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2019

OMB No 1545-0052

Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public
Inspection

For	caler	ndar year 2019, or tax year beginning 01-01-20)19 , ar	nd en	ding 12-31-	2019	•
		undation , , , , , , , , , , , , , , , , , , ,	<u> </u>			entification numbe	r
Bu	ndy Far	mily Foundation			94-3215971		
		d street (or P O box number if mail is not delivered to street address) ornia Street Suite 1151	Room/suite		B Telephone nu	mber (see instructio	ns)
	or cam	Similar Street State 1151			(415) 986-6264		
		n, state or province, country, and ZIP or foreign postal code co, CA 94108			C If exemption	application is pendin	g, check here
G Cł	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		D 1. Foreign org	ganızatıons, check he	ere . \square
		☐ Final return ☐ Amended return				ganizations meeting k here and attach co	
		Address change Name change			,		
		pe of organization \checkmark Section 501(c)(3) exempt private				undation status was f n 507(b)(1)(A), chec	
			e private foundation				
of	year (f	xet value of all assets at end from Part II, col (c), ▶\$ 5,465,977 Description of the property of the pro	☑ Cash ☐ Accru	al		ation is in a 60-mont n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	(b)	Not investment	(a) Adjusted not	(d) Disbursements for charitable
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	(b)	Net investment income	(c) Adjusted net income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	66,106				
	2	Check ▶ ☐ If the foundation is not required to attach	00,130				
	3	Sch B Interest on savings and temporary cash investments	3		3		
	4	Dividends and interest from securities	103,535		103,535		
	5a	Gross rents					
	ь	Net rental income or (loss)					
<u>-e</u>	6a	Net gain or (loss) from sale of assets not on line 10	109,070				
Revenue	ь	Gross sales price for all assets on line 6a					
Re)	7	701,851 Capital gain net income (from Part IV, line 2)			109,070		
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	Ь	Less Cost of goods sold					
	°	Gross profit or (loss) (attach schedule)	● 65		65		
	11	Other income (attach schedule)	45 65 278,779				
	12	Total. Add lines 1 through 11	2/8,//9		212,673		
	14	Other employee salaries and wages	9		0		
s	15	Pension plans, employee benefits					
15e	16a	Legal fees (attach schedule)	1,443		1,443		(
Expenses	ь	Accounting fees (attach schedule)					
Ě	c	Other professional fees (attach schedule)					
tive	17	Interest					
tra	18	Taxes (attach schedule) (see instructions)	9 574		574		(
Administrative	19	Depreciation (attach schedule) and depletion					
Ę	20	Occupancy					
₹ D	21	Travel, conferences, and meetings					
an	22	Printing and publications					
<u> 5</u>	23	Other expenses (attach schedule)	32,092		32,092		(
Operating and	24	Total operating and administrative expenses.			_		
<u>a</u>		Add lines 13 through 23	34,109		34,109		(
_	25	Contributions, gifts, grants paid	311,166				311,166
	26	Total expenses and disbursements. Add lines 24 and 25	345,275		34,109		311,166
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	-66,496				
	ь	Net investment income (If negative, enter -0-)			178,564		
	С	Adjusted net income (If negative, enter -0-)					

2,501,916

4 214 470

4,214,470

4,214,470

4,214,470

3,855,072

4,147,974

4,147,974

4,147,974

4,147,974

4,214,470

4,147,974

4,147,974 Form **990-PF** (2019)

-66,496

1

2

3

4

5

5,173,075

5.465.977

Investments—U S and state government obligations (attach schedule)

Investments—corporate stock (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Analysis of Changes in Net Assets or Fund Balances

Paid-in or capital surplus, or land, bldg, and equipment fund

Foundations that follow FASB ASC 958, check here ▶

Less accumulated depreciation (attach schedule) ▶

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ ___

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions . . .

Net assets with donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize)

Other assets (describe > .

Other liabilities (describe -_

Grants payable

8 Assets 9 10a b

c

11

12

13 14

15

16

17

18

19

20

21

22

23

24

25

26

28

29

30

Part III

2

Liabilities

Fund Balances

ö

Assets 27

Net

instructions

(a) List and describ 2-story brick wa		(c) ate acquired o , day, yr)	(d) Date sold (mo , day, yr)				
1aSee Additional Data Tabl	e						
b							
С							
d							
e							
	(f)		(g)		(1	h)	
(e) Gross sales price	Depreciation allowed (or allowable)	l l	other basis pense of sale		Gain o	r (loss)) minus (g)	
a See Addıtıonal Data Tabl	e						
b							
c							
d							
e							
Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69			1)	
(i) F M V as of 12/31/69	(j)	Exces	(k) s of col (i) ol (j), if any	co	(1) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))		
a See Additional Data Tabl			3777		· ·		
b							
c							
d							
		If gain, also enter in	Part I line 7	.	T		
·	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instructions 1			}		109,070	
Part V Qualification U	Jnder Section 4940(e) for Re	duced Tax on Ne	t Investment	Income			
	private foundations subject to the sec						
	eave this part blank le section 4942 tax on the distributal ot qualify under section 4940(e) Do			od?	☐ Ye	es 🗸 No	
<u>'</u>	nount in each column for each year,			ries			
(a)			2aking dily elit		(d)		
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharita		(col	Distribution rati (b) divided by co		
2018	284,530		5,006,618			0 056831	
2017	192,153		4,455,947			0 043123	
2016	102,000		3,955,553			0 025787	
2015	158,444					0 040486	
2014	135,333		3,896,846			0 034729	
2 Total of line 1, column (•		· · · · · —	2		0 200956	
number of years the four	o for the 5-year base period—divide to indation has been in existence if less	than 5 years . ´.	🗀	3		0 040191	
	ncharitable-use assets for 2019 from	•		4		5,030,798	
5 Multiply line 4 by line 3				5		202,193	
	ent income (1% of Part I, line 27b)			6		1,786	
7 Add lines 5 and 6			7	7		203,979	

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

Form	990-PF (2019)					ſ	Page (
Pai	t VIII-B Statements Regard	ing Activities for Which	Form 4720 May Be	Required (continued)			
5a	During the year did the foundation p	ay or incur any amount to				Yes	No
	(1) Carry on propaganda, or otherw	•		☐ Yes ✓	No		
	(2) Influence the outcome of any sp	·	• • • • • • • • • • • • • • • • • • • •				
	on, directly or indirectly, any vot	-		· · 🗌 Yes 🗸	No		
	(3) Provide a grant to an individual i	• • • • • • • • • • • • • • • • • • • •		☐ Yes 🗹	No		
	(4) Provide a grant to an organization		· -				
	in section 4945(d)(4)(A)? See in (5) Provide for any purpose other th			·· ·	No		
	,, ,	• •	* * * * * * * * * * * * * * * * * * * *				
h	educational purposes, or for the If any answer is "Yes" to $5a(1)-(5)$,	·		⊔ Yes 🖭	No		
b	Regulations section 53 4945 or in a c	•		•	5b		
	Organizations relying on a current no				35		
c	If the answer is "Yes" to question 5a						
Ĭ	tax because it maintained expenditure	• • •	•				
	If "Yes," attach the statement requir			' ' ∐ Yes ∐	No		
6a	Did the foundation, during the year,	· -		ıms on			
	a personal benefit contract?	, , , , , , , , , , , , , , , , , , , ,					
ь	Did the foundation, during the year,			⊔ Yes 🖭	No 6b		No
	If "Yes" to 6b, file Form 8870	. , , , ,	,, ,				
7a	At any time during the tax year, was	the foundation a party to a p	orohibited tax shelter trai	nsaction? Yes	No.		
ь	If "Yes", did the foundation receive a	ny proceeds or have any net	income attributable to th	ne transaction?	7b		
8	Is the foundation subject to the section	on 4960 tax on payment(s)	of more than \$1,000,000	in remuneration or			
	excess parachute payment during th	e year [?]		· · 🗌 Yes 🗸	No L		
	Information About O	fficers, Directors, Trus	tees, Foundation Ma	nagers, Highly Paid En		,	
Ра	t VIIII and Contractors						
1	List all officers, directors, trustee	s, foundation managers a	nd their compensation	See instructions			
	(-) None and address	(b) Title, and average	(c) Compensation (If	(d) Contributions to	(e) Expe	nse acc	ount,
	(a) Name and address	hours per week devoted to position	not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances		
See /	Addıtıonal Data Table	'	,	'			
_2	Compensation of five highest-pai	d employees (other than t	hose included on line :		ne, enter "	NONE	."
(2)	Name and address of each employee :	(b) Title, and average		(d) Contributions to employee benefit	(e) Expen	CO 3000	ount
(a)	more than \$50,000	nours per week	(c) Compensation	plans and deferred	other al		
		devoted to position		compensation			
NON							
-							
Tota	I number of other employees paid ove						
	i hamber of other employees pald ove	. φου,ουσι ι ι ι ι	 		Form 99	O-DE	(2010

Page **6**

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	id Employees,
3 Five highest-paid independent contractors for professional service	es (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		
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		·
List the foundation's four largest direct charitable activities during the tax year. Include rele- organizations and other beneficiaries served, conferences convened, research papers produc		of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see II	nstructions)	
Describe the two largest program-related investments made by the foundation during th	<u> </u>	Amount
1	,	
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		• 0
		Form 990-PF (2019)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

the section 4940(e) reduction of tax in those years

Adjusted qualifying distributions. Subtract line 5 from line 4.

4

5

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

311.166

1.786

309.380

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235,377

14,377

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0

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XIIII U	_	_	•	•	١	_	_	_	_	,
		X	I	ŧ	ı				ι	J

b Total for prior years

a From 2014. **b** From 2015. . . . c From 2016. .

d From 2017. e From 2018.

Form 990-PF (20	019)
Part XIII	Undi

(20	019)							
I	Undistributed Income (see instructions)							
		(a)						

F (2	019)		
ŧ.	Undistributed Income (see instruc	tions)	

2019)	
Undistributed Income (see instruc	ctions)

Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019

a Enter amount for 2018 only.

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e. 4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ a Applied to 2018, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election

5 Excess distributions carryover applied to 2019

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020

(If an amount appears in column (d), the

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. . **b** Excess from 2016. . c Excess from 2017. . . d Excess from 2018. . e Excess from 2019. . .

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

indicated below:

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a))

- - Corpus

0

0

(b) Years prior to 2018

(d) 2019

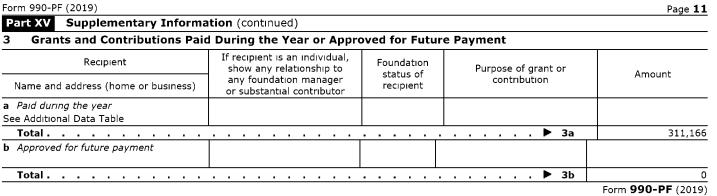
(c)

2018

75,789

- 249,754

factors



Enter gross	amounts unless otherwise indicated	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
_	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
е						
_	and contracts from government agencies					
	ership dues and assessments					
investn	nents			14	3	
	nds and interest from securities			14	103,535	
	ntal income or (loss) from real estate					
	-financed property					
	lebt-financed property					
	ntal income or (loss) from personal property			14	65	
	r (loss) from sales of assets other than			14	03	
invento				18	109,070	
9 Net inc	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
	revenue a					
e						
12 Subtot	al Add columns (b), (d), and (e)		(212,673	(
L3 Total.	Add line 12, columns (b), (d), and (e)			13	3	212,673
	orksheet in line 13 instructions to verify calcu -B Relationship of Activities to the		ment of Exem	nt Purnoses		
Line No.	Explain below how each activity for which the accomplishment of the foundation's ex	income is report	ed in column (e) c	of Part XVI-A contribu		
▼	instructions)		(F	
	1					

. (==		
	formation Regarding Transfers To and Transactions and Relationships With Noncharitable	ns With Noncharitable
		ps with Monthalitable
	tempt Organizations	

Part	XVII	Exempt Organ		гапъ	iers io a	anu iransaci	IOII	is and Relation	nsnips with Noi	icnaric	аріе		
		anization directly or han section 501(c)(3								on 501		Yes	No
a Trai	nsfers f	rom the reporting for	undation to a r	oncha	arıtable exe	empt organizatio	on o	of					
(1)	Cash.									.	1a(1)		No
(2)	Other	assets								.	1a(2)		No
b Other transactions													
(1) Sales of assets to a noncharitable exempt organization										1	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization											1b(2)		No
											1b(3)		No
		oursement arrangem								.	1b(4)		No
		or loan guarantees. nance of services or								.	1b(5) 1b(6)		No No
٠,		facilities, equipment			-					.	10(0)		No
	-	racilities, equipment, ver to any of the abo											NO
of t	ne good	ls, other assets, or s	ervices given b	y the	reporting	foundation If th	ne fo	oundation receive	d less than fair mar	ket valu			
ın a	ny tran	saction or sharing ar	rangement, sh	ow in	column (d	i) the value of t	he g	goods, other asse	ts, or services recei	ved			
(a) Line	No I	(b) Amount involved	(c) Name of	nonch	arıtable exe	mpt organization	ĺ	(d) Description of	transfers, transactions,	. and shar	ına arra	naemen	nts
			+										
			+										
			+										
3- T- I	6	d-1		J L		d &							
		dation directly or ind	•			•			_		No		
		n section 501(c) (oth		n 501((c)(3)) or i	in section 52/7.			Ll Ye	es 💌	1 NO		
b If "	es," co	mplete the following (a) Name of organiza			1 4	b) Type of organiza	ation	. 1	(c) Description	of relatio	nchin		
		(a) Name or organiza	ition		(1	rype or organiza	ation	'	(C) Description	or relatio	пыпр		
	of m	r penalties of perjury y knowledge and beli n preparer has any k	ef, it is true, c										
Sign Here		****				2020-06-09		*****		return	e IRS di ie prepa		
	7 -	Signature of officer or trustee			Date		T.H.		below	str) 🔽			
		Print/Type prepare	r's name	Prep	arer's Sıgr	nature		Date	Check if self-	PTIN			
Paid		James R Stern						2020-06-09	employed ▶ ☑		P00831	1572	
Prep Use		Firm's name ► St	ern Cassello &	Assoc	ates LLP					Fırm's El	IN ▶36	-38582	249
	-	Firm's address ▶	1 N LaSalle St	Suite	1620								
			Chicago, IL 60	602						Phone no	312) 263-	9100

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation DFA US Small Cap Value Port Instl Ρ Pimco Short Asset Invt Fd Inst Ρ Schwab Fundamental Emer Mkt Large Co Index Р Р DFA US Small Cap Value Port Instl Ρ DFA Emerging Mkts Value Port Instl Pimco Commodities Plus Strategies Fd Ρ Vanguard Energy Fund Adm shs Ρ Р Vanguard Information Technology ETF Capital Gains Dividends Ρ Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (g) plus expense of sale (or allowable) (h) (e) plus (f) minus (g) (f) 94,144 98,285 -4,141 342,575 341,958 -617 20,890 21,791 -901 91,184 79,452 11,732 98 114 -16 98 132 -34 98 141 -43 64,347 50,291 14,056 89.034 89.034 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (1) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any -4,141 -617 -901 11,732 -16 -34 -43 14,056 89,034

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position -0-) employee benefit plans and deferred compensation Timothy D Orr President 0 0 0 00 601 California St Suite 1151

Secretary/CFO	0	0	0
0 00			
	Secretary/CFO 0 00		

Katherine O Italila	Secretary/CFO	١	U	·
601 California St Suite 1151 San Francisco, CA 94108	0 00			
Christina E Carroll	Asst Sec/Asst CFO	0	0	0
601 California St Suite 1151 San Francisco, CA 94108	0 00			

San Francisco, CA 94108				
Christina E Carroll	Asst Sec/Asst CFO	0	0	0
601 California St Suite 1151 San Francisco, CA 94108	0 00			
George Vera	2nd Asst CFO 0 00	0	0	0

601 California St Suite 1151 San Francisco, CA 94108				
George Vera	2nd Asst CFO	0	0	0
601 California St Suite 1151	0 00			

George Vera	2nd Asst CFO	0	0	0
601 California St Suite 1151 San Francisco, CA 94108	1 0 00			

0

Director

0 00

Kristin Orr

601 California St Suite 1151 San Francisco, CA 94108

Recipient If recipient is an individual, show any relationship to status of status of

recipient

311,166

any foundation manager

Name and address (home or business)

Avon, CT 06001

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
Compass Family Services 37 Grove Street San Francisco, CA 94102	None	PC	Health, Education	62,500
Human Needs Project Inc 36 Professional Center Pkwy San Rafael, CA 94903	None	PC	Water and Sanitation Programs for Developing Countries	2,500
Avon Old Farms School 500 Old Farms Road	None	PC	Education	2,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

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

a Paid during the year				
Bundy Museum of History and Art 129 Main Street Binghamton, NY 13905	None	PC	Education and Arts	2,000

ngnamton, NY 13905			
amilton College198 College Hill Road inton, NY 13323	None	PC	Education

Horizons FoundationPO Box 52	None	PC PC	Education Student Enrichment	15.0
Hamilton College198 College Hill Road Clinton, NY 13323	None	PC	Education	5,0

Clinton, NY 13323	None	PC	Education	5,000
Horizons FoundationPO Box 52	None	PC	Education, Student Enrichment	15,000

Clinton, NY 13323				
Horizons FoundationPO Box 52	None	PC	Education, Student Enrichment	15,000

Horizons FoundationPO Box 52	None	PC	Education, Student Enrichment	15,0
Rumson, NJ 07760				

Horizons FoundationPO Box 52	None	PC	Education, Student Enrichment	15,0
Rumson, NJ 07760				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
LSB Leakey Foundation	None	PC	Education, Research,	13,000

1003 B OReilly Avenue San Francisco, CA 94126			Anthropology, Sociology	
Marin Country Day School 5221 Paradise Drive	None	PC	Education	42,500

	Marın Country Day School 5221 Paradise Drive Corte Madera, CA 94925	None	PC	Education	42,500
П	Rumson Country Day School 35 Bellevue Avenue	None	PC	Education	16,000

5221 Paradise Drive Corte Madera, CA 94925				,
Rumson Country Day School 35 Bellevue Avenue Rumson, NJ 07760	None	PC	Education	16,000

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
St Paul's School325 Pleasant Street	None	PC	Education	5,000

Swiftsure Panch Theraneutic Equestrian	None	DC.	Therapy for persons with	10.000
Sun Valley Ski Education Foundation PO Box 203 Sun Valley, ID 83353	None	PC	Winter Sports Youth Program	5,000
Concord, NH 03301				

PO Box 203 Sun Valley, ID 83353	None		whiter Sports Touth Program	3,000
Swiftsure Ranch Therapeutic Equestrian Center 114 Calypso Lane Bellevue, ID 83313	None	PC	Therapy for persons with disabilities	10,000

PO Box 203 Sun Valley, ID 83353				
Swiftsure Ranch Therapeutic Equestrian Center 114 Calypso Lane Bellevue, ID 83313	None	PC	Therapy for persons with disabilities	10,000
Total			▶ 3a	311,166

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year Community Library Association None PC Book Lending, Reading, 76,666

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

Port Chester, NY 10573

Total

415 Spruce Avenue N Ketchum, ID 83340			Research	
Trinity Hall101 Corregidor Tinton Falls, NJ 07724	None	PC	Education	10,000
Volunteer Health Program Ltd 16 Haines Blvd	None	PC	Medical care to the under-served	2,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

recipient

311,166

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
Monmouth Medical Center Foundation 300 Second Avenue Long Branch, NJ 07740	None	PC	Health Care, Education, Medical Technology	5,000
Stella's Shelter Fund IncPO Box 1048 Ketchum, ID 83340	None	PC	Provide supplies, food and support for animal shelters in	10,000

Stella's Shelter Fund IncPO Box 1048 Ketchum, ID 83340	None	PC	Provide supplies, food and support for animal shelters in Idaho	10
180 Turning Lives Around	None	PC	Family Violence Shelters,	1

Stella's Shelter Fund IncPO Box 1048 Ketchum, ID 83340	None	PC	Provide supplies, food and support for animal shelters in Idaho	10,000
180 Turning Lives Around 1 Bethany Road Bldg 3 Ste 42 Hazlet, NJ 077301681	None	PC	Family Violence Shelters, services	1,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

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

a raid during the year				
Clean Ocean Action 18 Hartshorne Drive Suite 2 Highlands, NJ 07732	None	PC	Environmental Protection and Conservation	2,000

	NI	DC.	Duranda for distance life shalls	Τ
oliday Express968 Shrewsbury Avenue nton Falls, NJ 07724	None	PC	Children's and Family Services	
ignianus, NJ 07732				

a Paid during the year

Holiday Express968 Shrewsbury Avenue Tinton Falls, NJ 07724	None	PC	Children's and Family Services	1,000
Lunchbreak121 Drs James Parker Blvd	None	PC	Provide food, clothing, life skills	1,000

Tinton Falls, NJ 07724		,	,
Lunchbreak121 Drs James Parker Blvd	None	Provide food, clothing, life skills	1,000

Tilltoli Talis, NS 07724			
Lunchbreak121 Drs James Parker Blvd Red Bank, NJ 07701	None	Provide food, clothing, life skills & fellowship to those in need	1,000

unchbreak121 Drs James Parker Blvd	None	PC	Provide food, clothing, life skills	1,00
Red Bank, NJ 07701			& fellowship to those in need	

Red Bank, NJ 07701		& fellowship to those in need	•

Red Balik, NJ 0//01	a reliowship to those in need	
Total	 ▶ 3a	311,166

Recipient If recipient is an individual, show any relationship to status of status of

any foundation manager

Name and address (home or husiness)

260 Wall Street PO Box 93

Eatontown, NJ 07724

Total .

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
Monmouth Conservation Foundation PO Box 4150 Middleton, NJ 077484150	None	PC	Land Resources Conservation	5,000
Monmouth Historical Association 70 Court Street Freehold, NJ 077281710	None	PC	Arts, Culture and Humanities	1,000
Monmouth SPCA	None	PC	Anımal Rıghts, Welfare and	1,000

recipient

Services

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

Richmond, VA 231730008

Total.

,	or substantial contributor			
a Paid during the year				
Riverview Medical Center 1 Riverview Plaza Red Bank, NJ 077011864	None	PC	Public Charity Support	5,000

recipient

1 Riverview Plaza Red Bank, NJ 077011864			,	
University of Richmond110 UR Drive	None	PC	Education	10,000

efile GRAPHIC	print - DO NOT PROCESS	As Filed Data -	

DLN: 93491182000040

TY 2019 Investments - Other Schedule

Name: Bundy Family Foundation

EIN: 94-3215971

EIN: 94-32159/1 Investments Other Schedule 2				
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value	
Cohen & Steers Inst Realty	AT COST	152,050	160,718	
DFA Emerging Markets Core	AT COST	43,632	51,256	
DFA Emerging Markets Small	AT COST	42,034	49,616	
DFA Emerging Markets Value	AT COST	4,886	4,580	
DFA US Small Cap Port	AT COST	1,800	2,214	
DFA US Small Cap Value	AT COST	1,784	1,843	
Dodge & Cox Intl Stock	AT COST	202	229	
Pimco Income Institutional	AT COST	171,245	172,505	
Schwab S&P 500	AT COST	158,048	179,668	
Vanguard 500 Index	AT COST	190,025	333,839	
Vanguard Dıv Growth Fund	AT COST	1,727,620	2,664,608	
Vanguard Energy Fund	AT COST	1,081	787	
Vanguard Interm Term Bond	AT COST	55,367	55,941	
John Hancock Intl Growth CL	AT COST	75,075	86,420	
John Hancock US Growth Fund	AT COST	468,589	542,150	
Pimco Commodities Plus	AT COST	1,241	993	
Pimco Short Asset Invt	AT COST	425	424	
TIAA-CREF Real Estate Sec Instl	AT COST	500	587	
Virtus KAR Small Cap Core I	AT COST	1,013	1,231	
Virtus KAR Small Cap Growth I	AT COST	51,500	60,203	
Schwab Fundamental Emerging Mkt Large Co Index	AT COST	6,955	7,037	
T Rowe Price Blue Chip Growth Fd	AT COST	350,000	406,205	
Vanguard Emerging Mkts Slct Stk Fd	AT COST	25,000	26,845	
Vanguard Intl Growth Fd Admiral	AT COST	75,000	85,955	
Vanguard US Growth Fd Admıral	AT COST	250,000	277,221	

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLI	N: 93491182000040
TY 2019 Legal Fees Sched	ule	_	_	
Na	me: Bundy Famil	y Foundation		
E	IN: 94-3215971			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable
				Purposes
Legal	1,443	1,443		0

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349118200004						
TY 2019 Other Expenses Schedule						
Name:	Bundy Family F	oundation				
EIN:	94-3215971					
Other Expenses Schedule						
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		

32,092

32,092

Purposes

ther Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income			

Investment Management Fees

Name: Bundy Family Foundation

EIN: 94-3215971

Description

efile GRAPHIC print - DO NOT PROCESS

Other Income Schedule

65

Net Investment

65

Income

Adjusted Net Income

65

DLN: 93491182000040

Stock Settlement Income

Revenue And **Expenses Per Books**

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349118				N: 93491182000040		
TY 2019 Taxes Schedule						
	Name: Bundy Famil EIN: 94-3215971	•				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
Foreign Tax	489	489		0		
State Tax	10	10	1	0		
Registration Fee	75	75	1	0		

efile GRAPHIC print - DO	NOT PROCESS As Filed Data -		DLN: 93491182000040		
Schedule B	Schedule of Contributors		OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Go to <u>www ırs gov/Form990</u> for the latest information		2019		
Name of the organization Bundy Family Foundation		Employer id	lentification number		
Organization type (check	one)	94-3215971			
Filers of:	Section:				
Form 990 or 990-EZ					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ation			
	☐ 527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributor perty) from any one contributor. Complete Parts I and II. See instructions fo				
Special Rules					
under sections 509 received from any o	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ 3% (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Fone contributor, during the year, total contributions of the greater of (1) \$5,000 th, or (ii) Form 990-EZ, line 1 Complete Parts I and II	Part II, line 13,	16a, or 16b, and that		
during the year, tot	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recal contributions of more than \$1,000 exclusively for religious, charitable, science prevention of cruelty to children or animals. Complete Parts I, II, and III				
during the year, collification for this box is checked purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recontributions exclusively for religious, charitable, etc., purposes, but no such collect, enter here the total contributions that were received during the year for an applete any of the parts unless the General Rule applies to this organization bete, etc., contributions totaling \$5,000 or more during the year	ntributions tota exclusively re ecause it recei	led more than \$1,000 ligious, charitable, etc , ved <i>nonexclusively</i>		
990-EZ, or 990-PF), but it i	that isn't covered by the General Rule and/or the Special Rules doesn't file Somust answer "No" on Part IV, line 2, of its Form 990, or check the box on line I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (I	H of its Form			
For Paperwork Reduction Act for Form 990, 990-EZ, or 990-P		ule B (Form 990	, 990-EZ, or 990-PF) (2019)		

(Complete Part II for noncash

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4	
	rganization nily Foundation		E	Employer identification number	
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con	tributor. Complete cole total of exclusively rentrictions.) ► \$	tions described umns (a) throug	in section 501(c)(7), (8), or (10) that total more gh (e) and the following line entry. For ble, etc., contributions of \$1,000 or less for	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	(e) Transfer of Transferee's name, address, and ZIP 4		•	gift 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				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	(e) Transfer of Transferee's name, address, and ZIP 4			onship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, and		fer of gift Relati	onship of transferor to transferee	
			Sc	hedule B (Form 990, 990-EZ, or 990-PF) (2019)	