	EXTENDED TO NOVEMB		D-1	1	0
Far. 990-T	Exempt Organization Busine	ess income 18	ax Return	⊢	OMB No 1545-0687
24	(and proxy tax under se				2018
	Go to www irs gov/Form990T for instruction	, and ending ons and the latest informa	tion.	- L	
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may be may			Or 50	pen to Public Inspection for 01(c)(3) Organizations Only
A Check box if	Name of organization (Check box if name change			(Employ	er identification number yees trust, see
address changed	THE BUNTING FAMILY FOUNDA			Instruct	
B Exempt under section	Print C/O KNOLLWOOD INVESTMENT		E-1724988 ed business activity code		
X 501(C)(3()) 7 408(e) 220(e)	Type 217 INTERNATIONAL CIRCLE	Instructions			structions)
408A 530(a)	City or town, state or province, country, and ZIP or foreign	on oostal code			
529(a)	HUNT VALLEY, MD 21030		!	<u>5230</u>	00
C Book value of all assets at end of year	F Group exemption number (See instructions)				(
62,168,7			401(a)		Other trust
	rganization's unrelated trades or businesses 1		the only (or first) unr		han ana
	INVESTMENT IN PARTNERSHIP ank space at the end of the previous sentence, complete Parts I a		complete Parts I-V I		
business, then complete		nu II, complete a Schedule	W TO GACIT AUDITIONA	i ii auc u	1
	he corporation a subsidiary in an affiliated group or a parent-sub-	sidiary controlled group?	▶ [Yes	X No
If "Yes," enter the name a	nd identifying number of the parent corporation				
	► KNOLLWOOD INVESTMENT ADVIS		<u></u>	<u>443)</u>	541-2447
	Trade or Business Income	(A) Income	(B) Expenses	\rightarrow	(C) Net
1a Gross receipts or sale				ľ	
b Less returns and allow2 Cost of goods sold (S		 		- -	i
3 Gross profit Subtract					
4a Capital gain net incon					
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797) 4b				
c Capital loss deduction		50 500	Omym 1	-	E0 E00
• •	partnership or an S corporation (attach statement) 5	58,598.	STMT 1	.0	58,598.
6 Rent income (Schedu7 Unrelated debt-financ	e C) 6 d income (Schedule E) 7				
	alties, and rents from a controlled organization (Schedule F)				
-	a section 501(c)(1), (9), or remains a section 501(c)(1), or remains				
	ity income (Schedule #			\longrightarrow	
11 Advertising income (S	chedule J) tructions; attach she bule) NOV 2 1 2019		<u>.</u>		
	tructions; attach schehule) NOV 2 1 2019	58,598.			58,598.
Part II Deductio	3 inrough 12 I I I I I I I I I I I I I I I I I I				30,330.
(Except for	ns Not Taken Elsewhere (See instructions for limit ontributions, deductions must be directly connected with	the unrelated business	income)		
14 Compensation of off	cers, directors, and trustees (Schedule K)			14	
15 Salaries and wages				15	
16 Repairs and mainter	ance			16	
17 Bad debts	LLD (see and advant)		ŀ	17 18	
•	dule) (see instructions)			19	3,966.
· · ·	ons (See instructions for limitation rules) STATEMENT	12 SEE STAT	EMENT 11	20	4,901.
21 Depreciation (attach	,	21			
22 Less depreciation cl	imed on Schedule A and elsewhere on return	22a		22b	
23 Depletion			_	23	
	rred compensation plans		·	24	
25 Employee benefit pro	-			25	
26 Excess exempt expe27 Excess readership or	•			26	
27 Excess readership c28 Other deductions (at				28	
•	dd lines 14 through 28			29	8,867.
	exable income before net operating loss deduction. Subtract line	29 from line 13		30	49,731.
	erating loss arising in tax years beginning on or after January 1, 2	018 (see instructions)		31	
	exable income Subtract line 31 from line 30			32	49,731. Form 990-T (2018)
823701 01-09-19 LHA F	r Paperwork Reduction Act Notice, see instructions.				FULL 200-1 (2018)

THE BUNTING FAMILY FOUNDATION

Form 990-T (20	© C/O KNOLLWOOD INVESTMENT ADVISORY	52-17	24988	Page 2
Part III	Total Unrelated Business Taxable Income			
33 To	al of unrelated business taxable income computed from all unrelated trades or businesses (see instr	ructions)	33	49,731.
	ounts paid for disallowed fringes		34	
	duction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions	s) STMT 13	35	4,619.
	al of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	•	-	
	es 33 and 34		36	45,112.
			37	1,000.
-	ecific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		31	1,000.
	related business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,			44 110
	er the smaller of zero or line 36		38	44,112.
Part IV	Tax Computation		 	0.064
	panizations Taxable as Corporations Multiply line 38 by 21% (0 21)	>	39	9,264.
40 <u>Tri</u>	sts 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 Pr	xy tax See instructions	•	41	
42 Alt	ernative minimum tax (trusts only)		42	
43 Ta	con Noncompliant Facility Income. See instructions		43	
44 To	al Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	9,264.
Part V	Tax and Payments		-	
	eign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
	ner credits (see instructions) 45b	i	7	
	neral business credit. Attach Form 3800 45c	· 1	7	
	dit for prior year minimum tax (attach Form 8801 or 8827)	1	7	
			ا ءء ا	
	al credits Add lines 45a through 45d		45e	9,264.
	otract line 45e from line 44		46	9,204.
	er taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule)		0 264
	al tax Add lines 46 and 47 (see instructions)		48	9,264.
	18 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1	49	0.
	ments. A 2017 overpayment credited to 2018		_	
b 20	18 estimated tax payments 50b			
c Ta	deposited with Form 8868 50c	10,000	<u>.</u>	
d Fo	eign organizations. Tax paid or withheld at source (see instructions) 50d		_	
e Ba	ckup withholding (see instructions) 50e			
f Cr	dit for small employer health insurance premiums (attach Form 8941) 50f			
g Ot	ner credits, adjustments, and payments Form 2439			
٦	Form 4136 ☐ Other Total ▶ 50g	,		
51 To	al payments Add lines 50a through 50g		51	13,000.
	imated tax penalty (see instructions) Check if Form 2220 is attached		52	308.
	due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53	-
	erpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	3,428.
	er the amount of line 54 you want; Credited to 2019 estimated tax	Refunded	55	0.
Part VI		see instructions)		
	······································	· · · · · · · · · · · · · · · · · · ·		Yes No
	any time during the 2018 calendar year, did the organization have an interest in or a signature or oth			165 110
	er a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may			
	CEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreig	n country		.
	e >			_ <u>X</u> _
57 Du	ring the tax year, did the organization receive a distribution from, or was it the grantor of, or transfer	or to, a foreign trust?		Х
	Yes," see instructions for other forms the organization may have to file			
58 En	er the amount of tax-exempt interest received or accrued during the tax year >\$!
Cime	Under penalties of perury, I declare that I have examined this return including accompanying schedules and statement correct, and complete. Declaration of preparer (other than texpayer) is based on all information of which preparer has an	s, and to the best of my know ny knowledge	ledge and belief, i	it is true,
Sign				uss this return with
Here	DIRECTOR		the preparer show	
	Signature of officer Date Title		instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date	Check	if PTIN	
Paid		self- employe	d	
	JULIA FLANNERY Julia Hanney 11/1	3/19		928918
Prepare		Firm's EIN		0714325
Use Onl	100 INTERNATIONAL DRIVE, SUITE 14			<u></u>
	Firm's address ► BALTIMORE, MD 21202	l l	410-246	5-9301
		1		rm 990-T (2018)
823711 01-09-				

THE BUNTING FAMILY FOUNDATION Form 990-T (2018) C/O KNOLLWOOD INVESTMENT ADVISORY

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120 6

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	r	6		
2 Purchases	2		7 Cost of goods sold St	ubtract line 6			
3 Cost of labor	3		from line 5 Enter here	and in Part I,		.	
4 a Additional section 263A costs			line 2		_7_	<u> </u>	,
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes	No
 Other costs (attach schedule) 	4b		property produced or a	equired for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?				X
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property L	eased With Real Pro	репу) - 	
Description of property							
(1) N/A							
(2)							
(3)						·	
(4)							
		ed or accrued		3(a) Deductions direc	the coppos	ntod with the income i	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	ot rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ge columns 2(a)) and 2(b)	(attach schedule)	
(1)							
(2)		_					
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>		(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Det	ot-Financed	Income (see	instructions)	· · · · · · · · · · · · · · · · · · ·			
			2. Gross income from	 Deductions directly a to debt-fine 			
1 Description of debt-fi	nanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1) N/A	·····						
(2)							
(3)		-					
(4)							
4 Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)		8. Allocable deduc (column 6 x total of co 3(a) and 3(b))	tions olumns
(1)			%				
(2)			%				
(3)			%				
(4)			%				
				Enter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals			•		0.		0.
Total dividends-received deductions	ncluded in columi	n 8			▶		0.

Company Comment

Form 990-T (2018) C/O KNOLLWOOD INVESTMENT ADVISORY

Schedule F - Interest, A	nnuities	s, Royalti	es, and Re	nts F	rom Co	ntrolled	l Organiza	tions	(see ins	tructions	5)
	-		Exe	mpt Co	ontrolled O	rganizatio	ons				
Name of controlled organization	on	2. Empli identifica numbe	ition (los	let unrela s) (see ir	ated income nstructions)		al of specified ients made	includ	t of column 4 to ed in the contr ation's gross i	olling	Deductions directly connected with income in column 5
(1) N/A											· · · · · · · · · · · · · · · · · · ·
(2)											
(3)		-									
(4)											
Nonexempt Controlled Organia	zations		<u>I</u>					L			
7 Taxable Income		nrelated income	(loss) 0	Tatal of	specified payr	acete I	10 Part of colu	nn O thai	us included	11 Dec	fuctions directly connected
7 Taxable income		ee instructions)	(loss) g.	Total of	made	IBITES	in the controlls		ization's		income in column 10
(1)											
(2)											
(3)									•		
(4)											
			•				Add colum Enter here and line 8, c		1, Part I, \)	Enter he	d columns 6 and 11 se and on page 1 Part I, line 8, column (B)
Totals	- .	-		/-\/ 7 \	(0) == (1	17\ 0 ==			0.		0.
Schedule G - Investme		ne of a So	ection 501	(C)(/)	, (9), or (17) Org	anization				
(see instr	uctions)	me			2 Amount of	income	3 Deduction	cted	4 Set-		5 Total deductions and set-asides
(1) 37 / 3			· · ·				(attach sched	ule)	(ditaon o		(col 3 plus col 4)
(1) N/A											
(2)											ļ
(3)											
(4)											<u> </u>
					Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals						0.	ď				0.
Schedule I - Exploited	Exempt	Activity I	ncome. Ot	her 1	Than Adv		g Income				.1
(see instru	-		,								
Description of exploited activity	2. G	e from	3. Expenses directly connect with production of unrelated business incom	ed n	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6 Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A		1									
(2)											
(3)											
(4)											
Totals -	Enter her page 1 line 10,	, Part I,	Enter here and on page 1, Part I, line 10, col (B)	.		.					Enter here and on page 1, Part II, line 26
Schedule J - Advertisir	na Incor		structions)	<u> </u>							•
Part I Income From F				consc	olidated	Basis					
	Cilodio	шо пере									
1. Name of periodical		2 Gross advertising income	3 Dire advertising		4. Advert or (loss) (co col 3) If a gr cols 5 th	ol 2 minus ain, compute	5. Circulati		6. Reado		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A		0	•	0.							
(2)											
(3)]						
(4)		·									
							1				
Totals (carry to Part II, line (5))	>	0	•	0.							0 . Form 990-T (2018)

Form 990-T (2018) C/O KNOLLWOOD INVESTMENT ADVISORY 52-1724988 Page 5 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) Excess readership costs (column 6 minus column 5, but not more than column 4) 4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7 2. Gross advertising income 5 Circulation income 6 Readership 3 Direct advertising costs 1. Name of periodical costs (1) (2) (3) (4) 0. Totals from Part I 0. 0. Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (8) Enter here and on page 1, Part II, line 27 Totals, Part II (lines 1-5) 0. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to business 4 Compensation attributable to unrelated business 2. Title 1 Name (1) N/A %

Form 990-T (2018)

%

% %

▶

Ō.

(2) (3)

(4)

Total Enter here and on page 1, Part II, line 14

FORM 990-T I	NCOME	(LOSS)	FROM	PARTNERSHIPS	STATEMENT	10
DESCRIPTION					NET INCOM	
FLOWTHROUGH FROM BUNTING INCOME (LOSS)	FAMIL	Y FOUND	ATION	TE LL - OTHER	58,5	98.
					-	
TOTAL INCLUDED ON FORM 99	0-T,	PAGE 1,	LINE	5	58,5	98.
TOTAL INCLUDED ON FORM 99	0-T, 1	PAGE 1,	LINE	5	58,5	98.
TOTAL INCLUDED ON FORM 99 FORM 990-T	0-т,	PAGE 1,			58,5 STATEMENT	
		CONTR	IBUTIC			
FORM 990-T	RTY	CONTR	IBUTIC	DNS	STATEMENT	11

FÒRM 990-T CONTRIBU	TIONS SUMMARY	STATEMENT 12
QUALIFIED CONTRIBUTIONS SUBJECT TO	100% LIMIT	
CARRYOVER OF PRIOR YEARS UNUSED COL FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	NTRIBUTIONS 1,491,500 2,284,550 2,537,000 2,888,100 3,553,406	
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTION	12,754,556 NS 3,655,000	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUS	TED 16,409,556 4,901	_
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	16,404,655 0 16,404,655	-
ALLOWABLE CONTRIBUTIONS DEDUCTION		4,901
TOTAL CONTRIBUTION DEDUCTION		4,901 ·

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 13
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15	16,892.	15,543.	1,349.	1,349.
12/31/16	1,716.	0.	1,716.	1,716.
12/31/17	1,554.	0.	1,554.	1,554.
NOL CARRYO	VER AVAILABLE THIS	YEAR	4,619.	4,619.