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

OMB No 1545-0052

2011

	ъ,			ote. The foundation may b	be able to use a copy of				
			alendar year 2011 or	tax year beginning		, 2011,	and ending		, 20
£.	JAN	Nam	ne of foundation					A Employer identifi	
<u>ë</u>		CUN	MING FOUNDATIO)N				87-044009	1
Statute cles?	∞	Num	nber and street (or P O b	ox number if mail is not deliver	red to street address)		Room/suite	B Telephone numb	er (see instructions)
풀	7					,		(30	7) 734-0708
ğ	3	165	HUCKLEBERRY D	RIVE					
Ś	0	City	or town, state, and ZIP	code					
	3							C If exemption application pending, check here	ation is
	ω.	JAC	CKSON, WY 83001					pending, arack flore	
		G Ch	eck all that apply	Initial return	Initial return of	of a former p	ublic charity	D 1 Foreign organiza	tions check here
	5		, ,	Final return	X Amended ref	•	,	2 Foreign organiza	
	4			Address change	Name change			85% test, check i	
	-	H Ch	eck type of organizati	ion X Section 501(·	
			Section 4947(a)(1) non		Other taxable pri		tion	E If private foundation	n status was terminated
			ir market value of all a		unting method X Ca		rual		
			year (from Part II, col		ther (specify)	2011 71.00		T .	in a 60-month termination
i				5,747. (Part I,	column (d) must be on	cash basis)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
\sim 3	<u> </u>		<u> </u>	nue and Expenses (The				1	(d) Disbursements
1,5)		total of amounts in co	lumns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net inve	L L	(c) Adjusted net	for charitable
$\mathcal{C}_{\mathcal{C}}}}}}}}}}$	Κ.		may not necessarily e column (a) (see instru		books	incom	ie	ıncome	purposes (cash basis only)
4.	\tilde{x}	1			3,600,000.	ATCH 1			(Casti basis offiy)
, ;	\gtrsim	2	l If the fo	tc , received (attach schedule) undation is not required to		711 011 1			<u> </u>
		3	· — attaut o	Sch B	159,638.	14	0,101.		ATCH 2
		4	-	st from securities	93,670.		3,670.		ATCH 3
	13	1							111011 3
	2015	- 1	b Net rental income or (loss						
	~~		a Netgain or (loss) from s	·	865,564.			- ,	
	∞	ž ĭi	b Gross sales price for all	895,555.				 . ··	
	27	evenu 7	assets on line 6a	ne (from Part IV, line 2)		1,50	7,610.		
	JAN	œ '8		I gain				···	
		_	*						
	313	10	a Gross sales less returns and allowances	LEHR LINEIL					
	7.		b Less Cost of goods said	FEWER					
	OHINA ST	;] ,	c Gross profit or (loss) (attach schedule)					
نکن		3 11		schediae)9015	- 526 , 099.	-10	5,717.		ATCH 4
8 2015	7.5	12		edgh 11	4,192,773.	1,63	5,664.		
∞.		13	Compensation of officers	s, directors in beets etc	0				
	2	. 14	Other employee salar	ies and mage	88,578.	3	5,431.		53,147
爱	F	15	Pension plans, emplo	yee benefits					
A COL	7	ဥ္က 16:	a Legal fees (attach sch	nedule) ATCH 5	7,649.		3,059.		4,589
D)C		X .	b Accounting fees (atta		2,064.		826.		1,238
Rec in Batching/ Corres Ogden		Administrative E	c Other professional fee	es (attach scheduje) . * .	19,582.		7,833.	<u> </u>	11,749
夏葵		[편 17	Interest	ا \					<u> </u>
യ		18	Taxes (attach schedule)	see hatructions ! ! **	5,436.				
.⊑ છે		들 19	Depreciation (attach	schedule) and depletion	<u> </u>			<u> </u>	
มูริ		ু 20	Occupancy	. 5014 · 1/05/					
ğ.Ω		p 21	Travel, conferences, a	and meenings	38,874.		6,526.		32,348
		편 22	Printing and publication						
		E 23	Other expertses (attac	ch schedule) ATCH 9	20,970.		3,183.		19,865
		perating 24	Total operating and	administrative expenses.	100 150	_	C 050		100 000
		וכ	Add lines 13 through		183,153.	5	6,858.		122,936
		25	Contributions, gifts, g	·	4,795,911.	<u> </u>	C 050	 	4,795,911
		26		ements Add lines 24 and 25	4,979,064.	5	6,858.		4,918,847
		27	Subtract line 26 from	line 12					
		ľ	a Excess of revenue over expe	1	-786,291.		0.005		<u> </u>
				me (if negative, enter -0-)	·	$\frac{1,57}{}$	8,806.		
			c Adjusted net income	(if negative, enter -0-)			1011 7	4.1	- 000
	151	For P	aperwork Reduction Ad	ct Notice, see instructions	•	*AT	CH 7 JSA	** ATCH 8	Form 990-PF (2011)

For Paperwork Reduction Act Notice, see instructions. 1E1410 1 000 6962HU 6227

AMENDED

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6-18

Б	art II	Palanco Shoote	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	En	nd of year
كا	artii	Datatice Streets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing	717,426.		3. 774,393
	2		cash investments	30,164.	43,955	5. 43,955
	3		22,750.			
		Less allowance for dou	btful accounts ▶	2,429.	22,750	0. 22,750
	4					
		Less allowance for dou	btful accounts ▶			
	5					
	6		officers, directors, trustees, and other			
	٠		tach schedule) (see instructions)			
	_		receivable (attach schedule)			
	7					
			btful accounts			
şţs	8		se , , , , , , , , , , , , , , , , , , ,			
ssets	9		eferred charges			
Ä			e government obligations (attach schedule).	10.000.040	10 000 00	7 500 207
			stock (attach schedule) ATCH. 10.		19,086,867	
	11 6	Investments - corporate	bonds (attach schedule) ATCH 11.	711,808.	711,808	8. 711 , 221
	11	Investments - land, building and equipment basis				
	ľ	Less accumulated deprecal (attach schedule)	ation >			
	12		loans		<u></u>	
	13	Investments - other (att	ach schedule)ATCH 12	6,288,679.	6,190,613	3. 6,454,031
	14	Land, buildings, and equipment basis	>			
		Less accumulated deprecia	ation			
	15	Other assets (describe	>)			
	16	Total assets (to be	completed by all filers - see the			
			page 1, item I)	27,618,748.	26,830,386	6. 15,515,747
_	17		accrued expenses	2,071.		
	18					
s	19					_
Liabilities	20		ors, trustees, and other disqualified persons	· ·		_
Ē	21		otes payable (attach schedule)			
Ë	22		e >)			\dashv
		Other habilities (accomb	·/			
	23	Total liabilities (add line	es 17 through 22)	2,071.		d
			llow SFAS 117, check here ▶			
	1		24 through 26 and lines 30 and 31.			1
Š		<u>-</u>	-			
ဦ	24					
ם	24 25 26					-
9	26					—
Š		Foundations that do	not follow SFAS 117,]		,
4			plete lines 27 through 31. ▶ X	185,930.	185,93	0
o	27 28 29 30 31		cipal, or current funds	103,930.	103, 93	<u>·</u>
set	28	•	or land, bldg, and equipment fund	27 420 747	26 644 454	
Ass	29	•	ulated income, endowment, or other funds	27,430,747.	26,644,45	
et	30		d balances (see instructions)	27,616,677.	26,830,38	<u>6.</u>
Ž	31		net assets/fund balances (see			
_				27,618,748.	26,830,38	6.
			anges in Net Assets or Fund			
1			palances at beginning of year - Part			
	end-	-of-year figure reporte	d on prior year's return)			1 27,616,677
2	Ente	er amount from Part I,	line 27a			2 -786,291
3	Othe	er increases not includ	led in line 2 (itemize) ▶			3
4	Add	lines 1, 2, and 3				4 26,830,386
		reases not included in			1	5
6	Tota	al net assets or fund b	alances at end of year (line 4 minus	line 5) - Part II, column (b),	line 30 6	6 26,830,386

Form **990-PF** (2011)

AMENDED

(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)

Part IV Capital Gains and Losses for Tax on Investment Income

(c) Date acquired (mo , day, yr)

(b) How acquired P-Purchase D-Donation

Page	3
, ugo	•

(d) Date sold (mo , day, yr)

If (loss), Net short-term capital gain or (loss) as defined in sections 1222(5) a If gain, also enter in Part I, line 8, column (c) (see instructions Part I, line 8	(k) Excess of col (i over col (j), if any liso enter in Part I, enter -0- in Part I, I and (6) s) If (loss), enter	sale 31/69 (i) y Inne 7 Inne 7 Inne 7 Inne 7 estment Innet Investment Investment Interestment	2 3 scome nent inc	come.)	ninus (g) n) gain minus ss than -0-) or
de (e) Gross sales price (f) Depreciation allowed (or allowable) a b c d e Complete only for assets showing gain in column (h) and owned by the (i) F M V as of 12/31/69 a b c d e Complete only for assets showing gain in column (h) and owned by the (i) F M V as of 12/31/69 a b c d e Capital gain net income or (net capital loss) If gain, also enter in Part I, line 8, column (c) (see instructions Part I, line 8	lso enter in Part I, enter -0- in Part I, ind (6) s) If (loss), enter and the part in the part in the instructions before adult of nonchantable-us	sale 31/69 (i) y Inne 7 Inne 7 Inne 7 Inne 7 estment Innet Investment Investment Interestment	2 3 scome nent inc	(e) plus (f) n (l) Gains (Col (hol (k), but not le: Losses (from	n) gain minus ss than -0-) or n col (h))
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(e) Gross sales price (or allowable) a	lso enter in Part I, enter -0- in Part I, ind (6) s) If (loss), enter and the part in the part in the instructions before adult of nonchantable-us	sale 31/69 (i) y Inne 7 Inne 7 Inne 7 Inne 7 estment Innet Investment Investment Interestment	2 3 scome nent inc	(e) plus (f) n (l) Gains (Col (hol (k), but not le: Losses (from	n) gain minus ss than -0-) or n col (h))
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Capital gain net income or (net capital loss) Capital gain net income or (net capital loss) Net short-term capital gain or (loss) as defined in sections 1222(5) a lf gain, also enter in Part I, line 8, column (c) (see instructions Part I, line 8	enter -0- in Part I, I and (6) s) If (loss), enter Tax on Net Inve on 4940(a) tax on a second to any year to complete this part to instructions before yeaue of nonchantable-us	estment In net investment in the bart.	3 ncome nent ind	come.)	
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Net short-term capital gain or (loss) as defined in sections 1222(5) a lf gain, also enter in Part I, line 8, column (c) (see instructions Part I, line 8	amount of any year to complete this part	estment In net investment in the bart.	3 ncome nent ind	come.)	
If gain, also enter in Part I, line 8, column (c) (see instructions Part I, line 8	Tax on Net Inve	net investment in the bart.	nent ind	come.)	Yes X
Part I, line 8	Tax on Net Inve	net investment in the bart.	nent ind	come.)	Yes X
Qualification Under Section 4940(e) for Reduced For optional use by domestic private foundations subject to the section section 4940(d)(2) applies, leave this part blank Vas the foundation liable for the section 4942 tax on the distributable "Yes," the foundation does not qualify under section 4940(e). Do not Enter the appropriate amount in each column for each year; see the Calendar year (or tax year beginning in). Adjusted qualifying distributions. 2010 2,303,611. 2009 1,455,640. 2008 2,678,620. 2007 4,724,681.	amount of any year to complete this part instructions before a complete the instructions before a complete the complete th	net investmear in the bart.	nent ind	come.)	Yes X
For optional use by domestic private foundations subject to the section section 4940(d)(2) applies, leave this part blank Vas the foundation liable for the section 4942 tax on the distributable "Yes," the foundation does not qualify under section 4940(e) Do not Enter the appropriate amount in each column for each year; see the Base penod years Calendar year (or tax year beginning in) Adjusted qualifying distributions Net volume 2010 2, 303, 611. 2009 1, 455, 640. 2008 2, 678, 620. 2007 4, 724, 681.	amount of any yea t complete this part ne instructions before (c)	net investmear in the bart.	nent ind	come.)	Yes X
(a) Base penod years Calendar year (or tax year beginning in) Adjusted qualifying distributions 2010 2,303,611. 2009 1,455,640. 2008 2,678,620. 2007 4,724,681.	(c) value of nonchantable-us	Ĭ	4117 CI	ntries	···
Adjusted qualifying distributions Net variety	value of nonchantable-us			(d)	
2009 1,455,640. 2008 2,678,620. 2007 4,724,681.	17,270	ise assets		Distribution (col. (b) divided	
2008 2,678,620. 2007 4,724,681.		,805.		, , ,	0.13338
2007 4,724,681.	18,890	,922.	•		0.07705
2007 4,724,681.	39,161	- "			0.06839
	56,645				0.08340
	45,899				0.08614

Total of line 1, column (d)			2		0.44838
Average distribution ratio for the 5-year base period - divide the to	tal on line 2 by 5, o	or by the			-
number of years the foundation has been in existence if less than 5			3		0.08967
Enter the net value of noncharitable-use assets for 2011 from Part			4	1	7,753,746
Multiply line 4 by line 3			5	-	1,592,109
Enter 1% of net investment income (1% of Part I, line 27b)			6		15 , 788
Add lines 5 and 6		,	1		-
		••••	7		
Enter qualifying distributions from Part XII, line 4					1,607,897
Enter qualifying distributions from Part XII, line 4. If line 8 is equal to or greater than line 7, check the box in Part Part VI instructions					1,607,897

,				
1 m	99-PF (2011) CUMMING FOUNDATION 87-0440	0091	P	age 4
	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in			
	Exempt operating foundations described in section 4940(d)(2), check here 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		15,7	88.
	here X and enter 1% of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of \mathcal{I} Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2		1	
	Add lines 1 and 2		15,7	88.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		15,7	00
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		15,7	00.
	Credits/Payments 2011 estimated tay payments and 2010 overpayment credited to 2011 68 8, 000.			
	2011 estimated tax payments and 2010 overpayment dedited to 2011.			
	Exempt foreign organizations - tax withheld at source			
	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d O.R OVERPAYMENT . (.5., 0.24)		13,	000
	Enter any penalty for underpayment of estimated tax Check here If Form 2220 is attached			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		7,8	312.
	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 2012 estimated tax ▶ 0 Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No
	or intervene in any political campaign?	1 a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the		·	.,
	Instructions for definition)?	1b_		Х
	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	4.	NT.	A
	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1 c	14/	A
a	(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			ļ
G	on foundation managers > \$			l
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		_ X
_	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 bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3_		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Х	ļ
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b_	X	37
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_5_		X
	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		1	
	By language in the governing instrument, or By language in t			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that confined with the state law emerger in the coverning instrument?	6	x	
7	conflict with the state law remain in the governing instrument?	7	Х	<u> </u>
, 8a		<u> </u>	l	
	UT, WY,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b_	X	-
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 year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete	0		x
40	Part XIV	9_		<u> </u>
10	and addresses	10		X
			an PF	

' Eorm	, 990-PF (2011) CUMMING FOUNDATION 87-04	10091		Page 5
	t VII-A Statements Regarding Activities (continued)			ugo o
_	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	\top		
• •	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
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		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13_	Х	
	Website address ► N/A			_
14	The books are in care of ▶ CATHY HANDLEY Telephone no ▶ 307-73	4-070	8	
	Located at ▶148 SOUTH REDMOND JACKSON, WY ZIP+4 ▶ 83001		-	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	· · · ·	•	·Ш
	and enter the amount of tax-exempt interest received or accrued during the year	<u> </u>	Vac	No
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority	1.0	Yes	X
	over a bank, securities, or other financial account in a foreign country?	16	L	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country	Ĭ		
Pa	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u> </u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	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? Yes X No		}	ł
	(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? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(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)? Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if 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)			
	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			İ
•	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	. 1b	X	
	Organizations relying on a current notice regarding disaster assistance check here			
	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 2011?	. 1c		_ X_
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))			
i	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2011? Yes X No			
	If "Yes," list the years			
	Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach statement -see instructions)	. 2b	N	A
	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	. 20		1
	P	l	1	
3 8	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			ļ
	at any time during the year?			
ı	of "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			ļ
	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 2011)	. 3b		Х
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	. 4a	<u> </u>	X
1	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	1	1	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?.)A DE	X

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Pa	t VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)		
5 a	During the year did the foundation pay or incur any amou	nt to				
	(1) Carry on propaganda, or otherwise attempt to influer	nce legislation (section	4945(e))?	Yes X N	。	
	(2) Influence the outcome of any specific public ele	ction (see section 4	1955), or to carry or	- —		
	directly or indirectly, any voter registration drive?				,	
	(3) Provide a grant to an individual for travel, study, or other			- —	1 1	
	(4) Provide a grant to an organization other than a					
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s				.	
	(5) Provide for any purpose other than religious, ch			. — —		
	purposes, or for the prevention of cruelty to children o					
h	If any answer is "Yes" to 5a(1)-(5), did any of the				-	
	Regulations section 53 4945 or in a current notice regard		•	•	5b	x
	Organizations relying on a current notice regarding disast					
_	If the answer is "Yes" to question 5a(4), does the					
·	because it maintained expenditure responsibility for the gr				,_	
	•		41/ 🕰	res N	'°	
6.	If "Yes," attach the statement required by Regulations section	• •	Att. 45			
υd	Did the foundation, during the year, receive any func	•				
h	on a personal benefit contract?			• — —	6 Б	l x
•	If "Yes" to 6b, file Form 8870	any or indirectly, on a	personar benefit contra	ur		^
- -	At any time during the tax year, was the foundation a pa	rty to a prohibited tay	sholter transaction?	. Yes X N		
	If "Yes," did the foundation receive any proceeds or have					n/A
	t VIII Information About Officers, Directors	Trustees. Foun	dation Managers	Highly Paid Emp	/ D	14/11
	and Contractors					
1_	List all officers, directors, trustees, foundation n	nanagers and thei (b) Title, and average		, 	1	
	(a) Name and address	hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expens other all	
		devoted to position	-0-)	and deferred compensation		
ידי ע	TACHMENT 13		(0
$\overline{\mathbf{U}}$				1	1	
				· ·		
2	Compensation of five highest-paid employees	(other than thos	se included on lin	e 1 - see instruct	tions) If no	no onto
-	"NONE."	(other than the	oc included on in	c i - see ilisti uci		nie, entei
	NAME OF THE PROPERTY OF THE PR	(b) Title, and average		(d) Contributions to employee benefit	(e) Expens	e account
(2) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred	other alie	owances
				compensation	 	
	NONE					
						
						-
				 - · · · · · · · · · · · · · · · · · · 	 	
					 	
	I number of other employees hald eyes #50 000			<u> </u>	<u> </u>	1
100	I number of other employees paid over \$50,000 .	 	<u> </u>	<u> </u>	<u></u> .	<u> </u>

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Form 990-PF (2011) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE 0 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 number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 NAWM WHITE MATTER WORKSHOP 31 ATTENDEES DISCUSSION OF NAWM AND OTHER DISEASES 30,663. Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 NOT APPLICABLE All other program-related investments. See instructions

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Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.		
	purposes		
а	Average monthly fair market value of securities	1a	17,532,990.
b	Average of monthly cash balances	1b	468,368.
С	Fair market value of all other assets (see instructions)	1c	22,750.
d	Total (add lines 1a, b, and c)	1d	18,024,108.
е	Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	18,024,108.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
		4	270,362.
5	Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	17,753,746.
6	Minimum investment return. Enter 5% of line 5	6	887,687.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ and do not complete this process.	oart)	
1	Minimum investment return from Part X, line 6	1	887,687.
2a	Tax on investment income for 2011 from Part VI, line 5 2a 15,788.		
b	Income tax for 2011 (This does not include the tax from Part VI) 2b		
С		2c	15,788.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	871,899.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	871,899.
6	Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	871,899.
	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	_	4 010 047
a		1a	4,918,847.
b	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	1b	
2	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а		3a	
þ		3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	4,918,847.
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	15,788.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,903,059.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years	lculating w	hether the foundation

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Pa	rt XIII Undistributed Income (see instru	ctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2011 from Part XI,	Corpus	Years prior to 2010	2010	2011
	line 7				871,899.
2	Undistributed income, if any, as of the end of 2011			!	
а	Enter amount for 2010 only				
b	Total for pnor years 20 09 ,20 08 ,20 07				
3	Excess distributions carryover, if any, to 2011				
	From 2006				
	From 2007				
	From 2007				
	From 2009				
	From 2010	6 021 004			
	Total of lines 3a through e	6,821,804.			
4	Qualifying distributions for 2011 from Part XII, line 4 > \$ 4,918,847.				
_					
	Applied to 2010, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see instructions)				
_	· · · · · · · · · · · · · · · · · · ·				
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2011 distributable amount				871,899.
	Remaining amount distributed out of corpus	4,046,948.			
5					
	(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:	10 000 750			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	10,868,752.			
b					
	line 4b from line 2b Enter the amount of prior years' undistributed				<u> </u>
·	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
a	Subtract line 6c from line 6b Taxable amount - see instructions				
е	Undistributed income for 2010 Subtract line				
	4a from line 2a Taxable amount - see instructions				
	Undistributed income for 2011 Subtract lines				
ĭ	4d and 5 from line 1. This amount must be				
	distributed in 2012				<u> </u>
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2006 not	1 607 602		•	
_	applied on line 5 or line 7 (see instructions)	1,687,623.			
9	Excess distributions carryover to 2012.	9,181,129.			
10	Subtract lines 7 and 8 from line 6a	2,101,122.			
10 a	Analysis of line 9 Excess from 2007 2,043,478.				
b	704 641				
c	0.05 4.07				
d	1 500 (25				
_е	Excess from 2011 4,046,948.				
					Form 990-PF (2011)

orm	990-PF (2011)	CUMMING F	NOITADNUC			87-	0440091	
Рa	rt XIV Private Oper	ating Foundations (see instructions and	Part VII-A, question	n 9)		NOT A	PPLICABLE
a	If the foundation has							
	foundation, and the ruling	g is effective for 2011, er	iter the date of the ruling		. ▶∟			
b	Check box to indicate wh	ether the foundation is a	private operating founda	ation described in section		4942(j)	(3) or	4942(j)(5)
а	Enter the lesser of the ad-	Tax year		Prior 3 years			(e)	Total
_	justed net income from Part	(a) 2011	(b) 2010	(c) 20 <u>09</u>	(d) 200	08	` '	
	I or the minimum investment return from Part X for each							
	year listed							
þ	85% of line 2a							
С	Qualifying distributions from Part							
	XII, line 4 for each year listed .				1			
d	Amounts included in line 2c not used directly for active conduct of exempt activities							
e	Qualifying distributions made							
	directly for active conduct of exempt activities Subtract line							
	2d from line 2c							
	Complete 3a, b, or c for the alternative test relied upon							
а	"Assets" alternative test - enter							
	(1) Value of all assets						-	
	(2) Value of assets qualifying under section							
	4942(j)(3)(B)(i)						1	
b	"Endowment" alternative test- enter 2/3 of minimum invest-							
	ment return shown in Part X,							
	line 6 for each year listed							
С	"Support" alternative test - enter							
	(1) Total support other than gross investment income							
	(interest, dividends, rents,							
	payments on securities loans (section 512(a)(5)),							
	or royalties)	ļ					ļ .	
	(2) Support from general public and 5 or more							
	exempt organizations as provided in section 4942							
	(j)(3)(B)(III)							_
	(3) Largest amount of sup- port from an exempt							
	organization				-			-
D۵		ary Information (C	omplete this part	only if the found	lation had	\$5,000	or more	in asset
ГС	at any time	during the year - se	e instructions.)	only in the round	iation nad	# 0,000	01 111010	40004
-	Information Regardin							
а	List any managers of		ave contributed more	e than 2% of the tota more than \$5,000). (S	al contribution See section 50	ns receiv)7(d)(2))	ed by the	foundation
	IAN M. CUMN	MING						
b	List any managers of		own 10% or more of	the stock of a corp	oration (or a	n equally	large po	rtion of the
	ownership of a partne	rship or other entity) o	f which the foundation	n has a 10% or greate	r interest			
	N/A							
2	Information Regardin	ng Contribution, Grant	, Gift, Loan, Scholarsh	nip, etc., Programs:				
	Check here ▶ If	the foundation only	makes contributions	to preselected char	itable organi	zations a	ind does	not accept
	unsolicited requests f	for funds If the found	ation makes gifts, gra					
	· · · · · · · · · · · · · · · · · · ·	plete items 2a, b, c, an		·-·-				
а	The name, address, a	and telephone number	of the person to whor	n applications should t	be addressed.			
	ATTACHME				_			
b	The form in which app	olications should be su	bmitted and information	on and materials they	should includ	de		
	LETTER FORM							
С	Any submission dead	lines						
	_							
	NONE				-bl- 6-14- 1			
d	Any restrictions or I factors.	imitations on awards	, such as by geogra	apnicai areas, charit	abie tields, k	anas of	institution	s, or other
	NONE							00 DC (00)
ISA E1	490 1 000						Form S	90-PF (2011
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Name and address (home or business) A Paid during the year SEE STATEMENT 15 Recipient an an advisable showing visionships or abstantial contractor. Frequent of the property of the propert	Name and address (home or business) a Paid during the year SEE STATEMENT 15 Foundation requirements as noticitable or substantial contributor Total Foundation Foundation status of recipient Foundation status of Foundation status or status of recipient Foundation Purpose of grant or contribution Foundation status of Foundation status or st	3 Grants and Contributions Paid Du	ring the Year or Appr	oved for F	uture Payment	
a Pad duning the year SEE STATEMENT 15 4,795,93	a Paid during the year SEE STATEMENT 15 4,795,91 4,795,91	Recipient	If recipient is an individual, show any relationship to	Foundation status of		Amount
SEE STATEMENT 15 4,795,95 Total	SEE STATEMENT 15 4,795,91 Total		or substantial contributor	recipient	contribution	
		a Paid during the year	any foundation manager or substantial contributor	recipient	contribution	4,795,911
		T-4-1				4 705 011
a Approved for future payment	a Approved for lature payment				► 3a	4,795,911

rt XVI-A Analysis of Income-Production gross amounts unless otherwise indicated		business income	Excluded by s	section 512, 513, or 514	(e)
-	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exem function income (See instructions
Program service revenue					(Occ manacaona
b					
d					
е					
Fees and contracts from government agencies			-		
Membership dues and assessments	503000	10 527	11	140,101.	
interest on savings and temporary cash investments	523000	19,537.	14	93,670.	
Dividends and interest from securities	323000		14	93,070.	
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property	ļ		 		
Net rental income or (loss) from personal property .	E22000	3,887.	14		
Other investment income	523000		+	726 449	<u></u>
Gain or (loss) from sales of assets other than inventory	523000	139,116.	18	726,448.	
Net income or (loss) from special events			 		
Gross profit or (loss) from sales of inventory					
Other revenue a				500 006	
b OTHER REVENUE			-	-529,986.	
c			ļ <u> </u>		
d	1				
·					
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated the substitution of activities.	culations) s to the Acco	mplishment of Ex	empt Purpo	ses	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculated and the columns (b), (d), and (e) Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
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Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculate XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcart XVI-B Relationship of Activities ne No. Explain below how each activities.	culations) s to the Acco	mplishment of Ex	empt Purpo		ited importantly

Form 990-PF (2011)

Par	: XVII	Information Re Exempt Organ	•	isters to and transa	ictions and	Relations	snips with None	nantap	ie
1	Did th	e organization directi	ly or indirectly er	ngage in any of the follo	wing with any	other organ	nization described	Yes	s No_
				ection 501(c)(3) organiza					
		ızatıons?	,		·				
			g foundation to a	noncharitable exempt of	ganization of			1	
								1a(1)	x
								1a(2)	Х
		transactions							
			ncharitable exemi	pt organization				16(1)	x
				le exempt organization				1b(2)	Х
				ssets				1b(3)	X
								1b(4)	X
								1b(5)	X
				or fundraising solicitation				1b(6)	Х
				, other assets, or paid em				1c	Х
				" complete the following					market
~				es given by the reporting					
				ment, show in column (
(a) Li	пе по	(b) Amount involved		ncharitable exempt organization			ers, transactions, and sha		
,		N/A	' '		N/A		<u> </u>		
							·		
				·					
				· · · · · · · · · · · · · · · · · · ·	· -				
					-				
						•			
			. —		_				
20	la tha	foundation directly	or undergothy offil	iated with, or related to		tay ayama	organizations		
24		•	•	ner than section 501(c)(3)		•	-		X No
L		s." complete the follo	,	ier than section 50 f(c)(5)) or in section	5277		163 [140
	11 16	(a) Name of organizatio		(b) Type of organization	n		c) Description of relation	shin	
		(a) Name of organizatio	<u>''</u>	(b) Type of organization	""	<u>'</u>	of Beddinphon of Tolahori	он., р	
									
									_
							 		
					<u> </u>				
	Lind	ler negatives of negury 1 dect	are that I have examine	d this return, including accompany	ing schedules and	statements and t	n the hest of my knowled	ne and helief	it is true
Sigı		ect, and complete Declaration of	f preparer (other than tax	payer) is based on all information of v	which preparer has a	ny knowledge	the best of my knowled	ge and bener	11 13 11 40
_		Chund		. 112 17 2014	77.	/	May the IR		
Her		gnature of officer br trustee	~~ ~~~	Date	_ Title	sider		reparer show	
	ا	gnatur e or o nicei pi truste a		Date	iille		(see instruction	ns)? A Ye	s No
		Print/Type preparer's	name	Preparer's signature		Date	Obesil	PTIN	-
Paid	i			Fellit a	esed	12/11/14	CileCK [] ii		00220
Pre	parer	Kelli H Archibald	NICE & VOING			1	self-employed		80332
Firm's name ► ERNST & YOUNG U.S. LLP Firm's EIN ► 34-656 Use Only Firm's address ► TWO N. CENTRAL AVE, STE 2300								202246	
-	• • iii			L AVE, STE 2300	050	0.01	- (00/0	00 000	`
		l Ph	HOENIX, AZ		852	:UI	Phone no 602/3	22-3000))

Form **990-PF** (2011)

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

Schedule of Contributors

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

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service Employer Identification number Name of the organization CUMMING FOUNDATION 87-0440091 Organization type (check 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 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (1) Form 990, Part VIII, line 1h, or (11) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization CUMMING FOUNDATION

Employer identification number 87-0440091

Part I	Contributors (see instructions). Use duplicate copies of Part	I if additional space is need	led.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	IAN M. CUMMING 165 HUCKLEBERRY DRIVE JACKSON, WY 83001	\$3,600,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization CUMMING FOUNDATION

Employer Identification number

87-0440091

art II Nonca	ash Property (see instructions). Use duplicate copies	s of Part II if additional space is ne	eded.
(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
		 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
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	

Name of organization CUMMING FOUNDATION

Employer Identification number 87-0440091

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$_Use duplicate copies of Part III if additional space is needed.

	se adplicate copies of Fart III is addition	ai space is necucu.										
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
ŀ		(e) Transfer of gift										
		(1, 11111111111111111111111111111111111										
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
												
-	1	(a) Transfer of sift										
	(e) Transfer of gift											
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee									
-												
(a) No.	·····											
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
	.											
												
1												
	(e) Transfer of gift											
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
}	(e) Transfer of gift											
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee									
Ī												

CUMMING FOUNDATION

87-0440091

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

	Property	NS AND LO		ription		P or D	Date	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis	ט	acquired Gain or (loss)	
895,555.		25,000 SHARI 213.					VAR 895,342.	04/30/2011
		NET LONG TER	RM GAIN FROI	M PASS-THROU	JGH ENT		VARIOUS 214,941.	VARIOUS
		NET SHORT TE	ERM GAIN FRO	OM PASS-THRO	OUGH EN		VARIOUS 369,445.	VARIOUS
		NET SECTION	1231 GAIN :	FROM PASS-TH	HROUGH		VARIOUS 27,882.	VARIOUS
TOTAL GAIN(L	oss)		•••••				<u>1,507,610.</u>	
JSA								

CUMMING FOUNDATION

FORM 990PF, PART I - CONTRIBUTIONS, GIFTS AND GRANTS RECEIVED

87-0440091

ATTACHMENT 1

DIRECT PUBLIC SUPPORT DATE NAME AND ADDRESS

TOTAL CONTRIBUTION AMOUNTS

IAN M. CUMMING 165 HUCKLEBERRY DRIVE JACKSON, WY 83001

3,600,000.

ATTACHMENT 2

ATTACHMENT 2

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

	NET	INVESTMENT	INCOME		87,066.	140,101.
REVENUE	AND	EXPENSES	PER BOOKS	53,035.	106,603.	159,638.
						TOTAL
			DESCRIPTION	STATE STREET BANK	INTEREST INCOME FROM K-1'S	

ATTACHMENT 3

ATTACHMENT 3

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

NET TN37F STMFNT	INCOME	4,788.	42,885.	45,803.	93,670.
REVENUE AND FYDENSES	PER BOOKS	4,788.	42,885.	45,803.	93,670.
					TOTAL
	DESCRIPTION	J.Z. EQUITY PARTNERS	DIVIDENDS FROM K-1'S	LEUCADIA NATIONAL CORPORATION	

AMENDED

6962НU 6227

ATTACHMENT 4

87-0440091

FORM 990PF, PART I - OTHER INCOME

-105,717.

-526,099.

	NET	INVESTMENT	INCOME	-122.	-26,961	-4	$^{\circ}$	0	\vdash	, 03	-18	-47,731	\mathbf{C}	08		30		
REVENUE	AND	EXPENSES	PER BOOKS	-122.	-26,961.	-4.	3	0	0	3	∞	-47,731.	7	08	· m		-424,955.	∞

ATTACHMENT 5

FEES	
LEGAL	
ı,	
Н	
PART	
990PF,	
FORM	

CHARITABLE PURPOSES	4,589.	4,589.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	3,059.	3,059.
REVENUE AND EXPENSES PER BOOKS	7,649.	7,649.
		TOTALS
DESCRIPTION	LEGAL FEES	

ATTACHMENT 6

87-0440091

ATTACHMENT 6

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	1,214. 24.	1,238.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	810.	826.
REVENUE AND EXPENSES PER BOOKS	2,024. 40.	2,064.
		TOTALS
DESCRIPTION	PROFESSIONAL SERVICES FILING FEES	

ATTACHMENT 7

AMENDED

PROFESSIONAL FEES	
OTHER	
ᅦ	
PART	
990PF,	
FORM	

NET INVESTMENT INCOME	7,833.	7,833.
REVENUE AND EXPENSES PER BOOKS	19,582.	19,582.
		TOTALS
DESCRIPTION	PROFESSIONAL FEES	

CUMMING FOUNDATION

87-0440091

ATTACHMENT 8

FORM 990PF, PART I - TAXES

REVENUE

AND

EXPENSES

PER BOOKS

EXCISE TAXES

DESCRIPTION_

5,436.

TOTALS

5,436.

6962HU 6227 AMENDED

ATTACHMENT 9

FORM 990PF, PART I - OTHER EXPENSES

CHARITABLE PURPOSES 6,983.	57.	356. 271.	2,108. 1,093.	154.	6,009. 1,690.	406.	19,865.
NET INVESTMENT INCOME	38.	237.	1,405. 729.	102. 416.			3,183.
REVENUE AND EXPENSES PER BOOKS 6,983.	95.	593.	3,513.	256. 1,040.	6,009. 1,690.	-2,078. 406.	20,970.
DESCRIPTION MEALS AND ENTERTAINMENT	MISCELLANEOUS BANK FEES	SUPPLIES UTILITIES	CUSTODY AND ASSET MANAGEMENT TREE FARM MAINTENANCE	REPAIRS AND MAINTENANCE INSURANCE WORKER'S COMP	FOOD & BANQUET EXPENSES PRINTING	SALES TAX REFUNDS SHIPPING SUPPLIES	TOTALS

ATTACHMENT 10

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	ENDING BOOK VALUE
LEUCADIA NATIONAL STOCK HOMEFED STOCK	8,288,67 10,798,19

ENDING	FMV	
ENDING	BOOK VALUE	

, 16	3,343	
	93.	

19,086,867.

TOTALS

4,166,195

11	
ATTACHMENT	

FORM 990PF, PART II - CORPORATE BONDS DESCRIPTION

SAW CORPORATE BONDS - LEUCADIA

TOTALS

7		
ENDING	BOOK VALUE	

711,808.

711,808.

711,221. ENDING <u>FMV</u>

711,221.

6962НU 6227

ATTACHMENT 12

87-0440091

- OTHER INVESTMENTS FORM 990PF, PART II DESCRIPTION

RAMIUS FUND LTD
RAMIUS HALIFAX OVERSEAS FUND
JZ EQUITY PARTNERS PLC
PENTA JAPAN FUND
SAW EQUITIES
RCG KENNEDY HOUSE, LLC
RA CAPITAL BIOTECH FUND, LP
PROSPECTOR SUMMIT FUND, LLP
CENTERBRIDGE CAPTIAL PARTNERS

TOTALS

ENDING <u>FMV</u>	249,462. 543,607. 158,152. 658,541. 8,255. 103,036. 1,295,685. 2,394,600. 1,042,693.	6,454,031.
ENDING BOOK VALUE	251,936. 266,667. 500,000. 333,333. 4,040. 101,127. 1,296,214. 2,394,603. 1,042,693.	6,190,613.

ATTACHMENT 13

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
IAN M. CUMMING 165 HUCKLEBERRY DRIVE JACKSON, WY 83001	PRES/TTE 5.00	0	0	0
ANNETTE P. CUMMING 165 HUCKLEBERRY DRIVE JACKSON, WY 83001	VP/TTE/EXD 10.00	0	0	0
CATHY HANDLEY PO BOX 4902 JACKSON, WY 83001	SEC/TREAS 2.00	0	0	0
JOHN D. CUMMING 529 EAST SOUTH TEMPLE SALT LAKE CITY, UT 84102	TRUSTEE 1.00	0	0	0
DAVID E. CUMMING 529 EAST SOUTH TEMPLE SALT LAKE CITY, UT 84102	TRUSTEE 1.00	0	0	0
STEPHEN D. SWINDLE 50 SOUTH MAIN ST, STE 1600 SALT LAKE CITY, UT 84144	TRUSTEE 2.00	0	0	0
	GRAND TOTALS	0	0	0

ATTACHMENT 14

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

IAN M. CUMMING 165 HUCKLEBERRY DR. JACKSON, WY 83001 801-524-1786

6962HU 6227 AMENDED

Donations For the period 01/01/2011-12/31/2011

Donations 01/01/2011-12/31/2011

Non Discretionary/Pledges Date	Recipient	Address	Status	Relationship (if any)	Purpose	Amount
01/07/11	US Ski & Snowboard Team Foundation	One Victory Lane, Box 100, Park City, Utah 84060	509(a)(2)	N/A	2014 winter Olympic games in Russia	\$48,250 00
02/07/11	Rowland Hall	720 S Guardsman Way, Salt Lake City, UT 84108	509(a)(1)	N/A	To provide a meaningful education through a diverse student/teacher	8,333 00
02/07/11	US Ski & Snowboard Team Foundation	One Victory Lane, Box 100, Park City, Utah 84060	509(a)(2)	N/A	For the renovation, expansion, and	68 667 00
02/08/11	Park City Day School	3120 Pinebrook Road, Park City, UT 84098	509(a)(1)	N/A	restoration of training center To provide an intellectually stimulating and creative school	83,333 0
06/07/11	Harvard Business School	Teele Hall, 230 Western Ave, Boston MA 02163	509(a)(1)	N/A	To support the business schools key aspects of teaching	1,000,000 0
06/09/11	Island Conservation	100 Shafer Road, Santa Cruz, CA, 95060	509(a)(2)	N/A	removing invasive species from	500 000 0
08/16/11	Perlman Music Program	142 E 71st, Apt 8C, New York, NY 10021	509(a)(1)	N/A	To support the Shelter Island Campus of PMP	\$50,000,0
tal Non Discretionary/Pled	ges				oumpus on a min	\$1,756,583 0
Discretionary Pledges				Relationship		
Date 01/06/11	Reciplent The Nature Conservancy- Wyoming	Address 258 Main Street, Ste 200, Lander, WY 82520	Status 509(a)(2)	(if any) N/A	Purpose To help protect the lands and	Amount
01/11/11	The Circle National Gallery of Art	2000B South Club Drive, Landover, MD 20785	509(a)(2)	N/A	waters of Wyoming To help support an exhibition on	\$10,000 0
01/26/11	Fessenden School	250 Waitham Street, West Newton, MA 02465	509(a)(1)	N/A	the National Gallery of Art To provide an educational and	19,000 00
02/02/11	The Institute for Enthnomedicine	PO Box 3464, Jackson, WY 83001	509(a)(2)	N/A	nurturing school for growing boys To help find new cures by studying	1,000 00
02/09/11	Dancer's Workshop	PO Box 1500, Jackson, WY 83001	509(a)(2)	N/A	health patterns of indigenous For dance education, programs,	10,000 00
02/09/11	Jackson Hole Cummunity School	PO Box 6787, Jackson, WY, 83002	509(a)(1)	N/A	and performances To prepare students for college	25,000 00
02/09/11	Endowment	FO BOX 0707, Jackson, W1, 55002	303(a)(1)	IVA	and life through challenging academics	100,000 00
02/09/11	Periman Music Program	19 West 69th Street, Suite 304, New York, NY 10023	509(a)(1)	N/A	To support the education of young, talented musicians	5,000 00
02/23/11	Teton Raptor Center	PO Box 1805, Wilson, WY 83014	509(a)(2)	N/A	To help birds of prey through education, conservation and	5 000 00
03/03/11	U of U Dept of Surgery, Ted Kimball, N	1 30 North 1900 East, Rm 3 B110, Salt Lake City, UT 84132	509(a)(1)	N/A	To support Ted Kimball's studies	50,000 00
03/04/11	Prostate Cancer Foundation	1250 Fourth Street, Santa Monica, CA 90401	509(a)(2)	N/A	at the U of U, Department of To help fund global research to	1,200 00
03/21/11	Primary Children's Medical Center	100 Mano Capecchi Drive, Salt Lake City, UT 841	509(a)(1)	N/A	find a cure for Prostate Cancer To help support the Pediactric	·
03/23/11	Grand Teton Music Festival	4015 W Lake Creek Drive #1, Wilson WY 83014	509(a)(2)	N/A	Hospital for children with complex To provide exhilarating musical	100,000 00
03/23/11	Grand Teton Music Festival	4015 W Lake Creek Drive #1 Wilson, WY 83014	509(a)(2)	N/A	experiences To provide exhilarating musical	3,800 00
04/14/11	Planned Parenthood Federation of	434 West 33rd, New York, NY 10001	509(a)(2)	N/A	experiences To help provide reporoductive	110 30
04/14/11	America Planned Parenthood of Kansas & Mid-		509(a)(2)	N/A	health care and sex education To help provide reporoductive	50,000 00
04/15/11	Missouri Dancer's Workshop	Kansas 66211 PO Box 1500, Jackson, WY 83001	509(a)(2)	N/A	health care and sex education For dance education, programs,	50,000 00
					and performances	15,710 00
scretionary Pledges Continu		Address	Status	Relationship (if any)	Purpose	Amount
Date 04/20/11	Recipient KU Endowment Association	W Campus, Univ Of Kansas, Box 928, Lawrence,	509(a)(2)	N/A	To provide philanthropic support to	
04/27/11	Hirschfield Center For Children	KS 66044 PO Box 2631, Jackson, WY, 83001	509(a)(2)	N/A	build a great University of Kansas To help children avoid behavioral, emtional and mental health	300 00
05/11/11	Research Foundation CUNY	230 West 41st St, New York, NY 10036	509(a)(2)	N/A	problems To help support the Ravitch-	5,000 00
06/29/11					Volker Project To help the Lab interpret and	250,000 00
06/29/11	Comell Lab of Omithology	159 Sapsucker Woods Rd , Ithaca, NY 14850	509(a)(1)	N/A	conserve the biological diversity through research	60,000 00
06/30/11	John Moran Eye Center- University of Utah	65 Mario Cepecchi Drive Salt Lake City, UT 8413:	509(a)(1)	N/A	To provide hope and treatment to those with blinding eye conditions	2,000,000 00
07/28/11	Planned Parenthood of Wyoming	7155 E 38th Avenue, Denver, CO 80207	509(a)(2)	N/A	To help provide reporoductive health care and sex education	10,000 00
08/23/11	Americans for UNFPA	370 Lexington, Suite 702, New York, NY 10017	509(a)(1)	N/A	To promote the right of life and	•
08/25/11	Planned Parenthood Federation of	434 West 33rd, New York, NY 10001	509(a)(2)	N/A	equal opportunity to all To help provide reporoductive	50,000 00
09/12/11	America Community Foundation of Jackson Hole	9 PO Box 574, Jackson, WY 83001	509(a)(1)	N/A	health care and sex education For Old Bill's Fun Run to raise	100,000 00
09/21/11	Village Preservation Socity of East Hampton	PO Box 2015, East Hampton, NY 11937	509(a)(2)	N/A	money for Jackson WY nonprofits To protect the history and hertigae	25,000 00
10/04/11	GJA Bob Lessin Endowment Fund	104 St Marks Place, New York, NY 10009	509(a)(1)	N/A	of East Hampton NY To support the George Jackson	1,000 0
11/07/11	John Maran Eye Center- University of L	J 65 Mario Cepecchi Drive, Salt Lake City UT 8413	509(a)(1)	N/A	Academy in memory of Bob Lessin To support the Himalayan	25,000 00
					Cataract Project to eliminate preventable blindness	10,000 00
12/01/11	Another Way Montesson	6587 Mountain View Drive, Park City, UT 84098	509(a)(1)	N/A	To provide a school environment that maximizes child development	10,000 00

12/01/11	Park City Day School	3120 Pinebrook Road, Park City, UT 84098	509(a)(1)	N/A	To provide an intellectually stimulating and creative school	40.000.00
12/09/11	Fast Hampton Health Care Foundation	200 Pantigo Place, East Hampton, NY 11937	509(a)(1)	N/A	community To improve the healthcare in the	10,000 00
12/00/11	East Hampton Health Caro i Canadion	200 t dinigo i ideo, Edot i dinplott, ivi 1100	555(5)(1)		Town of East Hampton	10,000 00
12/21/11	Cornell Lab of Omithology	159 Sapsucker Woods Rd , Ithaca, NY 14850	509(a)(1)	N/A	To help the Lab interpret and conserve the biological diversity	
12/21/11	National Bodys Consequence Associate	ii 777 6th Street, Wastington, DC 20001	509(a)(2)	N/A	through research To help provide protection and	1,000 00
12/21/11	National Parks Conservation Associatio	1777 Oth Street, Wastington, DC 20001	509(a)(2)	IVA	support for America's National	
					Parks	\$10,000 00
Total Discretionary Pledges						\$3,023,120 30
In Kind Donations						
				Relationship (i	1	
Date	Recipient	Address	Status	any)	Purpose	Amount
04/22/11	Dancer's Workshop	PO Box 1500, Jackson, WY 83001	509(a)(2)	N/A	To discuss fundraising efforts	611 94
08/28/11	Planned Parenthood	434 West 33rd St, New York, NY 10001	509(a)(2)	N/A	Fundraising event	13,468 57
08/29/11	Dancer's Workshop	PO Box 1500, Jackson, WY 83001	509(a)(2)	N/A	Fundraising event	\$2,126 69
Total in Kind Donations						\$16,207 20
Grand Total Donations 01/01/	/2011-12/31/11					\$4,795,910 50

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

	UMMING FOUNDATION				87-044009		
	: Form 5227 filers need to complete only F						
Par				ar or Less	1		(f) Gain or (loss) for
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales pnce	(e) Cost or other b		the entire year Subtract (e) from (d)
 1а				-			, and the second
					<u> </u>		
				· · · · · · · · · · · · · · · · · · ·			
		- -	~				
						ı	
b	Enter the short-term gain or (loss), if any	, from Schedule D	-1, line 1b			1b	369,445.
2	Short-term capital gain or (loss) from Fo	rms 4684, 6252.	6781, and 882	4		2	
_							
3	Net short-term gain or (loss) from partne					3_	
4	Short-term capital loss carryover Ente	·	•		•	4	(
5	Carryover Worksheet	e lines 1a throug	gh 4 in colum	n (f) Enter here ar	nd on line 13,		,
	column (3) on the back	<u> </u>	<u> </u>	<u></u>		5_	369,445.
Par	t II Long-Term Capital Gains and L	1		han One Year	1		(f) Gain or (loss) for
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other to (see instruction		the entire year Subtract (e) from (d)
6a							
		<u> </u>					
				· 			
			<u></u>				
_							
				 -		_	
b	Enter the long-term gain or (loss), if any,	from Schedule D	-1, line 6b			6 b	1,138,165.
7	Long-term capital gain or (loss) from Fo	rms 2439, 4684,	6252, 6781, ar	nd 8824		7	
8	Net long-term gain or (loss) from partner	ships, S corporat	ions, and other	estates or trusts		8	
9	Capital gain distributions					9	
J	ouplies gain distributions		• • • • • • • •		• • • • • • • • •		
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover. Enter	r the amount, if	any, from lir	ie 14 of the 2010	Capital Loss	4.	,
12	Carryover Worksheet	lines 6a through		n (f) Enter here and	d on line 14a	11	
	column (3) on the back			(.) Line nere and		12	1,138,165.
For F	Paperwork Reduction Act Notice, see the Inst	ructions for Form 1	041.				e D (Form 1041) 2011

Schedul	e D (Form 1041) 2011			Page 2
Part		(1) Beneficiaries	(2) Estate's	(3) Total
	Caution: Read the instructions before completing this part.	(see instr)	or trust's	
	et short-term gain or (loss)	<u> </u>		369,445.
	et long-term gain or (loss):			1 120 165
a I	otal for year		 _	1,138,165.
	nrecaptured section 1250 gain (see line 18 of the wrksht.)			
C ∠ 15 T	8% rate gain			1,507,610.
	If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form	m 000-T Part I line 4s	o) If lines 14a and 15	
gains, g	o to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete	e Part IV and the Capita i	Loss Carryover Works	sheet, as necessary
Part			-	<u> </u>
	inter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, li	ne 4c. if a trust). the sn	naller of	
	he loss on line 15, column (3) or b \$3,000 If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, liner Worksheet in the instructions to figure your capital loss carryover) olete the Capital Loss
Part				
	1041 filers. Complete this part only if both lines 14a and 15 in column (2	n) are gains or an am	nount is entered in S	Part I or Part II and
	s an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than		Tourn to other out in t	are ror rare ir and
	n: Skip this part and complete the Schedule D Tax Worksheet in the instruc-			
	er line 14b, col (2) or line 14c, col (2) is more than zero, or			
	Form 1041, line 2b(1), and Form 4952, line 4g are more than zero			
	990-T trusts. Complete this part only if both lines 14a and 15 are gain			
	n 990-T, and Form 990-T, line 34, is more than zero. Skip this part and co r line 14b, col. (2) or line 14c, col. (2) is more than zero.	implete the Schedule	e Diax Worksneet	in the instructions
				
	inter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
	inter the smaller of line 14a or 15 in column (2)			
	out not less than zero			
	Enter the estate's or trust's qualified dividends			
	rom Form 1041, line 2b(2) (or enter the qualified			
	ividends included in income in Part I of Form 990-T)			
	the estate or trust is filing Form 4952, enter the			
	mount from line 4g, otherwise, enter -0-			
	Subtract line 21 from line 20 If zero or less, enter -0-			
	Subtract line 22 from line 17. If zero or less, enter -0-	23		
	rubilizati mic 22 fform mic 17. ii 2010 of 1633, Cittor -0			
24 E	Enter the smaller of the amount on line 17 or \$2,300	24		
	s the amount on line 23 equal to or more than the amount on line 24?			
-	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box			
	No. Enter the amount from line 23	25		
26 5	Subtract line 25 from line 24	26		
	Are the amounts on lines 22 and 26 the same?		1	
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	27		
28 E	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
20 1	Subtract line 29 from line 27	20	1 1	
	Subtract line 28 from line 27			
	Multiply line 29 by 15% (15)			
	Figure the tax on the amount on line 23 Use the 2011 Tax Rate Sch see the Schedule Ginstructions in the instructions for Form 1041)			
(see the Schedule Sinstructions in the instructions for Form 1941). ,		31	
32 A	Add lines 30 and 31		32	
	igure the tax on the amount on line 17. Use the 2011 Tax Rate Sch			
	see the Schedule Ginstructions in the instructions for Form 1041)			
	Fax on all taxable income. Enter the smaller of line 32 or line 33 here a			
	G. line 1a (or Form 990-T, line 36)	·	34	

Schedule D (Form 1041) 2011

JSA 1F1220 2 000

6962HU 6227 AMENDED

SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D (Form 1041)

OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

► See instructions for Schedule D (Form 1041). ▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

Employer identification number

CUMMING FOUNDATION				87-0440091	
Part I Short-Term Capital Gains a	nd Losses - Asse	ets Held One Yea	r or Less		
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a NET SHORT TERM GAIN FROM PASS-THROUGH ENTITIES	VARIOUS	VARIOUS			369,445.
					<u> </u>
-					
	-				
-					

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b

Schedule D-1 (Form 1041) 2011

369,445.

Page 2 Schedule D-1 (Form 1041) 2011 Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side Employer identification number Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (b) Date (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (f) Gain or (loss) Subtract (e) from (d) (c) Date sold (e) Cost or other basis (see instructions) (d) Sales price acquired (mo , day, yr) (mo, day, yr) 6a 25,000 SHARES LEUCADIA 04/30/2011 STOCK 895,555. 213. 895,342. NET LONG TERM GAIN FROM PASS-THROUGH ENTITIES VARIOUS VARIOUS 214,941. NET SECTION 1231 GAIN FROM PASS-THROUGH ENTITIES VARIOUS **VARIOUS** 27,882.

6b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b . .

Cumming Foundation FEIN: 87-0440091 Amended 2011 Form 990-PF

The attached Form 990-PF is amended for the following items:

- 1. Modified: Part I, Line 6b to update the actual sales price.
- 2. Modified: Part I, Line 7 to update the capital gain from the sale of the LUX securities.
- 3. Modified: Part I, Line 12 column b to update the Total Income
- 4. Modified: Part IV, Line 1 Attachment to reflect the correct basis in the stock from the sale of the LUX securities.
- 5. Modified: Part IV, Line 2 to accurately reflect the gain from the sale of the LUX securities.
- 6. Update: Part V, Lines 6 and 7 to reflect correct values after modifications.
- 7. Update: Part VI, Lines 1,3,5,7,9 to update excise tax after earlier modifications.
- 8. Modified: Part VII, Line 14 to reflect books in care of name change.
- 9. Updated: Part XI, Lines 2a, 2c, 3, 5, 7 to reflect updated tax paid and the updated calculated distributed amounts.
- 10. Updated: Part XII, Lines 5 and 6 to reflect the updated net investment income amounts due to earlier modifications.
- 11. Updated: Part XIII, Lines 1, 3e, 3f, 4d, 4e, 6a, 9, 10d and 10e to reflect updated amount due to earlier modifications and amended 2010 return.
- 12. Modified: Signature Block to reflect change in paid preparer information.
- 13. Modified: Part IV Attachment to reflect corrected tax basis of LUX securities.

Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

ntemai Revenue			phoadion for each return.			
If you are	filing for an Automatic 3-Month Extension, c	omplete or	iy Part I and check the	s box	▶\x	
•	filing for an Additional (Not Automatic) 3-Mo plete Part II unles s ou have already been gran				,	
Electronic fil a corporation 8868 to req Return for	ling (e-file) You can electronically file Form required to file Form 990-T), or an addition uest an extension of time to file any of the Transfers Associated With Certain Persona For more details on the electronic filing of the	8868 If yonal (not au forms liste	u need a 3-month auto tomatic) 3-month exten ed in Part I or Part II wi Contracts, which must	omatic extension of time to file (ision of time. You can electronically the exception of Form 8870, to be sent to the IRS in paper	6 months for ally file Form Information format (see	
	tomatic 3-Month Extension of Time. Or				mproms.	
	required to file Form 990-T and requesting ai					
•				-	▶□	
All other corp	porations (including 1120-C filers), partnership	s, REMICs,	and trusts must use For	m 7004 to request an extension o	of time	
to file income				Enter filer's identifying number,	see instructions	
T	Name of exempt organization or other filer, see ins	structions		Employer identification number	r (EIN) or	
Type or						
print	CUMMING FOUNDATION			X 87-0440091		
File by the due date for	Number, street, and room or suite no. If a P.O. box	k, see instruc	tions	Social security number (SSN)		
filing your	165 HUCKLEBERRY DRIVE					
retum See Instructions	City, town or post office, state, and ZIP code For a	a foreign add	ress, see instructions			
	JACKSON, WY 83001					
Enter the Re	turn code for the return that this application is	for (file a se	eparate application for ea	ach return)	. 0 4	
Annliantian		Return	Application	<u> </u>	Deture	
Application		Code	Is For		Return Code	
Form 990		01	Form 990-T (corporation	on)	07	
Form 990-BL		02	Form 1041-A			
Form 990-EZ		01	Form 4720			
Form 990-PF		04	Form 5227			
	(sec 401(a) or 408(a) trust)	05	Form 6069		10	
	(trust other than above)	06	Form 8870		12	
			.1		<u>;</u>	
Telephono If the orga If this is for the whole a list with the	e No ► 307 734-0708 Initiation does not have an office or place of both a Group Return, enter the organization's four group, check this box	ousiness in t ur digit Grou If it is for pa in is for	rt of the group, check the	GEN)	this is attach	
-	st an automatic 3-month (6 months for a corpo	-				
	08/15 , 20 12 , to file the	exempt org	anization return for the c	organization named above. The ex	tension is	
TOF the	organization's return for. calendar year 20 $\frac{11}{2}$ or					
	tax year beginning	20	and anding	20		
	tax year beginning	, 20	, and ending	, 20	•	
	ax year entered in line 1 is for less than 12 months and the second in accounting period	nths, check	reason Initial re	eturn Final return		
	application is for Form 990-BL, 990-PF, 9 indable credits. See instructions	90-T, 4720	, or 6069, enter the	· '	1 000	
	application is for Form 990-PF, 990-T,	4720 0	r 6069 enter any re	efundable credits and	1,000.	
	ted tax payments made Include any prior year		· ·	1 1	0.	
	e due. Subtract line 3b from line 3a Include					
(Electro	onic Federal Tax Payment System) See instru	ictions.		3c \$	1,000.	
	you are going to make an electronic fund	withdrawal	with this Form 8868,	see Form 8453-EO and Form	8879-EO for	
payment ins	tructions					

Form 8	868 (Rev 1-2012)				Page 2	
• If y	ou are filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part II	and check this box	▶ X	
	Only complete Part II if you have already been grain					
 If y 	ou are filing for an Automatic 3-Month Extension, o					
Part	Additional (Not Automatic) 3-Month Ex	ktension c	of Time. Only file the orig	inal (no copies needed).		
			Er	nter filer's identifying number, see	Instructions	
	Name of exempt organization or other filer, see in	structions	·	Employer identification numb	er (EIN) or	
Туре	or					
print	CUMMING FOUNDATION			X 87-0440091		
	Number, street, and room or suite no. If a P.O. bo.	x, see instruc	ctions	Social security number (SSN)		
File by t due dat						
filing yo		a foreign ad	dress, see instructions			
instructions JACKSON, WY 83001						
Enter	the Return code for the return that this application	is for (file a	separate application for ea	ach return)	. 0 4	
	cation	Return	Application	•	Return	
Is For		Code	Is For		Code	
Form	990	01				
Form	990-BL	02	Form 1041-A		08	
Form	990-EZ	01	Form 4720		09	
Form	990-PF	04	Form 5227		10	
Form	990-T (sec 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-T (trust other than above) 06 Form 8870					12	
STOP	1 Do not complete Part II if you were not already	granted ar	automatic 3-month exter	nsion on a previously filed Forr	n 8868.	
• The	e books are in the care of ▶ CATHY HANDLEY					
Tel	ephone No ► 307 734-0708		FAX No ▶	·		
• If t	he organization does not have an office or place of	 business ir	the United States, check the	nis box	▶□	
	his is for a Group Return, enter the organization's fo				ıs is	
	e whole group, check this box ▶ 🔲 1				ach a	
	th the names and EINs of all members the extension		• , .			
4	I request an additional 3-month extension of time ui	ntıl	1	1/15 , 20 12		
5	For calendar year 2011, or other tax year beginn	ing	, 20 , ar	nd ending ,	20	
6	If the tax year entered in line 5 is for less than 12 m	onths, che	ck reason Initial re	turn Final return		
	Change in accounting period					
7	State in detail why you need the extension					
i	ADDITIONAL TIME IS NEEDED TO COLLEC	T ALL T	HE INFORMATION NEC	ESSARY TO		
j	FILE A COMPLETE AND ACCURATE RETURN	•				
	·					
8a	If this application is for Form 990-BL, 990-PF, 99	90-T, 4720), or 6069, enter the tent	tative tax, less any		
	nonrefundable credits See instructions			8a \$		
b	If this application is for Form 990-PF, 990-T,	4720, or	6069, enter any refun	dable credits and		
	estimated tax payments made. Include any pr	or year o	overpayment allowed as	a credit and any		
	amount paid previously with Form 8868.			8b \$		
С	Balance Due. Subtract line 8b from line 8a Include	your paym	ent with this form, if requir	ed, by using EFTPS		
	(Electronic Federal Tax Payment System) See instru	ictions		8c \$	4,000.	
	Signature and Verification	ation mu	st be completed for P	art II only.		
	penalties of perjury, I declare that I have examined this form, e, correct, and complete, and that I am authorized to prepare this fo		companying schedules and statem	nents, and to the best of my knowled	ge and belief,	
Signatu	Ire Lyng Amer		Title ▶	Date ► 08/13/2	2012	
					(Rev. 1-2012)	