	 21.0	(10 kg)					2)	000	500	<i>J</i>	+ 5 /	l
<u>5</u>	Form	990-T		, , ,	une	der section 6033(e))	Retur	n	ОМВ	No 1545-0	0687
N 7			For cale	ndar year 2018 or other tax year begin				, 20		2	018	3
X O		ment of the Treasury		► Go to www.irs.gov/Form990					". F	Open to I	Public Inspe Organizatio	ection for
.7	Internal	Revenue Service	Do	not enter SSN numbers on this form a						501(c)(3) yer identif		
-	A	Check box if address changed		Name of organization (Check bo	ox if nar	ne changed and see instruction	is)			ees' trust, s		
ر د			_	CUMMING FOUNDARION								
		mpt under section	Drint	CUMMING FOUNDATION	·				07_0/	40001		
=	X	501(C)()3)	Print	Number, street, and room or suite no	TaPO	box, see instructions				ted busin		
2	\vdash	408(e) 220(e)	i y pe	D 0 DOY 4000						tructions)	ess activi	ty code
Y	-	408A530(a))	P.O. BOX 4902		ID f						
È		529(a)	-	City or town, state or province, country	у, ало 2	IP or foreign postal code			52300	١0		
5		k value of all assets nd of year	F 0:-	JACKSON, WY 83001		<u> </u>			J2300			
•	1	6 512 441		up exemption number (See instructi			\ A=A		404/->		T 104	
				ck organization type X 501) trust	<u></u>	401(a) 1			her trust
				inization's unrelated trades or busine	sses			Describe	•			
		de or business he				If only one,	•				e, describ	e me
				end of the previous sentence, cor	npiete	Parts I and II, complete a S	schedule	IVI TOT EAC	n addition	iai		
		ide or business, th		ete Parts III-V corporation a subsidiary in an affili	otod a	roup or a parant cubardian.	controllo	d group?			Yes	X No
							Willione	u group' .		– L	, &	NO
				identifying number of the parent con ATHY HANDLEY	porati	Telephor	ne numb	er ▶ 307	7-734-	0708		
				or Business Income		(A) Income	T	B) Expens		Ī	(C) Net	
		Gross receipts or				(A) III COMO	<u> </u>		-		(-/	
	b	Less returns and allow		c Balance ▶	1c							i
	2			lule A, line 7)	2		1			_		
-	3			2 from line 1c	3							
2				attach Schedule D)	4a	. 62,370.				<u> </u>	62	2,370.
201	b			Part II, line 17) (attach Form 4797)	4b							
0	c	•		trusts	4c							
2	5	•		r an S corporation (attach statement)	5	-71,022.	ΑT	CH 2			-7:	1,022.
>	6	• •			6		į	F	~ F-11.		,	
	7	•		ncome (Schedule E)	7			KE	UEIV	ピリ	1	
_	8	Interest, annuities roy	alties, and re	ents from a controlled organization (Schedule F)	8		ြ				12	
בו בו	9	Investment income of	a section 50	11(c)(7), (9), or (17) organization (Schedule G)	9		62		3.0	2019	ŏ	
S	10	Exploited exempt	t activity i	ncome (Schedule I)	10		18	00		4013	ပ္ည	
7	11	Advertising incor	ne (Sched	dule J)	11			L			<u> </u>	<u>.</u>
	12	Other income (S	ee instrud	ctions, attach schedule)	12		1	<u> () (-) () () () () () () () (</u>	11-111	111	ţ	
	13	Total. Combine I	ines 3 thr	ough 12	13	-8,652.	****					8,652.
	Par			Taken Elsewhere (See insti				ions) (E	xcept f	or contr	ibution	S,
				t be directly connected with t						 		
	14	F	,	directors, and trustees (Schedule K)					·	_		
_	15	_										
3	16	-										
Received in	17									<u> </u>		
. <u>§</u>	18			(see instructions)						 	<u> </u>	
8	19			See instructions for limitation rules)						 -		
3	20								. 20	 		
	21	Depreciation (att	ach Form	i 4562)	oturn	222						
3	22	,				·				 -		
5	23 24			compensation plans						 	_	
э л				S							_	
л .>	25 26			Schedule I)						<u> </u>		
2010	27			Schedule J)					`	 		
_	28			schedule)						t	-	1,000.
	29			es 14 through 28					•		_	1,000.
	30			ble income before net operating					•			9,652.
	31			ng loss arising in tax years beginni						1		-
	32		•	le income Subtract line 31 from line	-	•						9,652.
	For F	aperwork Reduc	tion Act	Notice, see instructions					<u> </u>	F	om 990	-T (2018)
	8X274	¹⁰ 18000111 1862	27									

Page 2

Par	t III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		*******	
	Instructions)	33	-9,	652.
34	Amounts paid for disallowed fringes	34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
-•	instructions)	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	-		
30	of lines 33 and 34	36	-9.	652.
27		37		000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	31		000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36		-0	652.
		38		032.
	t IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39		
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on			
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40		
41	Proxy tax. See instructions	41		
42	Alternative minimum tax (trusts only)			
43	Tax on Noncompliant Facility Income. See instructions			
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		
Par				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	1 1		
	Other credits (see instructions)			
	General business credit Attach Form 3800 (see instructions)			
	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	46		
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47		
48	Total tax. Add lines 46 and 47 (see instructions)	48		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		
50 a	Payments A 2017 overpayment credited to 2018	ļ		
b	2018 estimated tax payments]		
С	Tax deposited with Form 8868]		
d	Foreign organizations Tax paid or withheld at source (see instructions)] [
е	Backup withholding (see instructions)]		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f]		
g	Other credits, adjustments, and payments Form 2439	1		
	Form 4136 Other Total ▶ 50g			
51	Total payments Add lines 50a through 50g	51	9,:	279.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	9,	279.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶9,279. Refunded ▶	55		
Par	t VI Statements Regarding Certain Activities and Other Information (see instruction	s)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other au	thority Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	ay have t	o file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign c	ountry	
	here ▶N/A			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?.		Х
	If "Yes," see instructions for other forms the organization may have to file			ł
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the titrue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my ki	nowledge and beli	ief, it is
Sigi		v the IRS	discuss this r	return
Her		-	parer shown b	
		e instructions)		_ 1
	Print/Type preparer's name Preparer's signature One of the control of the contr	k I if	PTIN	
Paid	KELLI H ARCHIBALD FILL H CLUB ALCH 10/28/19 self-e	mployed	P0018033	32
	Darer Firm's name ERNST & YOUNG U.S. LLP		4-6565596	;
Use			-322-3000	$\overline{}$
.154			Form 990-T	

JSA

Form 990-T (2018)

•											
		CUMMING	FOUNDAT:	ION				87-0	0440091		
Form	990-T (2018)									5	Page 3
Sch	edule A - Cost of Goo	ods Sold. En	ter method of	finventory	valuation	<u> </u>					
1	Inventory at beginning of year	ar. 1		6	Inventory	at end of yea	r	. 6		_	
2	Purchases	2		7	Cost of	goods so	d Subtract line	∍			
3	Cost of labor	3			6 from	ine 5 En	ter here and ir	ון ו			
4 a	Additional section 263A cos	ts			Part I, line						
	(attach schedule)	4a		8	Do the	the rules of section 263A (with respect to Yes No					
b	Other costs (attach schedule) . <mark>4b</mark>					or acquired for				
	Total. Add lines 1 through 4				to the orga	anization?.	<u> </u>				X
Sch	edule C - Rent Income	(From Real P	roperty and	Personal	Property	Leased V	ith Real Prop	erty)			
(s	ee inst <u>ructions)</u>										
1. De	escription of property										
<u>(1)</u>											
(2)											
(3)											
(4)											
		2. Rent receiv	ved or accrued								
for personal property is more than 10% but not percenta			percentage	of rent for per	and personal property (if the to for personal property exceeds to seed on profit or income)				nnected with b) (attach sci		ome
(1)											
(2)											
(3)				<u> </u>							
(4)											
Tota			Total								
٠,	otal income. Add totals of col and on page 1, Part I, line 6,	, , ,	•				(b) Total deduct Enter here and e Part I, line 6, col	on page 1,			
	nedule E - Unrelated Del			instructions)						
	1 Description of debt-	financed property		2 Gross inco				nced prope	rty		
Description of debt-financed property				prope			nt line depreciation ch schedule)		b) Other ded (attach sche		
(1)											
(2)											
(3)											
(4)											
	4 Amount of average acquisition debt on or allocable to debt-financed	5 Average adju- of or alloca debt-financed	ble to	6 Colu	ded		income reportable n 2 x column 6)	(colu	Allocable de mn 6 x total	of colum	

by column 5

%

%

%

%

Enter here and on page 1, Part I, line 7, column (A)

(attach schedule)

Form **990-T** (2018)

3(a) and 3(b))

Enter here and on page 1, Part I, line 7, column (B)

(1)

(2)

(3)

(4)

property (attach schedule)

Total dividends-received deductions included in column 8

Form 990-T (2018)	CUMMING									440091	Page 4	
Schedule F-Interest, Annu	uities, Royalties	, and Ren	ts Fro	m Contro	lled Or	ganiza	tions (see	Instruction	ns)		-	
		Exen	npt Co	ntrolled Or	ganızatı	ons						
Name of controlled organization	2 Employer identification numb	E		ated income nstructions)		of specifie ints made	of specified included in the control organization's gross in			ing connected with income		
(1)									_			
(2)												
(3)												
(4)												
Nonexempt Controlled Organiz	zations		_									
7 Taxable Income	8 Net unrelated in (loss) (see instruct			Total of specific ayments made		ınclu	art of column ded in the co iization's gros	ntrolling		Deductions d nected with ind column 10		
(1)												
(2)			_									
(3)												
(4)												
						Ente	d columns 5 a or here and on i I, line 8, colu	page 1,	Ent	dd columns 6 ai ter here and on i irt I, line 8, colur	page 1,	
Totals	 		<u></u>		<u></u> ▶	l						
Schedule G-Investment In	come of a Sec	tion 501(c)(7),			nizatio	n (see ins	tructions)				
1 Description of income	2 Amount of income			3 Deductions directly connected (attach schedule)				4 Set-asides (attach schedule)			uctions s (col 3 4)	
(1)												
(2)					_							
(3)									_			
(4)												
Totals	Enter here and Part I, line 9, c		***	مديق الدسايي	• 20 1 3		£ _	•		Enter here and Part I, line 9, c		
Totals	mnt Activity In	come Oth	er Th	an Advert	isina Ir	come	(see instru	ictions)		-		
Oniousie: Daproitos Da	2 Gross unrelated	3 Expen	ses y	4 Net incor from unrela or business	ne (loss) ted trade (column	5 Gr	oss income	6 Expen		7 Excess expen (column (ses	
1 Description of exploited activity	business income from trade or business	production unrelated business in	on of ed	of 2 minus column 3) If a gain, compute		from activity that is not unrelated business income		attributable to column 5		column 5 more colum	, but not than	
(1)												
(2)												
(3)												
(4)												
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P line 10, co	arti,							Enter he on pag Part II, II	ge 1,	
Totals ▶ Schedule J- Advertising In	100ms /222 :====	uotions\		.1						1 .		
			0000	lidated Re-	oio.		_					
Part I Income From Per	logicals Report	ed on a C	onsoi	ligated Ba	515	r		1		i		
	2 Gross	3 Dire	ct	4 Adver gain or (lo	ss) (col	5 0	irculation	6 Reade	rship	7 Excess r	olumn 6	
1 Name of periodical	advertising income	advertising	costs	2 minus c a gain, co cols 5 thr	mpute	l I	ncome	costs	3	minus colu not mor colum	e than	
(1)												
(2)												
(3)				_								
(4)						<u> </u>		ļ				
Totals (carry to Part II, line (5))				1		<u> </u>				Form 990	-T (2040)	

87-0440091

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶			7 ,		,	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	"			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶				<u> </u>		

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	-
2)		%	
(3)		%	
4)		%	
Total, Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

ATTACHMENT 2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PART	TNERSHIPS OR S CORPORATIONS
---	-----------------------------

CENTERBRIDGE STRATEGIC AIV II	-13,356.
CENTERBRIDGE STRATEGIC AIV V	379.
RA CAPITAL	-58,442.
RCG KENNEDY HOUSE	397.
INCOME (LOSS) FROM PARTNERSHIPS	-71,022.

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

1,000.

PART II - LINE 28 - OTHER DEDUCTIONS

1,000.

SCHEDULE D (Form 1120)

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Employer identification number

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form1120 for instructions and the latest information

OMB No 1545-0123

CUMM	ING FOUNDATION				8	37-0440091
Part	Short-Term Capital Gains and Losses	(See instructions)				· · · · · · · · · · · · · · · · · · ·
	See Instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from Fon 8949, Part I, line	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	whole dollars	(sales price)	(Of Other basis)	column (g)		the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	_				
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949			·		
_	with Box B checked					
3	Totals for all transactions reported on Form(s) 8949	-	.,			
	with Box C checked	21,782.	41.		, -	21,741.
4	Short-term capital gain from installment sales from F			-		
						l
6	Unused capital loss carryover (attach computation)				6	(
	Net short-term capital gain or (loss) Combine lines 1		<u> </u>	<u> </u>	7	21,741.
Part		(See instructions)			4	(h) Com or (local)
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(g) Adjustments or loss from For 8949, Part II, Iir column (g)	m(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	O Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked					
10	Totals for all transactions reported on Form(s) 8949					
	with Box F checked	50,242.	9,613.			40,629.
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 37			12	-
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)	14				
15 Par	Net long-term capital gain or (loss) Combine lines 8	15	40,629.			
16	Enter excess of net short-term capital gain (line 7) o	over net long-term capita	l loss (line 15)		16	21,741.
17	Net capital gain Enter excess of net long-term capit					40,629.
18	Add lines 16 and 17 Enter here and on Form 1120		roper line on other reti	urns	18	60 270
	Note: If losses exceed gains, see Capital losses in the	e instructions				62,370.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

Sales and Other Dispositions of Capital Assets ▶ Go to www.irs gov/Form8949 for instructions and the latest information.

Department of the Treasury Internal Revenue Service	► File with y	our Schedule	D to list your	transactions for l	ines 1b, 2, 3, 8b,	9, and 10 of S	chedule D. Se	quence No 12A
Name(s) shown on return	-				Social sec	-	taxpayer identificat	ion number
CUMMING FOUND	ATION					87-	0440091	
Before you check Box A, statement will have the s broker and may even tell	same informatio	on as Form 109						
ınstruction	s) For long	-term transa	actions, see					
reported	to the IRS a	and for which	n no adjustn	sactions report nents or codes eport these trai	are required	Enter the to	otals directly or	ו
You must check Box complete a separate for one or more of the	Form 8949, p	page 1, for ea	ach applicab	le box If you hav	ve more short-	term transact	term transaction	s, on this page
(A) Short-term to (B) Short-term to X (C) Short-term to	ransactions r	eported on F	orm(s) 1099-	B showing basis			e Note above)	
1 (a)		(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an a enter a co	any, to gain or loss amount in column (g) de in column (f) arate instructions	(h) Gain or (loss) Subtract column (e
Description of pr (Example 100 sh)		Date acquired (Mo, day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) an combine the resul with column (g)
CENTERBRIDGE STRATEGI	C AIV V NET				41			-41
RA CAPITAL NET STCG				21,782				21,782

CENTERBRIDGE STRATEGIC AIV V NET				41		-41
RA CAPITAL NET STCG			21,782			21,782
						_
					-	
	<u></u>					
2 Totals Add the amounts in columns	(d), (e), (q), an	d (h) (subtract				
negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and inc is checked), lin	lude on your e 2 (if Box B	21,782	41		21,741

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2018)

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side.

CUMMING FOUNDATION

Social security number or taxpayer identification number.

87-0440091

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
 - (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- X (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo, day, yr)	(Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
CENTERBRIDGE STRATEGIC AIV II NET				9,613			-9,613
RA CAPITAL NET LTCG			50,242				50,242
					_		
					-		
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and incli is checked), line	ude on your e 9 (if Box E	50,242	9,613			40,629

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2018)