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

Depa Intern	tment al Rev	of thé Treasury enue Service	Note. The foundation may b	be able to use a copy of this	return to satisfy state i	reporting requirements	Open to public Inspection
			r tax year beginning NOV	21, 2012	, and ending	JUN 30, 201	3
Nar	ne of	foundation				A Employer identificati	on number
С	UMI	MINGS_FA	AMILY FOUNDATION	, INC.	· -	46-148844	7
		•	ox number if mail is not delivered to street	address)	Room/sui	D Telebrione number	255
			ND ROAD, N.W.			404-384-4	
		own, state, and Z ANTA, G				G If exemption application is	s pending, check here
G C	heck	all that apply	X Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organization	nns, check here
			Final return	Amended return		2 Foreign organizations check here and attach	meeting the 85% test,
			Address change	Name change			
H_C		type of organiza		cempt private foundation Other taxable private founda	tion	E If private foundation s under section 507(b)	~ 1 1
			assets at end of year J Account		Accrual	F If the foundation is in	, , , , ,
		Part II, col (c),	· 1 —	ther (specify)		under section 507(b)	~ 1 1
>			204,340. (Part I, colu	mn (d) must be on cash b	oasis)		·
Pa	irt l	The total of amo	evenue and Expenses unts in columns (b), (c), and (d) may not the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	t (c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions, o	gifts, grants, etc., received	207,613.		N/A	
	2		f the foundation is not required to attach Sch. B.				200
	3	Interest on saving cash investments	s and temporary	1,813.	1,81	3.	STATEMENT 1
	4		nterest from securities				
	1 .	Gross rents					
		Net rental income	· · · — · · · — · · · · · · · · · · · ·				
μ	h	Gross sales price	for all EIVED				
Revenue	7		come (from Part IV, line 2)			0.	
ď	8	Net short-term	gapitaligain 2014				
	9	Income modific	gapital gain 2014				
	10a	Gross sales less r					
	b	Less Cost of good	GS Sold E V, UI				
		Gross profit or	(10\$\$)			-	
	11 12	Other income Total Add line	s 1 through 11	209,426.	1,81	.3.	
_	13		officers, directors, trustees, etc	0.		0.	0.
	14	•	e salaries and wages				
"	15		employee benefits				
)Se	16a	Legal fees					
ē	þ	Accounting fee					
e E	17	Other profession	inal fees		<u> </u>		
Operating and Administrative Expenses	17 18	Interest Taxes					
istr	19	Depreciation ar	nd depletion				
Ē	20	Occupancy					
Ad	21		nces, and meetings				
and	22	Printing and pu		5.006		10	0.
ing	23	Other expenses		5,086.	/	70.	0.
erat	24	•	g and administrative	5,086.	7	0.	0.
ŏ	25	•	l lines 13 through 23 gifts, grants paid	0.			0.
	26		gnts, grants paid s and disbursements.				
	-	Add lines 24 ar		5,086.	7	70.	0.
_	27	Subtract line 20					
	1		e over expenses and disbursements	204,340.			
			t income (if negative, enter -0-)		1,74		
		Adjusted net ii	1COME (if negative, enter -0-)			N/A	<u> </u>

223501 12-05-12 LHA For Paperwork Reduction Act Notice, see instructions

	art II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year			
L	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing		53,435.	53,435.		
	2	Savings and temporary cash investments	I				
	3	Accounts receivable	N				
		Less allowance for doubtful accounts	I				
	4	Pledges receivable ►	#		:		
		Less allowance for doubtful accounts ▶	I				
	5	Grants receivable	A		_ -		
	6	Receivables due from officers, directors, trustees, and other	L				
		disqualified persons					
	7	Other notes and loans receivable 148,307.	R		:		
		Less allowance for doubtful accounts ▶ 0 -	E 0.	148,307.	148,307.		
ţ	8	Inventories for sale or use	T				
Assets	9	Prepaid expenses and deferred charges	U				
∢	10a	Investments - U.S. and state government obligations	R				
	b	Investments - corporate stock	N N				
	C	Investments - corporate bonds			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	11	Investments - land, buildings, and equipment basis	1		;		
		Less: accumulated depreciation			<u> </u>		
	12	Investments - mortgage loans					
	13	Investments - other	· · · · · · · · · · · · · · · · · · ·		,,, ',,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	14	Land, buildings, and equipment basis 5,422. Less: accumulated depreciation STMT 3 5,016.					
				406.	406. 2,192.		
	15	Other assets (describe STATEMENT 4)	0.	2,192.	2,192.		
				204 240	204 240		
	16	Total assets (to be completed by all filers)	0.	204,340.	204,340.		
	17	Accounts payable and accrued expenses			: ` ,		
	18	Grants payable					
ies	19	Deferred revenue .		_ -			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons					
Ē	21	Mortgages and other notes payable					
	22	Other liabilities (describe			:		
	22	Total lin hiliting (add lines 17 through 22)	0.	0.			
	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here					
	ļ	and complete lines 24 through 26 and lines 30 and 31.	ļ				
98	24	Unrestricted			:		
Net Assets or Fund Balances	25	Temporarily restricted					
3aj	26	Permanently restricted					
ᅙ	20	Foundations that do not follow SFAS 117, check here					
Ē		and complete lines 27 through 31.					
ō	27	Capital stock, trust principal, or current funds	0.	0.			
sets	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.			
Ass	29	Retained earnings, accumulated income, endowment, or other funds	0.	204,340.			
Jet	30	Total net assets or fund balances	0.	204,340.			
_							
	31	Total liabilities and net assets/fund balances	0.	204,340.			
			alancee				
<u> </u>	art	III Analysis of Charles in Net Assets of Fund Da					
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30				
	(mus	t agree with end-of-year figure reported on prior year's return)		. 1	0.		
2	Ente	r amount from Part I, line 27a		2	204,340.		
3	Othe	r increases not included in line 2 (itemize)		3	0.		
4	Add	lines 1, 2, and 3		4	204,340.		
5	Decr	eases not included in line 2 (itemize)		5	0.		
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	204,340.		

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Part IV Capital Gains	and Lo	osses for Tax on In	vestmen	t Income					
		ind(s) of property sold (e g or common stock, 200 shs			P	How acquired - Purchase - Donation		acquired lay, yr)	(d) Date sold (mo , day, yr)
1a									
b NO	ONE				L				
<u>c</u>					_				
_d									
<u>e</u>			r		Ь_				
(e) Gross sales price	(f)	Oepreciation allowed (or allowable)		expense of sale				ain or (loss s (f) minus (
<u>a</u>		·							·
<u>b</u>	+					·			
d d	 			-					
е	 								
Complete only for assets show	ıng gain in	column (h) and owned by t	the foundatio	n on 12/31/69			(I) Gains (C	ol (h) gain	minus
		(j) Adjusted basis		xcess of col (I)			òl´ (k), buṫ i	not less thar	n -0-) or
(i) F M V as of 12/31/69		as of 12/31/69		rcol (j), if any			Losses	(from col (n))
<u>a</u>									
b									
<u> </u>	ļ						_		
<u>d</u>	<u> </u>								
6									
2 Capital gain net income or (net o	capital loss	If gain, also enter If (loss), enter -0-	n Part I, line In Part I, line	17 2 7	}	2			
3 Net short-term capital gain or (lo	oss) as def								
if gain, also enter in Part I, line 8			iu (0))				
If (loss), enter -0- in Part I, line 8	3			<u>-</u> -		3			
Part V Qualification	Under S	Section 4940(e) for	Reduced	d Tax on Net	Inv	estment In	come		
(For optional use by domestic priva	te foundat	ions subject to the section 4	1940(a) tax o	n net investment ir	com	∍)			N/A
If section 4940(d)(2) applies, leave	this part b	lank							
									<u> </u>
Was the foundation liable for the se				•	riod?				Yes No
If "Yes," the foundation does not qu 1 Enter the appropriate amount in					ntries				
(a)	Cacil Cold			Store making any c					(d)
Base periód years Calendar year (or tax year beginr	ווחת וויי)	(b) Adjusted qualifying dist	tributions	Net value of no	(c) ncha	ritable-use asset	s		putión ratio rided by col. (c))
2011	····y ····)							100. (0) 4.1	.dod 5) 001 (0))
2010							-		 _
2009									
2008							_		
2007									
			-						
2 Total of line 1, column (d)							2		
3 Average distribution ratio for the	5-year ba	se period - divide the total o	on line 2 by 5	, or by the number	of ye	ars			
the foundation has been in exist	ence if less	s than 5 years					3		
4 Enter the net value of noncharita	ible-use as	sets for 2012 from Part X, I	line 5				4		
5 Multiply line 4 by line 3							5	<u>'</u>	
6		: Dard I Juan 07h)							
6 Enter 1% of net investment inco	me (1% oi	Part I, line 270)					6		
7 Add lines 5 and 6							7		
O DIID C COMI DUA							-		
8 Enter qualifying distributions fro	m Part XII	, line 4					8		
If line 8 is equal to or greater tha See the Part VI instructions	ın line 7, cl	neck the box in Part VI, line	1b, and com	plete that part usin	g a 1	% tax rate			

			1488			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see i	nstrı	ıctio	ns)
1a	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 here	1	<u> </u>			<u>35.</u>
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					0.
3	Add lines 1 and 2	_3				35.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				35.
6	Credits/Payments					
a	2012 estimated tax payments and 2011 overpayment credited to 2012 6a					
b	Exempt foreign organizations - tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868) 6c 450.					
đ	Backup withholding erroneously withheld 6d					
7	Total credits and payments Add lines 6a through 6d	_ 7			4	<u>50.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			4	15.
11_	Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ 415 • Refunded ▶	11				0.
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ín			Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe	d or		,		
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			10		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation \triangleright \$ 0 • (2) On foundation managers \triangleright \$ 0 •					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers ►\$ 0.					
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, o	•				
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		į	3		Х
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
-	If "Yes," attach the statement required by General Instruction T.					- <u></u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
•	By language in the governing instrument, or					
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state 	law				
	remain in the governing instrument?	14 **		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			_ 	X	
•	If "Yes," complete Part II, col. (c), and Part XV					
Ra.	Enter the states to which the foundation reports or with which it is registered (see instructions)					
Vα	GA					
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
IJ	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
0	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	dar		OU	41	
J	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV	udi		o	:	Х
1 N		ייאיי	5	9 10	Y	
	AND MAY MALAGORA DESCRIPTION AND ADDRESS OF					

N/A

3b

4a

X

Х

Yes X No

Form 990-PF (2012)

Website address

country -

before 2012?

during the year?

If "Yes," list the years ▶

statement - see instructions)

a disqualified person?

b if "Yes," did it have excess business holdings in 2012 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 Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

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

Form 4720, to determine if the foundation had excess business holdings in 2012)

had not been removed from jeopardy before the first day of the tax year beginning in 2012?

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

Total. Add lines 1 through 3

All other program-related investments. See instructions

1 F	air market value of assets not used (or held for use) directly in carrying out charital	ole, etc., purposes			
a /	Average monthly fair market value of securities			1a	0.
b /	Average of monthly cash balances			1b	50,962.
c F	air market value of all other assets			10	47,171.
d 1	Total (add lines 1a, b, and c)			1d	98,133.
e F	Reduction claimed for blockage or other factors reported on lines 1a and				
	c (attach detailed explanation)	_1e	0.		
2 /	Acquisition indebtedness applicable to line 1 assets			2	<u> </u>
3 8	Subtract line 2 from line 1d			3	98,133.
1 (Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amoun	t, see instructions)		4	1,472. 96,661.
5 1	let value of noncharitable-use assets Subtract line 4 from line 3. Enter here and o	on Part V, line 4		5	96,661.
î î	Annimum investment return. Enter 5% of line 5 ADJUSTED FOR SH	ORT TAX I	PERIOD	6	2,940.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations check here and do not complete this part		erating foundations ar	nd certain	
1 1	Annimum investment return from Part X, line 6			1	2,940.
2a 7	ax on investment income for 2012 from Part VI, line 5	2a	35.		
b i	ncome tax for 2012 (This does not include the tax from Part VI)	2b			
c A	add lines 2a and 2b			2c	35.
3 [Distributable amount before adjustments Subtract line 2c from line 1			3	2,905.
1 F	Recoveries of amounts treated as qualifying distributions			4	0.
5 /	Add lines 3 and 4			5	2,905.
6 [Deduction from distributable amount (see instructions)			6	0.
7 [Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Par	t XIII, line 1		7	2,905.
	TAXII Qualifying Distributions (see Instructions)				
	imounts paid (including administrative expenses) to accomplish charitable, etc., pu	rposes			0.
	expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	0.
	Program-related investments - total from Part IX-B	ble etc		1b	<u> </u>
	amounts paid to acquire assets used (or held for use) directly in carrying out charita	ible, etc., purposes		2	
	amounts set aside for specific charitable projects that satisfy the				
	uitability test (prior IRS approval required)			3a	
	ash distribution test (attach the required schedule)	and Don't VIII Iron 4		3b	0.
	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, a	•		4	
	oundations that qualify under section 4940(e) for the reduced rate of tax on net invincome. Enter 1% of Part I, line 27b	ຮວນນອນເ		5	0.
	Idjusted qualifying distributions Subtract line 5 from line 4			6	0.
	lajusteu quannying distributions - Subtract line 5 from tine 4 lote - The amount on line 6 will be used in Part V, column (b), in subsequent years :	uhan calculatinab	athar the foundation		
	The amount on the or will be about it I are a, column (b), in subsequent years	on oaloalating wil	omor mo roundation (taninos ioi file	Journal

Part XIII Undistributed Income (see	ee instructions

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				
line 7				2,905.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2012				
a From 2007				
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from				
Part XII, line 4 ►\$0.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			0.
d Applied to 2012 distributable amount				0.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))				0.
6 Enter the net total of each column as indicated below.				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2011 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2012 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				2,905.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013.	_			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012			<u> </u>	Form 990-PF (2012)

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here 🕨 🔀 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail of the person to whom applications should be addressed

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

c Any submission deadlines

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

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 or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
NONE				
				!
	_			
	_			
Total			▶ 3a	0.
b Approved for future payment				
NONE				
_				
Tota!			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

	Unrelated I	ousiness income	Exclude	d by section 512, 513, or 514	(-)
Enter gross amounts unless otherwise indicated	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue	code		code		101101101111110011110
a	-		+ +		
b	1 1		+ +		
G	1				
u				· · · · · · · · · · · · · · · · · · ·	
f	-		 		
g Fees and contracts from government agencies					
2 Membership dues and assessments			+ +		
3 Interest on savings and temporary cash					
investments			14	1,813.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property			1		
b Not 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			1		
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory	_	-			
1 Other revenue					
a					
b	_				
C					· · · · · · · · · · · · · · · · · · ·
d					· <u>-</u> - · · -
e				-	
2 Subtotal Add columns (b), (d), and (e)		0.		1,813.	0
3 Total. Add line 12, columns (b), (d), and (e)				13	1,813
See worksheet in line 13 instructions to verify calculations))				
Part XVI-B Relationship of Activities	to the Accor	nnlichment of F	vemnt	Durnosas	
relationship of Activities	to the Accom	ipiisiiiieiit oi L	veilibr		
Line No Explain below how each activity for which in			A contribut	ted importantly to the accomp	olishment of
▼ the foundation's exempt purposes (other the	an by providing fund	s for such purposes)			
					<u> </u>
		<u> </u>			
					
					
				 _	·
					- . — — — — — — — — — — — — — — — — — —
					
					
					
					
					
		······································		 	

Form 99			NGS FAMIL	A LOOV	DATION,	INC.		46-14	88447	Pa	<u>ige 13</u>
Part	XVII	Information Re Exempt Organ		sfers To	and Transa	ctions a	nd Relation	ships With Nonc	haritable	•	
1 Dic	the or	ganization directly or indi	rectly engage in any	of the following	ng with any other	organizatio	n described in se	ction 501(c) of		Yes	No
the	Code (other than section 501(c))(3) organizations) (or in section 52	27, relating to po	litical organi	zations?		-		
a Tra	ansfers	from the reporting found:	ation to a noncharita	able exempt or	ganization of						1
(1)	Cash								1a(1)		X
(2)	Other	assets							1a(2)		X
b Oth	ner tran	sactions									İ
(1)	Sales	of assets to a noncharita	ble exempt organiza	ition					1b(1)		X
(2)	Purch	ases of assets from a no	ncharitable exempt	organization					1b(2)		X
(3)	Renta	l of facilities, equipment,	or other assets						1b(3)		X
(4)	Reiml	bursement arrangements							1b(4)		X
(5)	Loans	s or loan guarantees							1b(5)		Х
(6)	Perfo	rmance of services or me	mbership or fundra	ısıng solicitatio	ons				1b(6)		X
c Sh	aring of	f facilities, equipment, ma	iling lists, other asse	ets, or paid em	nployees				1c		_X
d If t	he ansv	ver to any of the above is	"Yes," complete the	following sche	edule Column (b) should alw	ays show the fair	r market value of the good	ds, other ass	ets,	
or	service	s given by the reporting fo	oundation If the fou	ndation receiv	ed less than fair	market value	e in any transacti	on or sharing arrangeme	nt, show in		
) the value of the goods,									
(a) Line n	10	(b) Amount involved	(c) Name o		e exempt organiz	ation	(d) Descript	ion of transfers, transactions,	and sharing ar	rangeme	nts
				N/A			ļ				
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			<u> </u>								
											
			<u> </u>								
2a ist	the four	idation directly or indirect	tly affiliated with, or	related to, one	or more tax-exe	mpt organiz	ations described				7
ın s	section	501(c) of the Code (other	r than section 501(c)(3)) or in sec	tion 527?				Yes	X] No
<u>b lf"</u>	Yes," co	mplete the following sch									
		(a) Name of org	anization		(b) Type of org	janization		(c) Description of relati	onship		
		N/A									
							•				
	Tition		AL -1.1			la adulta a color	-			_	
Oi		penalties of penjury, I declare t flief, it is <u>true; c</u> orrect, and con							May the IRS of return with the	iscuss t	his
Sign Here			$ \overline{} $		121	16/14	10		shown below	(see inst	tr)?
11616	Cura	e		}	<u> </u>	<u>J' (</u>			X Yes	L	J No
	Sign	ature of officer or trustee		[D	Date `		Title	Chaple Total	INI		
		Print/Type preparer's na	ille	Preparer's s	ignature 4		Date Z. /_/	Check if PT	IIV		
Paid		CORDURN M	DEDMAN	Monto	in A		100 135/14	self- employed	00001	702	
	ara-	STEPHEN M.	BERMAN	pulling to	In Dan	varu, E			00031		
Prepa Use (Firm's name ► STE	PHEN M. É	EXMAN	& ASSOC	•, п•т	J.C.	Firm's EIN ► 58-	10401	3 9	
use (JIIIY	Eirm's address > 2 A	75 TEMOV	DOVD	N E C	urme () F ()				
	ļ	Firm's address > 34				OTIE ?	7.30	1.00	41262	21	0 1
		A'T'.	LANTA, GA	30326				Phone no (40	4)262	<u> -21</u>	<u>a T</u>

223622 12-05-12

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CU	JMMINGS FAMILY FOUNDATION, INC.	46-1488447
Organization type (check o	·	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	
contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo lete Parts I and II.	ney or property) from any one
Special Rules		
509(a)(1) and 170(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulable)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the gill) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contrib of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or edu cruelty to children or animals Complete Parts I, II, and III	
contributions for u If this box is check purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not total ted, enter here the total contributions that were received during the year for an exclusively complete any of the parts unless the General Rule applies to this organization because it e, etc., contributions of \$5,000 or more during the year	al to more than \$1,000. y religious, charitable, etc.,
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

Name of organization

Employer identification number

CUMMINGS FAMILY FOUNDATION, INC.

46-1488447

Part I	Contributors	(see instructions). Use duplicate co	pies of Part I if additional s	pace is needed
--------	--------------	-------------------	---------------------	--------------------------------	----------------

(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 1	Name, address, and ZIP + 4 THE DAVID CUMMINGS CHARITABLE LEAD ANNUITY TRUST	Total contributions	Person X
- <u>-</u> -	189 PINELAND ROAD, N.W. ATLANTA, GA 30342	\$	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
2	DAVID CUMMINGS 189 PINELAND ROAD, N.W. ATLANTA, GA 30342	\$5,421.	Person X 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

from

Part I

(a)

No.

No.

from

(a)

No.

Employer identification number

(d)

Date received

(d)

(d)

Date received

(d)

CUMMINGS FAMILY FOUNDATION, INC.

46-1488447

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.
(a) No.	(b)	(c)
,		FMV (or estimate)

Description of noncash property given

(b)

(b)

Description of noncash property given

(b)

\$

(see instructions)

(c)

(c)

FMV (or estimate)

(see instructions)

(c)

FMV (or estimate)

from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a)			

Parti			
		s	
	-		i

from Part I	Description of noncash property given	(see instructions)	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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Page 4 Employer identification number Name of organization CUMMINGS FAMILY FOUNDATION, INC.

Part ## 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). Use duplicate copies of Part III if additional space is needed. (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 (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Asset	Description of property													
Number	in service	Method/ IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction						
1	LORGANIZA		L COS	TS	5 000									
	112112 ORGANIZA		180M	<u>42</u> ጥድ	5,000.			5,000						
	112112		180M	42	422.			16						
	* TOTAL	990-P	F PG	1 D	EPR & AMORT			F 01						
		<u> </u>	L	<u> </u>	5,422.	0.	0.	5,016						
														
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<u></u>				<u></u>										
6261 -01-12				#	- Current year section 179	(D) - Asset dispos 20	sed ——————							

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization 990-PF (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Sequence No 179

Business or activity to which this form relates

identifying number

	IINGS FAMILY FOUND				M 990-P		1	46-1488447
Part	Election To Expense Certain Prope	erty Under Section 1	79 Note If you ha	ive any lis	ted property, c	omplete Part		
1 Ma	ximum amount (see instructions)						1	500,000
2 Tot	al cost of section 179 property plac	ced in service (see	instructions)				2	
3 Thi	eshold cost of section 179 property	y before reduction	in limitation				3	2,000,000.
4 Re	duction in limitation. Subtract line 3	from line 2 If zero	o or less, enter -0-				4	
5 Doll	ar limitation for tax year Subtract line 4 from lin	e 1 If zero or less, enter	r-0- If marned filing se	parately, see	instructions		5	
6	(a) Description of p	roperty	(b)	Cost (busine	ss use only)	(c) Elected	cost	
	<u> </u>							
	ted property. Enter the amount from				7			
8 Tot	al elected cost of section 179 properties	erty. Add amounts	s ın column (c), lır	es 6 and	7		8	
9 Ter	ntative deduction. Enter the smaller	r of line 5 or line 8					9	
0 Ca	rryover of disallowed deduction fror	m line 13 of your 2	011 Form 4562				10	
1 1 Bu	siness income limitation. Enter the s	smaller of busines	s income (not les	s than zer	o) or line 5		11	
1 2 Se	ction 179 expense deduction. Add l	ines 9 and 10, but	t do not enter mo	re than lin			12	
	rryover of disallowed deduction to 2				▶ 13			
	Do not use Part II or Part III below fo							
Part	Special Depreciation Allows	ance and Other D	epreciation (Do	not includ	de listed prope	rty.)		
14 Sp	ecial depreciation allowance for qua	alified property (otl	her than listed pro	operty) pla	aced in service	during		
the	tax year						14	
15 Pro	perty subject to section 168(f)(1) el	ection					15	
	ner depreciation (including ACRS)						16	
Part	MACRS Depreciation (Do no	ot include listed pi	roperty.) (See ins	tructions.)				
			Sectio	n <u>A</u>		· · · · · · · · · · · · · · · · · · ·		
17 MA	CRS deductions for assets placed	in service in tax ye	ears beginning be	fore 2012	!		17	
8 If yo	u are electing to group any assets placed in ser	rvice during the tax year	into one or more gener	ral asset acco	unts, check here] [
	Section B - Assets	Placed in Service			Ising the Gen	eral Deprecia	tion Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depi (business/investr only - see instru	nent use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
9a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
e	15-year property							
f	20-year property							
g	25-year property			_	25 yrs.		S/L	
		/_			27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	ММ	S/L	
	No.	/			39 yrs	MM	S/L	
i 	Nonresidential real property	/				MM	S/L	
	Section C - Assets I	Placed in Service	During 2012 Ta	x Year Us	ing the Altern	ative Deprec	iation Sys	tem
 l0a	Class life						S/L	
b	12-year				12 yrs.		S/L	
С	40-year	/			40 yrs.	MM	S/L	
Part					<u> </u>			
	ted property Enter amount from line	e 28					21	
	al. Add amounts from line 12, lines		ies 19 and 20 in c	column (a)	and line 21			
	er here and on the appropriate lines					_	22	0.
	assets shown above and placed in		•	-			, <u></u>	
التا يوسي					1 1			
		-	, , ,	itor the	23			
	tion of the basis attributable to sect	tion 263A costs			23			Form 4562 (2012

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or Part V

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a)

			or section b, an		•				_			
	Section A -	 Depreciation 	on and Other Inf	ormation (Caut	ion: See th	e instruc	tions for lir	nits for pa	assenge	er automobiles	s)	
24a	Do you have evidence to s	support the bu	siness/investment	use claimed?	Yes	No	24b If "Ye	es," Is the	eviden	ce written?	Yes	No No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	Basis for d (business/i	epreciation nvestment	(f) Recovery period	(g Meth Conver	od/	(h) Depreciation deduction	sect	(i) lected lon 179 cost
25	Special depreciation allo	owance for c	ualified listed pro	perty placed in	service dui	ing the t	ax year and	t				
	used more than 50% in	a qualified b	usiness use						25			
26	Property used more tha	n 50% in a c	ualified business	use:								
_			%			_						
			%									
			%									
27	Property used 50% or le	ess in a qual	fled business us	e:								
			%					S/L·				
			%					S/L·				
			%					S/L-				
28	Add amounts in column	(h), lines 25	through 27. Ente	r here and on lir	ne 21, page	: 1			28			
	Add amounts in column									29)	
			0	41a= D -4====								

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30		(a Veh	-	(i Veh	o) ncle	Veh	c) ncle	Veh	d) icle	Veh	•	(1 Veh	f) nicle
31	year (do not include commuting miles) Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No_
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?	i i	
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization		<u> </u>			
(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during	your 2012 tax year				
ORGANIZATIONAL COSTS	112112	5,000.		180M	5,000
ORGANIZATIONAL COSTS	112112	422.		180M	16.
43 Amortization of costs that began before	our 2012 tax year		<u>.</u>	43	

43 Amortization of costs that began before your 2012 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Form 4562 (2012)

5,016.

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
LENDING CLUB.COM				1,81	<u> </u>
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A		1,81	3. =
FORM 990-PF	OTHER E	XPENSES		STATEMENT	 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME			
LOAN SERVICING FEES AMORTIZATION	70. 5,016.	70).		0.
•					
TO FORM 990-PF, PG 1, LN 23	5,086.	70) . = =====		0.
TO FORM 990-PF, PG 1, LN 23 FORM 990-PF DEPRECIATION OF				STATEMENT	
FORM 990-PF DEPRECIATION OF	ASSETS NOT	HELD FOR IN	IVESTMENT	STATEMENT FAIR MARKE	3
FORM 990-PF DEPRECIATION OF	ASSETS NOT	HELD FOR IN	BOOK VALUE	STATEMENT FAIR MARKET	3 T
FORM 990-PF DEPRECIATION OF DESCRIPTION OT ORGANIZATIONAL COSTS	ASSETS NOT COST OR HER BASIS 5,000.	HELD FOR IN ACCUMULATED DEPRECIATION 5,000.	BOOK VALUE 0 406	STATEMENT FAIR MARKET VALUE . 400	3 T
FORM 990-PF DEPRECIATION OF DESCRIPTION OTI ORGANIZATIONAL COSTS ORGANIZATIONAL COSTS	ASSETS NOT COST OR HER BASIS 5,000. 422.	HELD FOR IN ACCUMULATED DEPRECIATION 5,000. 16. 5,016.	BOOK VALUE 0 406	STATEMENT FAIR MARKET VALUE . 400	3 T
FORM 990-PF DEPRECIATION OF DESCRIPTION OTI ORGANIZATIONAL COSTS ORGANIZATIONAL COSTS TO 990-PF, PART II, LN 14	ASSETS NOT COST OR HER BASIS 5,000. 422. 5,422. OTHER BEGIN	HELD FOR IN ACCUMULATED DEPRECIATION 5,000. 16. 5,016. ASSETS NING OF EN	BOOK VALUE 0 406	FAIR MARKET VALUE 400	3 T 0.6.6.4
FORM 990-PF DEPRECIATION OF DESCRIPTION OTI ORGANIZATIONAL COSTS ORGANIZATIONAL COSTS TO 990-PF, PART II, LN 14 FORM 990-PF	ASSETS NOT COST OR HER BASIS 5,000. 422. 5,422. OTHER BEGIN YR BOO	HELD FOR IN ACCUMULATED DEPRECIATION 5,000. 16. 5,016. ASSETS NING OF EN	BOOK VALUE 0 406 406 ID OF YEAR	STATEMENT FAIR MARKET VALUE 400 STATEMENT FAIR MARKET	3 T 0.6.6.6.

LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT FORM 990-PF PART VII-A, LINE 10 NAME OF CONTRIBUTOR ADDRESS THE DAVID CUMMINGS CHARITABLE LEAD 189 PINELAND ROAD, N.W. ANNUITY TRUST ATLANTA, GA 30342 DAVID CUMMINGS 189 PINELAND ROAD, N.W. ATLANTA, GA 30342 FORM 990-PF PART XV - LINE 1A STATEMENT LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

DAVID CUMMINGS ERICA CUMMINGS

Form **8868**

(Rev. January 2013)

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

 $\triangleright X$

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			$\triangleright \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II (on page 2 of	this form).	-		
Do not c	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.		
Electroni	c filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tin	ne to file (6 months for a co	orporation	
equired t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	ile Form 8	868 to request a	n extension	
	file any of the forms listed in Part I or Part II with the ex						
	Benefit Contracts, which must be sent to the IRS in par	-					
	irs.gov/efile and click on e-file for Charities & Nonprofits		·				
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).			
	tion required to file Form 990-T and requesting an auto						
Part I only						▶ □	
	orporations (including 1120-C filers), partnerships, REM me tax returns.	1ICs, and t	rusts must use Form 7004 to reques	it an exter	ision of time		
ype or	Name of exempt organization or other filer, see instru	ictions.		Employe	r identification nu	umber (EIN) or	
orint Gle by the	CUMMINGS FAMILY FOUNDATION, INC.				46-1488447		
due date for iling your eturn See	date for Number, street, and room or suite no. If a P.O. box, see instructions.				ocial security number (SSN)		
nstructions	City, town or post office, state, and ZIP code. For a for ATLANTA, GA 30342	oreign add	ress, see instructions.				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
Application	200	Return	Application			Return	
s For		Code	Is For			Code	
	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990		02	Form 1041-A			08	
	0 (individual)	03	Form 4720			09	
Form 990		04	Form 5227			10	
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
	T (trust other than above)	06	Form 8870			12	
01111 000	7 (1750) Olivor tream above)	1 00					
• The bo	oks are in the care of						
	one No		FAX No. ▶				
•	rganization does not have an office or place of business	s in the Un					
	s for a Group Return, enter the organization's four digit			f this is fo	r the whole grou	n, check this	
	. If it is for part of the group, check this box	-				•	
	quest an automatic 3-month (6 months for a corporation				<u> </u>	1.10 1.01.	
	FEBRUARY 15, 2014, to file the exemp				The extension		
	or the organization's return for:	J	3				
▶[calendar year or						
▶[.an	dending JUN 30, 2013				
	, , , , , , , , , , , , , , , , , , , ,		-				
2 If th	e tax year entered in line 1 is for less than 12 months, o	heck reas	on: X Initial return	Final retur	n		
	Change in accounting period						
	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			450	
	refundable credits. See instructions			3a	\$	450.	
	is application is for Form 990-PF, 990-T, 4720, or 6069,						
	mated tax payments made Include any prior year overp			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa					4.5.0	
	ising EFTPS (Electronic Federal Tax Payment System).			3c	\$	450.	
Caution.	f you are going to make an electronic fund withdrawal v	with this Fo	orm 8868, see Form 8453-EO and Fo	rm 8879-	EO for payment i	nstructions.	
HA F	or Privacy Act and Paperwork Reduction Act Notice.	see instri	etions.		Form 8868	(Rev 1-2013)	

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Form 8868 (Rev.			a market a sale Doub II and about the			Page 2
, .	for an Additional (Not Automatic) 3-Month Ex	•	• =		0000	► [Å]
	ete Part II if you have already been granted an a for an Automatic 3-Month Extension, comple		•	iea Form	0000	
	dditional (Not Automatic) 3-Month E			al (no c	opies nee	ded)
7	dutional (Not Automatio) o Month E	ALCHISIO	 			see instructions
Type or Name	of exempt organization or other filer, see instru	ctions				on number (EIN) or
print	e of exempt organization of other mer, see instru	Ctions		Linploye	identinoati	AT HUMBER (EM) OF
-	INGS FAMILY FOUNDATION,	MILY FOUNDATION, INC.			46-1488447	
· · · · · · · · · · · · · · · · · · ·	144-64-			Social se	ocial security number (SSN)	
filing your	PINELAND ROAD, N.W.					(4
Instructions City, 1	town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions			
MILLIA.	WIA, GA 30342					
Enter the Deturn	code for the return that this application is for (file	a conoro	to application for each return)			0 4
Enter the Neturn t	code for the return that this application is for the	e a separa	te application for each return)			
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or Form	990-EZ	01				
Form 990-BL		02	Form 1041-A			08
Form 4720 (Individ	dual)	03	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! Do not co	mplete Part II if you were not already granted	an auton	natic 3-month extension on a previ	ously file	d Form 886	i8
 The books are 	In the care of ▶					
Telephone No.	—————————————————————————————————————		FAX No ▶			, -
 If the organizat 	tion does not have an office or place of business	s in the Ur	nited States, check this box			
• If this is for a G	iroup Return, enter the organization's four digit					
			ich a list with the names and EINs of	all memb	ers the exte	nsion is for.
	additional 3-month extension of time until		15, 2014	7777	20 2	010
5 For calenda	r year $_$, or other tax year beginning $\overline{\ \ \ \ }$	NOV 2	1 , 2012 , and ending			013
	ar entered in line 5 is for less than 12 months, c	heck reas	on: X Initial return	Final r	eturn	
	ge in accounting period					
	all why you need the extension	ONIC I	VECECCARY MO ETTE	A COM	מחש זת	ANID
	ATION RELATED TO DONATION TE RETURN, HAS NOT BEEN				ADDITI	
	ION OF TIME IS REQUESTED					ONAL
	eation is for Form 990-BL, 990-PF, 990-T, 4720,			VETOR	14 •	
	ble credits See instructions.	or 6069, e	mer the terrative tax, less any	8a	\$	450.
	eation is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	- 68	Ψ	
	ts made. Include any prior year overpayment all	=				
	with Form 8868.	owed as a	ordan and any amount paid	8b	\$	450.
	e. Subtract line 8b from line 8a. Include your pa	vment wit	h this form, if required, by using	-	· ¥ · · · · ·	
	ctronic Federal Tax Payment System). See instru	•		8c	\$	0.
			st be completed for Part II o		_ <u></u> _	
	erjury, I declare that I have examined this form, includ d complete, and that I am authorized to prepare this fo	ing accomp	•	-	f my knowled	ge and belief,
Signature >	Thomas Hansen Title	cost	7	Date	2/	11/14
Oignature -	7 Julie V			Date		3868 (Pay 1-2013)

Date Form **8868** (Rev. 1-2013)