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### DLN: 93491137035886

OMB No 1545-0052

Department of the Treasury

Internal Revenue Service

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

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

Open to Public Inspection

For	caler	ndar year 2015, or tax y	, an	, and ending 12-31-2015						
	e of foun					A Employer ide	entification numb	er		
ΙH	E NORMA	AN & JOAN CIMENT FOUNDATION				65-6223081				
Num	ber and s	street (or P O box number if mail is	not delivered to street address)	Room/suite		<b>B</b> Telephone nur	nber (see instruction	s)		
		NS AVENUE NO 2A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Troom, said		(305) 532-6100				
		state or province, country, and ZIP c I, FL 33140	or foreign postal code			C If exemption application is pending, check here ▶ ☐				
G C	neck all	that apply   Initial return	Initial return of a fo	ormer public charity		<b>D 1</b> . Foreign on	ganizations, check h	ere 🕨 🗀		
		Final return Address chan	A mended return ge Name change		2. Foreign organizations meeting the 85% test, check here and attach computation					
		pe of organization Section					indation status was in 507(b)(1)(A), chec			
		947(a)(1) nonexempt charital t value of all assets at end	JAccounting method				tion is in a 60-mont			
of	ear <i>(fr</i>	om Part II, col. (c),	Other (specify)	t t - t \			507(b)(1)(B), chec			
line	e 16) <b>&gt; s</b>	\$ 2,196,003	(Part I, column (d) must	be on cash basis.)						
Part I  Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(b), (c), and (d) may not	Revenue and expenses per (a) books	(p)	let investment income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)			
	1	Contributions, gifts, grants, e	etc , received (attach							
		schedule)		336,940						
	2	Check ► ┌ If the foundation	is <b>not</b> required to attach							
		Sch B								
	3	Interest on savings and temp	porary cash investments	6,363		6,363				
	4	Dividends and interest from s		5,535	<u> </u>	5,535		-		
	5a	Gross rents								
ds	b	Net rental income or (loss) _ Net gain or (loss) from sale o		35,656						
ž	6a									
Revenue	Ь	Gross sales price for all asse 51,196	ets on line 6a							
	7	Capital gain net income (from	n Part IV, line 2)			35,656				
	8	Net short-term capital gain .								
	9	Income modifications								
	10a	Gross sales less returns and allowances								
	Ь	Less Cost of goods sold.								
	С	Gross profit or (loss) (attach	•	950		2.425				
	11	Other income (attach schedu	·		<u> </u>	2,125				
	12	Total. Add lines 1 through 11		386,619		49,679		0		
	13	Compensation of officers, dir Other employee salaries and		0	<u>'</u>	0		0		
.0	14 15	Pension plans, employee ben	=							
Š	16a	Legal fees (attach schedule).								
Expenses	ь	Accounting fees (attach sche		95 3,000	,	0		3,000		
	c	Other professional fees (atta								
and Administrative	17	Interest								
trat	18	Taxes (attach schedule) (see	e instructions)	1,504		387		0		
E	19	Depreciation (attach schedul	•	275		0				
Ē	20	Occupancy								
Ā	21	Travel, conferences, and mee	etings	14,491		0		14,491		
	22	Printing and publications								
Ĕ	23	Other expenses (attach sche	edule)	1,237	'	613		624		
Operating	24	Total operating and administ	rative expenses.							
<u>\$</u>		Add lines 13 through 23		20,507		1,000		18,115		
J	25	Contributions, gifts, grants p		79,171				79,171		
	26	<b>Total expenses and disburser</b> 25	nents.Add lines 24 and	99,678	3	1,000		97,286		
	27	Subtract line 26 from line 12								
	а	Excess of revenue over exper		286,941						
	b	Net investment income (If ne				48,679				
	С	Adjusted net income(If negat	ive, enter -0-)							

Pa	rt II	<b>Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of	·
	1	Cash—non-interest-bearing	(a) Book Value 1,229,646	<b>(b)</b> Book Value 1,482,236	(c) Fair Market Value 1,482,236
	2	Savings and temporary cash investments	1,223,010	1,102,230	1,102,230
	3	Accounts receivable			
	3	Less allowance for doubtful accounts			
	_				
	4	Pledges receivable			
	_	Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts 🟲			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
AS	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	911,564	927,117	693,661
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) 🕨			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			_
	14	Land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) > 344	1,308	<b>%</b> 1,033	1,033
	15	O ther assets (describe 🟲)	<b>%</b> 0	19,073	19,073
	16	Total assets(to be completed by all filers—see the			
		instructions Also, see page 1, item I)	2,142,518	2,429,459	2,196,003
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ФŞ	19	Deferred revenue			
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
_	22	O ther liabilities (describe 🛌)			
	23	Total liabilities(add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
Balances		and complete lines 24 through 26 and lines 30 and 31.			
JUC.	24	Unrestricted			
) (1)	25	Temporarily restricted			
	26	Permanently restricted			
n		Foundations that do not follow SFAS 117, check here			
or Fund		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0	0	
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
As	29	Retained earnings, accumulated income, endowment, or other funds	2,142,518	2,429,459	
Net	30	Total net assets or fund balances(see instructions)	2,142,518	2,429,459	
2	31	Total liabilities and net assets/fund balances(see instructions)	2,142,518		
D۶	rt III		, ,	, ,	
		Total net assets or fund balances at beginning of year—Part II, column	(a) line 20 (must se	area	
1		with end-of-year figure reported on prior year's return)			2 1/12 510
2		Enter amount from Part I, line 27a		<del> </del>	2,142,518
2		·		3	200,541
3		Other increases not included in line 2 (itemize)			2 4 20 4 50
4		Add lines 1, 2, and 3			2,429,459
5		Decreases not included in line 2 (itemize)		5	2 4 2 0 4 5 0
6		Total net assets or fund balances at end of year (line 4 minus line 5)—I	- arc 11, column (D), II	ne 30 <b>.   6  </b>	2,429,459

Part :	IV Capital Gains an	d Los	ses for Tax on Inve	stme	nt Income				
	List and describe th	e kınd(:	s) of property sold (e g , re	eal est	ate.	How acquire		Date acquired	Date sold
			common stock, 200 shs			P—Purchas (b) D—Donatio	9 / ~ \		(d) (mo , day, yr )
	MORGAN STANLEY					D Donatio	`		
	CAPITAL GAINS DIVI	DENDS				P	+		
						<u> </u>			
d									
<u></u> е							+		
			Depreciation allowe	а	Cost	or other basis	_	Cain	l or (loss)
(€	e) Gross sales price		(f) (or allowable)	·		xpense of sale			(f) minus (g)
а	15	,483				15,5	10		-57
b	35	,713							35,713
С									
d									
е									
Co	mplete only for assets sho	wing g	aın ın column (h) and owne	ed by t	he foundation	on 12/31/69		Gains (Col	(h) gaın mınus
	FMV as of 12/31/69	Ť	A djusted basis	Í		ess of col (ı)		col (k), but no	t less than -0-) <b>or</b>
(i)	1 F M V as 0112/31/69		<b>(j)</b> as of 12/31/69		(k) over	col (j), ıf any	(1)	Losses (	(from col (h))
a									-57
b									35,713
С									
d									
e									
	C	/ 1				n Part I, line 7			
2	Capital gain net income	or (net	(Capital loss)	If (los	ss), enter -0-	ın Part I, lıne 7	´   2	2	35,656
3	Net short-term capital ç	gaın or	(loss) as defined in sectio	ns 12	22(5) and (6)				
	If gaın, also enter ın Paı	rt I, lıne	e 8, column (c) (see ınstru	ıctıons	s) If(loss), en	iter -0-	) l		
	ın Part I, lıne 8	•					ÌІз	3	
Part	V Qualification Un	der S	ection 4940(e) for R	Reduc	ed Tax on	Net Investm	ent I	Income	
	tional use by domestic priv on 4940(d)(2) applies, lea			ection	4940(a) tax o	on net investmen	t ınco	me )	
Was the	e foundation liable for the s	ection	4942 tax on the distribut	able aı	mount of any v	ear in the base i	eriod	?	┌ Yes  No
	," the foundation does not								
<b>1</b> E n	ter the appropriate amount	t ın eac	h column for each year, so	ee inst	tructions befo	re makıng any er	tries		
	(a)		<i>(L.</i> )		(-)	I		(d)	
Base	e period years Calendar or tax year beginning in)	Adjuste	( <b>b)</b> ed qualifying distributions	Net v	<b>(c)</b> value of noncharı	table-use assets		Distributio (col (b) divided	n ratio
year (	2014		21,518			1,891,551		(cor (b) divided	0 011376
	2013		76,044			1,686,233			0 045097
	2012		78,342			1,462,524			0 053566
	2011		69,383			1,442,926			0 048085
	2010		60,980			1,377,447			0 044270
2	<b>Total</b> of line 1, column (d	d)				[	2		0 202394
3			ne 5-year base period—div				,		0.040470
			tion has been in existence table-use assets for 2015				3		0 040479
4					-	F	4		2,049,899
5			como (10/ of Part I line 3)			F	5		82,978
6			come (1% of Part I, line 2	•		ŀ	6		487
7	Add lines 5 and 6						7		83,465

the Part VI instructions

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

97,286

	990-PF (2015)  t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	940(e)	, or 4948—se	ee pag	e 18 of	the inst	ructio		age <b>4</b>	
1a	Exempt operating foundations described in section 4940(d)(2), check here		<u>,                                      </u>	<u> </u>						
	and enter "N/A" on line 1	,								
	Date of ruling or determination letter			\						
	(attach copy of letter if necessary—see instructions)									
b	Domestic foundations that meet the section 4940(e) requirements in Part V	, check		J	1				487	
	here 🟲 🔽 and enter 1% of Part I, line 27b			• •						
С	All other domestic foundations enter 2% of line 27b Exempt foreign organization	ations	enter 4% of							
_	Part I, line 12, col (b)									
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four enter -0-)	nuation	is only Othe	ers	2		C			
3	Add lines 1 and 2				3		48			
4										
enter -0 -) 4										
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	enter - (	)	•	5				487	
6	Credits/Payments	1 -	1							
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		840						
b	Exempt foreign organizations—tax withheld at source	6b								
С	Tax paid with application for extension of time to file (Form 8868)	6c								
d	Backup withholding erroneously withheld	6d								
7	Total credits and payments Add lines 6a through 6d				7				840	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2			_	8					
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .				9					
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amoun				10				353	
11	Enter the amount of line 10 to be Credited to 2015 estimated tax	353	Refunded		11				0	
	t VII-A Statements Regarding Activities									
1a	During the tax year, did the foundation attempt to influence any national, state	e, or io	cai iegisiatio	on or ai	a		4-	Yes	No	
	it participate or intervene in any political campaign?			· ·			1a		No	
b	Did it spend more than \$100 during the year (either directly or indirectly) for for definition)?	politica	ıı purposes (	seein	structi	ons	1b		N.	
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities	····	nuoc of any	matoria	 Ic	•	ID		No	
	published or distributed by the foundation in connection with the activities.	s allu co	ppies or arry r	nacciia	15					
c	Did the foundation file <b>Form 1120-POL</b> for this year?					_	1c		No	
d	Enter the amount (if any) of tax on political expenditures (section 4955) impo			 r		-				
-	(1) On the foundation $\blacktriangleright$ \$0 (2) On foundation managers									
e	Enter the reimbursement (if any) paid by the foundation during the year for pol				osed					
_	on foundation managers $\blacktriangleright$ \$0									
2	Has the foundation engaged in any activities that have not previously been re	ported	to the IRS?				2		No	
	If "Yes," attach a detailed description of the activities.	•								
3	Has the foundation made any changes, not previously reported to the IRS, in i	its aove	ernina instru	ıment.	articles	5				
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a cont	=	_	-			3		No	
4a	Did the foundation have unrelated business gross income of \$1,000 or more of	during t	he year?.				4a		No	
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?						4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction du	ırıng th	e year?				5		No	
	If "Yes," attach the statement required by General Instruction T.									
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	945)sa	itisfied eithe	er						
	By language in the governing instrument, or									
	By state legislation that effectively amends the governing instrument so the	nat no r	mandatory d	ırectıo	ns					
	that conflict with the state law remain in the governing instrument?						6	Yes		
7	Did the foundation have at least $$5,000$ in assets at any time during the year	?If "Ye	s," complete	Part II	, col. (c	),				
	and Part XV.						7	Yes		
8a	Enter the states to which the foundation reports or with which it is registered (	(see ins	structions)							
	▶ <u>FL</u>									
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 9									
_	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .  8b Yes									
9	3									
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?									
10	If "Yes," complete Part XIV	" attac	h a schedula	lictina	ther r	amec	9	$\vdash \vdash \vdash$	No	
10	and addresses.			_	aren n	uiiiCo	10	Yes		
	und ddd (CSSCS, Care									

Par	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ►NORMAN CIMENT Telephone no ►(305)	1532	-6100	
	Located at ►4925 COLLINS AVENUE APT 2A MIAMI BEACH FL ZIP+4 ►33140	<del>/ 0 0 L</del>	0100	
			<u> </u>	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here	• •	-	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
	Accounts (FBAR) If "Yes", enter the name of the foreign country 🟲			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days ) <b>Yes</b> 🔽 <b>No</b>			
Ь	If any answer is "Yes" to $1a(1)$ –(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015?			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to allyears listed, answer "No" and attach statement—see instructions )	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
_	► 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
ь	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
_	or disqualified persons after May 26, 1969, <b>(2)</b> the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section $4943(c)(7)$ ) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	If the foundation had excess business holdings in 2015.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Pa	Statements Rega	arding Activities for	· Wr	iich Form 4/20	мау	Be Requirea (Cont	inue	:a)	
5a	During the year did the foundatio	n pay or incur any amour	t to						
	(1) Carry on propaganda, or othe	rwise attempt to influenc	e leg	ıslatıon (section 494	45(e	)) <sup>?</sup>	No No		
	(2) Influence the outcome of any	specific public election	(see	section 4955), or to	carr	<b>-</b> y			
	on, directly or indirectly, any	voter registration drive?				\ Yes \	No No		
	(3) Provide a grant to an individu	ial for travel, study, or ot	hers	ımılar purposes?		┌ Yes ┌	No		
	(4) Provide a grant to an organiza	atıon other than a charıta	ble,	etc , organization de:	scrib	ed			
	ın section 4945(d)(4)(A)? (s	ee instructions)				\ Yes \	No No		
	(5) Provide for any purpose other	r than religious, charitabl	e, sc	ientific, literary, or					
	educational purposes, or for t	the prevention of cruelty	to ch	ıldren or anımals?.			No		
b	If any answer is "Yes" to 5a(1)-(	(5), dıd <b>any</b> of the transac	tions	fail to qualify under	the	exceptions described in			
	Regulations section 53 4945 or							5b	
	Organizations relying on a currer						_		
С	If the answer is "Yes" to question						_		
	tax because it maintained expend				•	\ Yes \	No		
	If "Yes," attach the statement requ								
6a	Did the foundation, during the yea		-		-		_		
	a personal benefit contract?								
Ь	Did the foundation, during the yea	ar, pay premiums, directl	y orı	ndirectly, on a perso	nalb	penefit contract?	•	6b No	
	If "Yes" to 6b, file Form 8870.						_		
7a	At any time during the tax year, w	No							
ь	If yes, did the foundation receive		•					7b	
Pa	rt VIII and Contractors	t Officers, Director	s, Tı	rustees, Founda	tior	n Managers, Highly	Paid	I Employees,	
<del></del>	List all officers, directors, trustee	s. foundation managers	and t	heir compensation (	see i	nstructions).			
	,	Title, and average		Compensation( <b>If</b>		(d)			
	(a) Name and address	hours per week	not naid enter			Contributions to	Expense account, (e) other allowances		
		(b) devoted to position		-0-)		mployee benefit plans deferred compensation			
NOR	MAN CIMENT	PRESIDENT		0		. 0			
492	5 COLLINS AVENUE APT 2A	5 00							
MIA	MI BEACH, FL 33140								
JOAN	CIMENT	VICE PRESIDENT		0		0		0	
	5 COLLINS AVENUE APT 2A	2 0 0							
	MI BEACH, FL 33140  Compensation of five highest-paid	d employees (other than	thos	e included on line 1—		instructions) If none e	ter"	NONE "	
					<del>3.</del> .	Contributions to		NONE.	
Na	(a) me and address of each employee	Title, and aver		(c) Compensatio	n	employee benefit		Expense account,	
	more than \$50,000	(b) devoted to pos				plans and deferred (d) compensation	(e)	other allowances	
100	N F					(u) compensation			
	<u> </u>								
							-		
Teta	al number of other employees and					<u> </u>			
IOL	al number of other employees paid o	υνει φου,υυυ				<b>.</b>	1	0	

	(see instructions). If none, enter "NO!	VE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	<b>、</b>	
otal number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
st the foundation's four largest direct charitable activities during the tax year Include re rganizations and other beneficiaries served, conferences convened, research papers pro		er of Expenses
1	udeed, etc	
2		
3		
4		
Part IX-B Summary of Program-Related Investments	•	
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during	•	Amount
Part IX-B Summary of Program-Related Investments	•	A mount
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during	•	Amount
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during	•	A mount
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during  1	•	A mount
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during  1  2	•	Amount
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during  1  2  All other program-related investments See instructions	•	Amount
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during  1  2	•	Amount

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	<u> </u>	
	purposes		
а	A verage monthly fair market value of securities	1a	725,174
ь	A verage of monthly cash balances	1b	1,355,942
c	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	2,081,116
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,081,116
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	31,217
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,049,899
6	Minimum investment return. Enter 5% of line 5	6	102,495
Pai	t XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and ceil check here ► □ and do not complete this part.)	rtaın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	102,495
2a	Tax on investment income for 2015 from Part VI, line 5 2a 487		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	487
3	Distributable amount before adjustments Subtract line 2c from line 1	3	102,008
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	102,008
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	102,008
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	4 -	07.206
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	97,286
	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
_	purposes	2	
3	A mounts 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	07.55
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	97,286
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	
_	income Enter 1% of Part I, line 27b (see instructions)	5	487
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	96,799
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	roundation qualifies for

P	art XIIII Undistributed Income (see insti	ructions)			
		(a) Corpus	(b) Years prior to 2014	<b>(c)</b> 2014	<b>(d)</b> 2015
1	Distributable amount for 2015 from Part XI, line 7				102,008
2	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only			66,426	
b	Total for prior years 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2015				
а	From 2010				
	From 2011				
c	From 2012				
d	From 2013				
	From 2014				
	Total of lines 3a through e		0		
	Qualifying distributions for 2015 from Part				
•	XII, line 4 <b>&gt;</b> \$ 97,286				
а	Applied to 2014, but not more than line 2a			66,426	
	Applied to undistributed income of prior years		0	•	
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)		0		
d	Applied to 2015 distributable amount				30,860
е	Remaining amount distributed out of corpus		0		
5	Excess distributions carryover applied to 2015		0		0
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5		0		
	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)		0		
_	tax has been previously assessed		- v		
d	Subtract line 6c from line 6b Taxable amount —see instructions		0		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see			0	
_	instructions			Ů	
t	Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must				
	be distributed in 2015				71,148
7	Amounts treated as distributions out of				
•	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may				
	be required - see instructions)		0		
8	Excess distributions carryover from 2010 not		0		
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2016.		0		
	Subtract lines 7 and 8 from line 6a				
	Analysis of line 9				
	Excess from 2011				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				
е	Excess from 2015				

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

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 79,171 **b** Approved for future payment

Program service revenue  (a) Business code Amount Exclusion code Amount (See instructions)  Amount Amou	Form 990-PF (2015)  Part XVI-A Analysis of Income-Produc	ing Activitie	s			Page <b>12</b>
I Program service revenue  Business code Amount Exclusion code Instructions)  Exclusion code Instructions)  Exclusion code Instructions  Exclusion code Instructions Inst	Enter gross amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	n 512, 513, or 514	Related or exempt
b d d d d d d d d d d d d d d d d d d d	1 Program service revenue	1	• •		1	(See
d d g Fees and contracts from government agencies g Membership dues and assessments.  3 Interest on savings and temporary cash investments. 4 Dividends and interest from securities. 5 Net rental income or (loss) from real estate a Debt-financed property. 5 Net rental income or (loss) from personal property. 6 Net rental income or (loss) from personal property. 7 Other investment income. 9 Net investment income. 14 2,125 8 Gain or (loss) from sales of assets other than inventory. 10 Gross profit or (loss) from special events 11 Other revenue a b c d d d e 12 Subtotal Add columns (b), (d), and (e). 3 Total Add line 12, columns (b), (d), and (e). 6 See work-sheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  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) (See						
g Fees and contracts from government agencies g Fees and contracts from government agencies 2 Membership dues and assessments. 3 Interest on savings and temporary cash investments. 4 Dividends and interest from securities. 5 Net rental income or (loss) from real estate a Debt-financed property. 6 Net rental income or (loss) from personal property. 7 Other investment income. 8 Gain or (loss) from sales of assets other than inventory. 9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of inventory 1 Other revenue a b c d d e 2 Subtotal Add columns (b), (d), and (e). 7 Other investment line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  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 be providing funds for such purposes) (See	c					
g Fees and contracts from government agencies  2 Membership dues and assessments						
2 Membership dues and assessments	f					
4 Dividends and interest from securities	<ul><li>2 Membership dues and assessments</li><li>3 Interest on savings and temporary cash</li></ul>			14	6 363	
a Debt-financed property						
b Not debt-financed property	• •					
property	<b>b</b> Not debt-financed property					
8 Gain or (loss) from sales of assets other than inventory						
Inventory				14	2,125	
O Gross profit or (loss) from sales of inventory  O ther revenue a  b  c  d  e  2 Subtotal Add columns (b), (d), and (e).  Total.Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculations)  Part XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  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) (See				18	35,656	
to Other revenue a						
c d d d d d d d d d d d d d d d d d d d	1 Other revenue a					
d e Subtotal Add columns (b), (d), and (e).  3 Total.Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  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) (See						
2 Subtotal Add columns (b), (d), and (e)						
Total.Add line 12, columns (b), (d), and (e)			0		49 679	0
Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  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) (See	3 Total.Add line 12, columns (b), (d), and (e)					
the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See			plishment of E	xempt Purpos	es	
	the accomplishment of the foundation's					

126	ILL YAT	Noncharitable					sactio	ns and I	keiationsnips	with			
		organization directly or i	ndırectly e	engage II	n any of t	the following w						Yes	No
	rganiza				_(0)(0)	, ga <u></u> ,	555	,	returning to pointing				
	_	s from the reporting four	ndation to	a nonch	arıtable (	exempt organi:	zatıon of						
		h									1a(1)		No
(	<b>2)</b> Oth	erassets									1a(2)		No
b	ther tra	ansactions											
(	<b>1)</b> Sale	es of assets to a noncha	rıtable ex	empt org	anızatıoı	n					1b(1)		No
		chases of assets from a									1b(2)		No
(	<b>3)</b> Ren	tal of facilities, equipme	nt, or othe	erassets	S						1b(3)		No
		nbursement arrangemer									1b(4)		No
		ns or loan guarantees.									1b(5)		No
		rmance of services or m									1b(6)		No
	-	of facilities, equipment,			=						1c		No
		swer to any of the above										lue	110
ı	f the go	ods, other assets, or se ansaction or sharing arr	rvices giv angement	en by th , show in	e reporti i column	ng foundation	If the fo of the go	undation r ods, other	eceived less thai	n fair mark ces receive	et value ed	!	nte
(4)	ane no	(B) / intoduce involved	(c) Hame	or nonena	пианс схе	Simple organization	(4)	Везеприон	or transfers, transact	noris, una site	aning arra	ngemer	
							+						
c	lescribe	undation directly or indid in section 501(c) of the complete the following (a) Name of organization	ne Code (d schedule		n sectioi		rın sect			otion of relati		es 🔽	No
Sig He	n the	der penalties of perjury, best of my knowledge a prmation of which prepar *****  Signature of officer or t	ind belief, er has an	ıt ıs true	e, correct		e Decla			May t May t return with t below	r) is ba: he IRS di he prepa	sed on scuss th	all nis wn
		1					T		Ta		nstr )? 🗸	Yesl	No
		Print/Type preparer's JEFFREY L WEISS	name	Prepare	er's Sıgn	ature	Date		Check if self- employed ▶	PTIN	00572!	593	
Use	parei	Firm's name FGOLDSTEIN SCHECH	HTER KO	СН					Firm's EIN ► 6	5-020913	37		
On	ıy	Firm's address ► 2121 PONCE DE LEON BLVD STE 1100 CORAL GABLES, FL 33134							Phone no (305)442-2200				

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

NO	PM A	N A	CIN	1ENT

JOAN CIMENT

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

If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
or substantial contributor	recipient		
NONE	PUBLIC	HUMANITARIAN	26,558
NONE	PUBLIC	HUMANITARIAN	1,030
NONE	PUBLIC	HUMANITARIAN	800
NONE	PUBLIC	HUMANITARIAN	254
NONE	PUBLIC	HUMANITARIAN	550
NONE	PUBLIC	HUMANITARIAN	1,000
NONE	PUBLIC	HUMANITARIAN	25
NONE	PUBLIC	HUMANITARIAN	200
NONE	PUBLIC	HUMANITARIAN	250
NONE	PUBLIC	HUMANITARIAN	36
NONE	PUBLIC	HUMANITARIAN	350
NONE	PUBLIC	HUMANITARIAN	7,200
NONE	PUBLIC	HUMANITARIAN	600
NONE	PUBLIC	HUMANITARIAN	18
NONE	PUBLIC	HUMANITARIAN	1,500
	show any relationship to any foundation manager or substantial contributor  NONE  NONE	show any relationship to any foundation manager or substantial contributor  NONE  NONE  PUBLIC  NONE  PUBLIC	Showany relationship to any foundation manager or substantial contribution  NONE  PUBLIC  NONE  PUBLIC  HUMANITARIAN  NONE  PUBLIC  HUMANITARIAN

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

Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
YESHIVA OF MIAMI 675 NE 172ND ST MIAMI,FL 33162	NONE	PUBLIC	HUMANITARIAN	1,050
CHABAD OF SOUTH BROWARD 1295 E HALLANDALE BEACH BLVD HALLANDALE BEACH,FL 33009	NONE	PUBLIC	HUMANITARIAN	25,000
CENTER FOR THE ADVANCEMENT OF JEWISH EDUCATION 4200 BISCAYNE BLVD 1 MIAMI,FL 33137	NONE	PUBLIC	HUMANITARIAN	250
CONGREGATION BETH JACOB 1550 ALAMEDA DE LAS PULGAS REDWOOD CITY,CA 94061	NONE	PUBLIC	HUMANITARIAN	500
AMERICAN COMMITTEE FOR SHAARE 3275 WHILLSBORO BLVD DEERFIELD BEACH,FL 33442	NONE	PUBLIC	HUMANITARIAN	100
COLEL CHABAD 806 EASTERN PKWY BROOKLYN,NY 11213	NONE	PUBLIC	HUMANITARIAN	1,000
MASORET YEHUDIT 680 E HALLANDALE BEACH BLVD HALLANDALE BEACH,FL 33009	NONE	PUBLIC	HUMANITARIAN	100
EZER MIZION 5225 NEW UTRECHT AVE BROOKLYN,NY 11219	NONE	PUBLIC	HUMANITARIAN	500
BAYIT LEPLETOT 1362 E 21ST ST BROOKLYN,NY 11210	NONE	PUBLIC	HUMANITARIAN	10,000
HATZALAH OF MIAMI-DADE 16101 NE 11TH CT NORTH MIAMI BEACH,FL 33162	NONE	PUBLIC	HUMANITARIAN	300
Total				79,171

### **TY 2015 Accounting Fees Schedule**

Name: THE NORMAN & JOAN CIMENT FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	3,000	0		3,000

DLN: 93491137035886

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

### **TY 2015 Depreciation Schedule**

Name: THE NORMAN & JOAN CIMENT FOUNDATION

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTER	2014-10-13	1,377	69	SL	5 000000000000	275	0		

### **TY 2015 Investments Corporate Stock Schedule**

Name: THE NORMAN & JOAN CIMENT FOUNDATION

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MORGAN STANLEY	927,117	693,661

# TY 2015 Land, Etc. Schedule

Name: THE NORMAN & JOAN CIMENT FOUNDATION

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTER	1,377	344	1,033	

### **TY 2015 Other Assets Schedule**

Name: THE NORMAN & JOAN CIMENT FOUNDATION

Description	Beginning of Year -	End of Year - Book	End of Year - Fair
	Book Value	Value	Market Value
DIVIDENDS RECEIVABLE		19,073	19,073

### **TY 2015 Other Expenses Schedule**

Name: THE NORMAN & JOAN CIMENT FOUNDATION

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	48	48		0
ADVERTISING	60	0		60
OFFICE EXPENSES	829	415		414
MISCELLANEOUS	300	150		150

### **TY 2015 Other Income Schedule**

Name: THE NORMAN & JOAN CIMENT FOUNDATION

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income	
MORGAN STANLEY - OTHER INCOME	2,125	2,125	2,125	

## **TY 2015 Substantial Contributors Schedule**

Name: THE NORMAN & JOAN CIMENT FOUNDATION

Name	Address
	4925 COLLINS AVE APT 2A MIAMI BEACH,FL 33140

### **TY 2015 Taxes Schedule**

Name: THE NORMAN & JOAN CIMENT FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LICENSES & TAXES	138	0		0
FOREIGN INCOME TAXES	387	387		0
FOUNDATION EXCISE TAXES	979	0		0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93491137035886

OMB No 1545-0047

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

2015

**Employer identification number** 

THEN	ORMAN & JOAN CI	MENT FOUNDATION	65 6333001				
Organ	ization type (check	one)	65-6223081				
Filers	of:	Section:					
Form 9	90 or 990-EZ	501(c)( ) (enter number) organization					
		√ 4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 9	90-PF	√ 501(c)(3) exempt private foundation					
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Gener		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to many one contributor. Complete Parts I and II. See instructions for determining a					
Specia	al Rules						
Γ	under sections 509	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% supposed in 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Partone contributor, during the year, total contributions of the greater of (1) \$5,000 or ii) Form 990-EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that				
Γ	during the year, tota	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive all contributions of more than \$1,000 exclusively for religious, charitable, scientific for children or animals. Complete Parts I, II, and III	•				
Γ	during the year, cor this box is checked purpose Do not cor	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive stributions exclusively for religious, charitable, etc., purposes, but no such contributer here the total contributions that were received during the year for an exclusive any of the parts unless the <b>General Rule</b> applies to this organization becaute, contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 If usively religious, charitable, etc, ause it received nonexclusively				

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
THE NORMAN & JOAN CIMENT FOUNDATION

Employer identification number 65-6223081

Part I	Contributors (see instructions) Use duplicate copies of Part I if ac	dditional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	NORMAN AND JOAN CIMENT 4925 COLLINS AVENUE APT 2A  MIAMI BEACH, FL 3 3 1 4 0	\$ 200,000	Person Payroll Noncash (Complete Part II f	「 「 「 「 「 T or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
2	ESTATE OF HELEN GOLDYK 4925 COLLINS AVENUE APT 2A  MIAMI BEACH, FL33140	\$ 96,400	Person  Payroll  Noncash  (Complete Part II f	マ 「 「 or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
3	HERBERT J LERNER ESQ 777 ARTHUR GODFREY ROAD 2ND FLOOR MIAMI BEACH, FL 3 3 1 4 0	\$ 21,000	Person Payroll Noncash (Complete Part II f	F Corpoposish
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions )  (d)  Type of cont	
4	MARCIA K SAGE 5255 COLLINS AVENUE APT 2E  MIAMI BEACH, FL33140	\$ 4,000	Person  Payroll  Noncash  (Complete Part II f	F 「 「 or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
5	NORMAN AND JOAN CIMENT 4925 COLLINS AVENUE APT 2A  MIAMI BEACH, FL33140	\$ 15,540	Person  Payroll  Noncash  (Complete Part II f	「 「 「 or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	ribution
		\$	Payroll  Noncash  (Complete Part II f contributions)	「 or noncash

Name of organization		Employer identification number		
HE NORMAN & .	JOAN CIMENT FOUNDATION	65-6223081		
Part II	Noncash Property			
(a) No.from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
5	1,000 SHARES OF OPKO HEALTH INC COM	\$ 15,540	2015-06-22	
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		<u> </u>		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		s		
(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	
		<del></del>		

Schedule B (Form 990, 990-EZ, or 990-PF) (20	J15)
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hedule B (Form 990, 9	990-EZ, or 990-PF) (2015)		Page <b>4</b>		
me of organization E NORMAN & JOAN CIMENT FOUNDATION			Employer identification number		
. NORTAN GJOAN	CITENTION		65-6223081		
total more line entry. of \$1,000 o	than \$1,000 for the year from any or	ne contributor. Complete co II, enter the total of <i>exclusiv</i> mation once. See instruction	ribed in section 501(c)(7), (8), or (10) that plumns (a) through (e) and the following ely religious, charitable, etc., contributions as.)   **The Contribution of the following labels are set to be a section of the followi		
(a) .from Part I	(a) (b) Purpose of gift (c) Use of gift		(d) Description of how gift is he		
	Transferee's name, address, and	(e) Transfer of gi	ft Relationship of transferor to transferee		
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
. =					
	(e) Transfer of gift Transferee's name, address, and ZIP4 Relationship of transferor to transferee				
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_	Transferee's name, address, and	(e) Transfer of gi	ft Relationship of transferor to transferee		
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, and	(e) Transfer of gi	ft Relationship of transferor to transferee		
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