2,000
KETCHUM-SUN VALLEY VOLUNTEER ASSOC.		501(C)(3)	CHARITABLE	1,000
GRASSROOTS GLOBAL		501(C)(3)	CHARITABLE	10,000
WRAP		501(C)(3)	CHARITABLE	2,000
Total from continuation sheets				

Signature and Verification must be completed for Part II only.

	f 1 1 .1 .11	t I have examined this form,	1			
i inder nensitiec d	IT NOTILITY II NOCISTO TAS	t i nave evamined this torm	inciliaina accompanyina	echedilles and statements	and to the best of my	i knawledde atta bellet
utiaci polialica c	n bonuty. I acciare ina	LI HAVO CAAHHIICU HIIS ICHIII.	midiadinia addoninaminia	Scribadios and Statements.	und to the best of the	Milyimougo and bonon
it in triin corront	and complete, and the	at I am authorized to proper	thic form			

it is true, correct, and complete, and that I am authorized to prepare this form. Title ► PRESIDENT

Form 8868 (Rev. 1-2014)

Date >

Signature >