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Return of Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

	lendar year 2014 or tax year beginning		11	/01 , 2014,	and endin	g			10/31	, 20 1 5
Name	of foundation					A	Emplo	yer identifi	cation number	
THE	MOLEY FAMILY FOUNDATION						77~	052805	9	
Numb	er and street (or PO box number if mail is not delivered	to street	address)		Room/suite	В	Telep	hone numb	er (see instruction	ıs)
								() –	
P.O	. BOX 4316	ŕ								
City o	r town, state or province, country, and ZIP or foreign pos	stal code					_			
						C	If exer	nption applica	ation is	ightharpoonup
CARI	MEL, CA 93921				pending, check here					
	eck all that apply: Initial return		Initial return	of a former p	ublic charit	ty D 1 Foreign organizations, check here				
_	Final return		Amended ref	-		֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓			ations meeting the	
	Address change		Name change	e			85%		here and attach	
H Che	eck type of organization X Section 501(c)(3) ex				\neg		•		
	Section 4947(a)(1) nonexempt charitable trust		ther taxable pr		ion	E			n status was termina o)(1)(A), check here	
			nethod X C			\dashv_{-}		•		
		ther (sp				[in a 60-month term (1)(B), check here	
	· · · · · · · · · · · · · · · · · · ·		l) must be on cas	 sh basis)			000.	000000	, , , , o, , o	
	Analysis of Revenue and Expenses (The		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[(d) Disburs	ements
ı art	total of amounts in columns (b), (c), and (d)		Revenue and penses per	(b) Net inve		(c)		ed net	for char	table
	may not necessarily equal the amounts in column (a) (see instructions))	~	books	incom	е		incon	ne	purpos (cash bas	
1			1,008,832.	ATCH 1					100011 000	- 0,
2	Contributions, gifts, grants, etc., received (attach schedule). Check fifthe foundation is not required to		_,,	111011 1			-		1:	
	allacin Sch B		63.		63.				*	799
3	Interest on savings and temporary cash investments.		31,146.		1,146.					. ",
4	Dividends and interest from securities		52,210.		-,				† <u>``</u>	
5a	Gross rents	7,							1	
b	· · · · · · · · · · · · · · · · · · ·	· ·	76,946.				<u> </u>		<u> </u>	,
Revenue			70,310.		*					
ĕ _	assets on line 6a	4	***		0,216.			KE	CEIVE	}
8 7	Capital gain net income (from Part IV, line 2)	 	289		0,210.		+		7.7	70
8	Net short-term capital gain	—		>,	-		321	APR	0 4 4	. 8
9 10 a	Income modifications		. 3/	**			<u> </u>	#IFR	2 0 2016	S
1	and allowances • • • •		· · · · · · · · · · · · · · · · · · ·	 			1		-	
- 1	Less Cost of goods sold .	 		-			-	- OG r)FN 11	
	Gross profit or (loss) (attach schedule)				**		<u> </u>		-14, 2	
11	Other income (attach schedule)	-	1,116,987.	53	1,425.					
		 	1,110,507.		_,				 	
رم ا	Compensation of officers, directors, trustees, etc								 	<u></u>
Ses 14	Other employee salaries and wages								+	
15	Pension plans, employee benefits	<u> </u>		 						
.7.31	Legal fees (attach schedule)		12,000.	ļ	6,000.				+	6,00
9 0	Accounting fees (attach schedule)ATCH . 2 .		,		-, -, -, -				 	,
ر ا قا ر د	Other professional fees (attach schedule)	——	· · · · · · · · · · · · · · · · · ·	 						
	Interest		12,010.		+				 	
. <u>=</u> 18	Taxes (attach schedule) (see instructions)[3].						-			
	Depreciation (attach schedule) and depletion.	-							+	· -
₹ 20	Occupancy								 	
된 21	Travel, conferences, and meetings			 						
A 22	Printing and publications	·	178.	 	1				 	
₹23	Other expenses (attach schedule) ATCH .4.		1,0.	<u> </u>				.	+	
E 24	Total operating and administrative expenses.		24,188.		6,000.					6,00
20 21 22 23 24 25 26 27 a b	Add lines 13 through 23	-	388,500.	-	5,000.				 	388,50
25	Contributions, gifts, grants paid	-	412,688.	 	6,000.					394,50
26	Total expenses and disbursements Add lines 24 and 25	 	, 000.	 	3,000.				} `	, . 0
ğ 27	Subtract line 26 from line 12		704,299.							
د ا a	Excess of revenue over expenses and disbursements	<u> </u>	104,233.	E 7	5,425.				-	
C p	Net investment income (if negative, enter -0-)	 		1 32	J,42J.				 	
	Adjusted net income (if negative, enter -0-)	 3.		<u> </u>					Form 990	

JSA For Paperwork Reduction Act Notice, see Instructions. 4E1410 1 000 TL1920 6608

276805-7942-00

Part I	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	
raiti		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bear	ing	46,031.	133,343.	133,343
2		cash investments	20,109.	51,647.	51,647
3	-	- 			
] -	Less, allowance for dou	btful accounts ►			
4					
•	Less allowance for dou	btful accounts ▶		and the total and a series of the series of	
5					
6		officers, directors, trustees, and other			
"		tach schedule) (see instructions)			
.					
7		receivable (attach schedule)			
		btful accounts			
8 ets	Inventories for sale or us				
Assets		leferred charges			
iva		te government obligations (attach schedule).		1 004 004	
		stock (attach schedule) ATCH 5	645,470.	1,224,904.	1,224,904
446	Investments - corporate	bonds (attach schedule)			
11	Investments - land, building and equipment basis Less accumulated depreci (attach schedule)	ation	8 au amerikan Mark Promise	- Burth of a state	
12	Investments - mortgage	loans			
13	Investments - other (att	ach schedule)			
14	Land, buildings, and	•	,		
	Less accumulated deprecia	ation			
15	Other assets (describe	>)			
16		completed by all filers - see the			
'	-		711,610.	1,409,894.	1,409,894
17		accrued expenses			. 18
18					į į
l l					** ,
i i					4 1
Ciabilities 20 21 22 22 22 22 22 22 22 22 22 22 22 22		ors, trustees, and other disqualified persons			5.3
를 21		otes payable (attach schedule)			
22	Other liabilities (describ	e ▶)			
	T-4-1 11-1-1101 /	47 (hannah 00)	0	, ,	, , ,
23	 	es 17 through 22)		· · · · · · · · · · · · · · · · · · ·	
		llow SFAS 117, check here . ▶			
es	and complete lines	24 through 26 and lines 30 and 31.			
salances 25					ĺ
25	Temporarily restricted				
핑 26	Permanently restricted	<u></u> !	· · · · · · · · · · · · · · · · · · ·		
Assets or Fund B 6 8 2 2 2 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Foundations that do	o not follow SFAS 117, ▶ 🔀			,
	check here and con	nplete lines 27 through 31.			,
ω 27	Capital stock, trust prin	ncipal, or current funds	711,610.	1,409,894.	×.
9 28	Paid-in or capital surplus, o	or land, bldg, and equipment fund			
8 29	Retained earnings, accum	sulated income, endowment, or other funds			
30 30	Total net assets or fun	d balances (see instructions)	711,610.	1,409,894.	
Z 31	Total liabilities and	net assets/fund balances (see			
l _			711,610.	1,409,894.	
Part	Analysis of Character	anges in Net Assets or Fund Bala	nces		
		balances at beginning of year - Part		must agree with	
		ed on prior year's return)			711,610
					704,299
3 Ot	her increases not inclu	I, line 27a ided in line 2 (itemize) ► ATCH 6		3	-6,015
					1,409,894
5 De	creases not included	ın line 2 (itemize) ►			
6 To	tal net assets or fund	balances at end of year (line 4 minus	line 5) - Part II, column		1,409,894
- 10	ca. not accepts of fulld	Zamanoo at one or your time + minus	o, ratti, coluilli	σ _j , σ	Form 990-PF (2014)

Form 990-PF (2014)					Page 3
Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
(a) List an	d describe the kind(s) of property sold (e	g , real estate,	(b) How acquired	(c) Date	(d) Date sold
2-story b	rick warehouse, or common stock, 200 s	shs MLC Co)	P - Purchase D - Donation	acquired (mo, day, yr)	(mo , day, yr)
1a SEE PART IV SCHE	DULE	-			
b					
C					
<u>d</u>					
e			-	· ·	
	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	oss)
(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) mini	
a					
b					-
c				•	
d					
e					
	showing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Councy (Col. (b) or	
	(j) Adjusted basis	(k) Excess of col (i)		Gains (Col. (h) g	
(i) F M.V as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	
a					
b			· · · · ·	-	
C					
d					
e					
	(If	gaın, also enter in Part I, line 7			
2 Capital gain net income		(loss), enter -0- in Part I, line 7	2		500,216.
3 Net short-term capital of	ain or (loss) as defined in sections :	•	- -		
	eart I, line 8, column (c) (see inst				
•		The state of the s	,		0
	Under Section 4940(e) for Rec		ncome		
	ic private foundations subject to the				
If section 4940(d)(2) applies	•				— — —
	the section 4942 tax on the distrib		ase perio	od?	_ Yes X No
	not qualify under section 4940(e).				
	mount in each column for each yea	r; see the instructions before makir	ng any en		
(a) Base penod years	(b)	(c) Net value of nonchantable-use assets		(d) Distribution i	atio
Calendar year (or tax year beginning in)	Adjusted qualifying distributions			(col (b) divided b	<u> </u>
2013	386,000.	712,579.			0.541694
2012	363,500.	609,744.			0.596152
2011	411,755.	439,748.	ļ		0.936343
2010	549,062.	468,151.			1.172831
2009	506,488.	1,116,410.	<u> </u>		0.453676
2 Total of line 1, column (d)		2		3.700696
	o for the 5-year base period - divid				
number of years the fou	indation has been in existence if les	s than 5 years	3		0.740139
•		•			
4 Enter the net value of ne	oncharitable-use assets for 2014 fr	om Part X. line 5	4	1	,319,853.
5 Multiply line 4 by line 3			5		976,875.
5 Multiply line 4 by line 3				··	
6 Fata - 40/ af - at an anathra			6		5,254.
6 Enter 1% of net investm	nent income (1% of Part I, line 27b)		 	_	<u> </u>
T Add book 5 and 0			7		982,129.
7 Add lines 5 and 6			 ' -		JUL, 12J.
					394,500.
8 Enter qualifying distribu	tions from Part XII, line 4 greater than line 7, check the box	in Part VI. line 1b. and complete	that par	t using a 10/ 4	
Part VI instructions	greater than line 1, check the box	in rait vi, inte 10, and complete	mat par	. Janiy a 1/0 le	27 1016, OCC 111

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	<u>ıstru</u>	ctions	s)
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)	mma a =		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		10,5	09.
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		10,5	509.
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		10,5	509.
6	Credits/Payments			*. X
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 15,866.			
b	Exempt foreign organizations - tax withheld at source 6b	**		** ,
С	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld	к.	´.:	
7	Total credits and payments Add lines 6a through 6d		15,8	<u> 366.</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			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		5,3	357.
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 5,357. Refunded ▶ 11			
	t 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		Yes	No
	participate or intervene in any political campaign?	1a	<u> </u>	X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			١
	Instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			1.
	published or distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		Į,	
	(1) On the foundation ►\$ (2) On foundation managers ►\$		()	
0	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	Å.	,	
	foundation managers. ► \$		¥	X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	 	 ^
	If "Yes," attach a detailed description of the activities	İ		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			X
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 4a	 	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 4b	 	 ^
	If "Yes," has it filed a tax return on Form 990-T for this year?	5		+
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	J	 	
_	If "Yes," attach the statement required by General Instruction T	ĺ		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or Projective to a selection of the control of th	l	1	
	• 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?	6		Х
-	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
7	Enter the states to which the foundation reports or with which it is registered (see instructions)			1
ъa				1
	CA, If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	1	1	i
0	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	x	-
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			1
3	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		X
40	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			1
10	names and addresses	10		х
_			0-PF	(2014

Page 4

Pai	rt VII-A Statements Regarding Activities (continued)	_		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► HTTP://AG.CA.GOV/CHARITIES			-
14	The books are in care of ► RICHARD & ELIZABETH MOLEY Telephone no ►			
	Located at ▶P.O. BOX 4316; CARMEL, CA ZIP+4 ▶ 93921			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	\cdot
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X_
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If			
	"Yes," enter the name of the foreign country	L		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1.,	·
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	Yes	No
1 a	During the year did the foundation (either directly or indirectly).			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	· ·	1965	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
		4		
	——————————————————————————————————————	r		- 1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No (5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?		×	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	1		
	foundation agreed to make a grant to or to employ the official for a period after	ć		
	termination of government service, if terminating within 90 days)	3	1	
1	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	Ĺ	<u></u>	3
	were not corrected before the first day of the tax year beginning in 2014?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)).		*	
	a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2014?			1
	If "Yes," list the years			
1	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	<u></u>		i
	all years listed, answer "No" and attach statement - see instructions)	2b	┼	
•	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	Pod the foundation held was then a 20% death as indicate attention and historian			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
	at any time during the year? Yes X No b If "Yes," did it have excess business holdings in 2014 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		1	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2014)	3b		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		Х
			0-PF	(2014

	THE MOIEV FAM	ILY FOUNDATION	NI.		77-052	
				uired (centing		.0033 Fage 0
Pai	t VII-B Statements Regarding Activities		4/20 May be Red	un eu (contint	ieu)	1 1
5a	During the year did the foundation pay or incur any am		10.00(.))0		X No	
	(1) Carry on propaganda, or otherwise attempt to influ				X) No	
	(2) Influence the outcome of any specific public e	lection (see section 4	1955), or to carry or		ਹ	
	directly or indirectly, any voter registration drive?				X No	
	(3) Provide a grant to an individual for travel, study, or	other similar purposes?		Yes	X No	
	(4) Provide a grant to an organization other than a	a charitable, etc., org	anization described i	n	_	
	section 4945(d)(4)(A)? (see instructions)			Yes	X No	
	(5) Provide for any purpose other than religious, of	haritable, scientific,	literary, or educations	al	_	
	purposes, or for the prevention of cruelty to children	n or animals?		. Yes	X No	
ь	If any answer is "Yes" to 5a(1)-(5), did any of the				bed in	
-	Regulations section 53.4945 or in a current notice rega					5b
	Organizations relying on a current notice regarding dis-				··►	
_	If the answer is "Yes" to question 5a(4), does the					
С					No	
	because it maintained expenditure responsibility for the					
	If "Yes," attach the statement required by Regulations s	• •				
6a	Did the foundation, during the year, receive any fu	•			V N=	
	on a personal benefit contract?			,Yes	X No	35,2,2,1 (3874 m)
b	Did the foundation, during the year, pay premiums, di	rectly or indirectly, on a	personal benefit contra	act?		6Ь
	If "Yes" to 6b, file Form 8870					
7a	At any time during the tax year, was the foundation a				X No	1-21
	If "Yes," did the foundation receive any proceeds or hi					7b
Pa	Information About Officers, Direct	ors, Trustees, Fol	indation Manager	s, nigniy Paid	i Embio	yees,
1	List all officers, directors, trustees, foundation		r compensation (see	instructions).		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid.	(d) Contributions employee benefit of		e) Expense account,
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee benefit p and deferred competent	olans (e) Expense account, other allowances
		hours per week	(If not paid,	employee benefit p	olans (other allowances
ATC		hours per week	(If not paid,	employee benefit p	olans (
ATC		hours per week	(If not paid,	employee benefit p	olans (other allowances
ATC		hours per week	(If not paid,	employee benefit p	olans (other allowances
ATC		hours per week	(If not paid,	employee benefit p	olans (other allowances
ATC		hours per week	(If not paid,	employee benefit p	olans (other allowances
ATC		hours per week	(If not paid,	employee benefit p	olans (other allowances
ATC		hours per week	(If not paid,	employee benefit p	olans (other allowances
ATC	H 7 Compensation of five highest-paid employee	hours per week devoted to position	(If not paid, enter -0-)	employee benefit g	olans V	other allowances
	н 7	hours per week devoted to position	(If not paid, enter -0-)	employee benefit pand deferred competent of the competent	olans (consistence)	other allowances
	H 7 Compensation of five highest-paid employee "NONE."	hours per week devoted to position	(If not paid, enter -0-)	e 1 - see ins (d) Contribution	olans (nation) C C ctructions	s). If none, enter
	H 7 Compensation of five highest-paid employee	hours per week devoted to position	(If not paid, enter -0-)	employee benefit pand deferred competed and deferred competed by the second sec	ctructions	other allowances Co
	H 7 Compensation of five highest-paid employee "NONE."	hours per week devoted to position continuous per week devoted to position continuous per week devoted to position	(If not paid, enter -0-)	e 1 - see ins (d) Contribution employee ben	ctructions	s). If none, enter
	H 7 Compensation of five highest-paid employee "NONE."	hours per week devoted to position continuous per week devoted to position continuous per week devoted to position	(If not paid, enter -0-)	e 1 - see ins (d) Contribution employee ben	ctructions	s). If none, enter
	Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position continuous per week devoted to position continuous per week devoted to position	(If not paid, enter -0-)	e 1 - see ins (d) Contribution employee ben	ctructions	s). If none, enter
	Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position continuous per week devoted to position continuous per week devoted to position	(If not paid, enter -0-)	e 1 - see ins (d) Contribution employee ben	ctructions	s). If none, enter
	Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position continuous per week devoted to position continuous per week devoted to position	(If not paid, enter -0-)	e 1 - see ins (d) Contribution employee ben	ctructions	s). If none, enter
	Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position continuous per week devoted to position continuous per week devoted to position	(If not paid, enter -0-)	e 1 - see ins (d) Contribution employee ben	olans (nations) C C ctructions is to efit (med)	s). If none, enter
	Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position continuous per week devoted to position continuous per week devoted to position	(If not paid, enter -0-)	e 1 - see ins (d) Contribution employee ben	olans (nations) C C ctructions is to efit (med)	s). If none, enter
	Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position continuous per week devoted to position continuous per week devoted to position	(If not paid, enter -0-)	e 1 - see ins (d) Contribution employee ben	olans (nations) C C ctructions is to efit (med)	s). If none, enter
	Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position continuous per week devoted to position continuous per week devoted to position	(If not paid, enter -0-)	e 1 - see ins (d) Contribution employee ben	olans (nations) C C ctructions is to efit (med)	s). If none, enter
	Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position continuous per week devoted to position continuous per week devoted to position	(If not paid, enter -0-)	e 1 - see ins (d) Contribution employee ben	olans (nations) C C ctructions is to efit (med)	s). If none, enter
(a	Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000 NONE	hours per week devoted to position (b) Title, and average hours per week devoted to position	se included on lin	e 1 - see ins (d) Contribution employee ben plans and defer compensatio	olans neations C C Structions Is to effit med in	s). If none, enter
(a	Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position (b) Title, and average hours per week devoted to position	se included on lin	e 1 - see ins (d) Contribution employee ben	olans neations C C C C C C C C C C C C C	s). If none, enter

THE MOLEY FAMILY FOUNDATION Form 990-PF (2014) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services . **Summary of Direct Charitable Activities** Part IX-A List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc. Expenses Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 NONE

Form 990-PF (2014)

3 NONE

Total. Add lines 1 through 3

All other program-related investments. See instructions

Page 8

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn foundation	IS,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	1,181,198.
	Average of monthly cash balances	1b	158,754.
	Fair market value of all other assets (see instructions).	1c	
d	Total (add lines 1a, b, and c)	1d	1,339,952.
е	Reduction claimed for blockage or other factors reported on lines 1a and	_	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,339,952.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	20,099.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,319,853.
6	Minimum investment return. Enter 5% of line 5	6	65,993.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	65,993.
2a	Tax on investment income for 2014 from Part VI, line 5 2a 10,509.	¥.'	
b	Income tax for 2014. (This does not include the tax from Part VI.)	اید آند	
С	Add lines 2a and 2b	2c	10,509.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	55,484.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	55,484.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		· —
	line 1	7	55,484.
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	394,500.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	394,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	
_	Enter 1% of Part I, line 27b (see instructions)		0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	394,500.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years.	alculating who	ather the foundation

Form 990-PF (2014)

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Page 9

	rt XIII Undistributed Income (see instru	ictions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI, line 7	Corpus	Years prior to 2013	2013	2014 55,484.
2	Undistributed income, if any, as of the end of 2014	,	H		
a	Enter amount for 2013 only				
	Total for pnor years 20 12 ,20 11 ,20 10				1
3	Excess distributions carryover, if any, to 2014				
-	i i.a.a.a.l				
a					
D	· · · · · · · · · · · · · · · · · · ·	4			
C	· · · · · · · · · · · · · · · · · · ·	*	,	* `	
a		^ * *	♦	^ ~	` '
		2,094,807.	*	*	**
	Total of lines 3a through e			. //	. *
4	Qualifying distributions for 2014 from Part XII, line 4 > \$ 394,500.	, .	** ^ / /	· *	, ,
		*	*		, ; ,
	Applied to 2013, but not more than line 2a		1		
b	Applied to undistributed income of prior years (Election required - see instructions)	* *		* * *	
_	Treated as distributions out of corpus (Election		dan de		* *
C	required - see instructions)		* *		366 '96'
d	Applied to 2014 distributable amount	à ,	*	295 %	55,484.
	Remaining amount distributed out of corpus	339,016.		*	4 1
5				4	
•	(If an amount appears in column (d), the same	8	· · · · · · · · · · · · · · · · · · ·	*	· .
_	amount must be shown in column (a))		4, # // ·	* *	•
6	Enter the net total of each column as indicated below:	· · · · · · · · · · · · · · · · · · ·	\$		
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	2,433,823.		* * *	; .» . «
b	Pnor years' undistributed income Subtract			* * * * * * * * * * * * * * * * * * *	
_	line 4b from line 2b Enter the amount of prior years' undistributed	, , ;		* * * * *	1 .
·	income for which a notice of deficiency has	\$ -			3 3
	been issued, or on which the section 4942(a)	, , , ,		* '	> . # *
	tax has been previously assessed			* * * *	
d	Subtract line 6c from line 6b Taxable	8gr - 4		, ,	
	amount - see instructions			<u> </u>	
•	4a from line 2a Taxable amount - see	*	*		, ,
	instructions				
f	Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2015	,			
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	1			
	required - see instructions)				
8	Excess distributions carryover from 2009 not				
0	applied on line 5 or line 7 (see instructions)	460,691.			
9	Excess distributions carryover to 2015.				
•	Subtract lines 7 and 8 from line 6a	1,973,132.			
10	Analysis of line 9				
	Excess from 2010 536,530.				
	Excess from 2011 398,258.				
	Excess from 2012 342,456.				
	Excess from 2013 356,872 .				
	Excess from 2014	1			
		<u> </u>	•		Form 990-PF (2014

Pa	rt XIV Private Op	erating Foundations	(see instructions a	nd Part VII-A, quest	on 9)	NO	OT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	it it is a private oper	atıng		
	foundation, and the rulin	g is effective for 2014, e	nter the date of the ruling		▶		
b	Check box to indicate v	whether the foundation	is a private operating	foundation described in	section	4942(j)(3) c	or 4942(j)(5)
2 2	Enter the lesser of the ad-	Tax year		Prior 3 years			(e) Total
2 a	justed net income from Part	(a) 2014	(b) 2013	(c) 2012	(d) 20	11	(6) 10121
	I or the minimum investment return from Part X for each						
	year listed						
b	85% of line 2a						
	Qualifying distributions from Part						
Ū	XII, line 4 for each year listed .				ļ		
d	Amounts included in line 2c not						
	used directly for active conduct of exempt activities						
е	Qualifying distributions made						
	directly for active conduct of						
	exempt activities Subtract line 2d from line 2c						
3	Complete 3a, b, or c for the						
а	alternative test relied upon "Assets" alternative test - enter						
_	(1) Value of all assets				<u> </u>		
	(2) Value of assets qualifying						
	under section 4942(j)(3)(B)(i)		<u> </u>			j	
b	"Endowment" alternative test-						
	enter 2/3 of minimum invest-						
	ment return shown in Part X, line 6 for each year listed						
c	"Support" alternative test - enter						
	(1) Total support other than						
	gross investment income (interest, dividends, rents,						
	payments on securities				1		
	loans (section 512(a)(5)), or royalties)						
	(2) Support from general						
	public and 5 or more exempt organizations as						
	provided in section 4942 (j(3)(B)(iii)						
	(3) Largest amount of sup-						
	port from an exempt organization						
	(4) Gross investment income.		<u> </u>		<u> </u>		
Pa		ntary Information (rt only if the foun	dation had	\$5,000 or	more in assets
_		e during the year - s		 			
1	Information Regarding	_		4b 00/ -5 4b- 4-4			h 4h.a. £a
ā	List any managers of before the close of an	y tax year (but only if t	hey have contributed mo	more than \$5,000). (\$	See section 5	07(d)(2).)	by the foundation
		MOLEY & RICHARD					
ŀ	List any managers of					an equally la	rge portion of the
	ownership of a partne	rship or other entity) o	which the loundatio	ii nas a 10% or greate	i iiilerest.		
_	N/A	- Contribution Com	Cift Lass Cabalass	hin etc. Browner			
2	Information Regardir	-		-			
	Check here ► X If	the foundation only	makes contributions	to preselected cha	ritable orgar	izations and	does not accep
	unsolicited requests to other conditions, com	plete items 2a, b, c, ar	nd d			_	
-	The name, address, a	and telephone number	or e-mail address of	the person to whom a	pplications sh	ould be addres	ssed:
	The form in which app	olications should be su	ibmitted and informat	ion and materials they	should inclu	de:	
_	Any submission dead	lines:					
_	d Any restrictions or factors:	imitations on awards	s, such as by geogr	raphical areas, charit	able fields,	kinds of inst	itutions, or other

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Pa	rt XV Supplementary Information (c	continued)			
_3	Grants and Contributions Paid Durin	ng the Year or Appr	oved for F	uture Payment	
	Grants and Contributions Paid Durin Recipient Name and address (home or business)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
а	Paid during the year				
Α	гсн 8				
	:				
			1		
					 -
				1	
_					
	Total	<u></u>	<u></u>	▶ 3a	388,500.
1	Approved for future payment				
					1
				1	
			i		
_	Total			▶ 3b	

er gross amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
b					
c					
d					
θ		 			
f					
g Fees and contracts from government agencies					.
Membership dues and assessments					
Interest on savings and temporary cash investments			14	63.	
Dividends and interest from securities		• * * * * * * * * * * * * * * * * * * *	01	31,146.	<u></u>
Net rental income or (loss) from real estate	· · ·		* - */-	*	"
a Debt-financed property			-		
b Not debt-financed property			1		
Net rental income or (loss) from personal property					
Other investment income			18	76,946.	
Gain or (loss) from sales of assets other than inventory			1	70,340.	
Net income or (loss) from special events	-		 		
Gross profit or (loss) from sales of inventory					
Other revenue ab			-		
					
			1		
d e					
Subtotal Add columns (b) (d), and (e)	` ž		*	108,155.	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)	culations)	complishment of Ex	empt Purp	oses	
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calc	culations) s to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcert XVI-B Relationship of Activities Relationship of Activities Explain below how each activities	culations) s to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcert XVI-B Relationship of Activities ne No. Explain below how each activities	culations) s to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcert XVI-B Relationship of Activities ne No. Explain below how each activities	culations) s to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rotal. Add line 12, columns (b), (d), and (e)	culations) s to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
ret XVI-B Relationship of Activities Replay below how each activities	culations) s to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcet XVI-B Relationship of Activities e No. Explain below how each activities	culations) s to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
t XVI-B Relationship of Activities e No. Explain below how each activities	culations) s to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly t
t XVI-B Relationship of Activities e No. Explain below how each activities	culations) s to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
ret XVI-B Relationship of Activities Replay below how each activities	culations) s to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rotal. Add line 12, columns (b), (d), and (e)	culations) s to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rotal. Add line 12, columns (b), (d), and (e)	culations) s to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcert XVI-B Relationship of Activities ne No. Explain below how each activities	culations) s to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
rotal. Add line 12, columns (b), (d), and (e)	culations) s to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to
Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcert XVI-B Relationship of Activities ne No. Explain below how each activities	culations) s to the Ac	complishment of Ex	empt Purp	ooses e) of Part XVI-A contrib	uted importantly to

, Form 990-PF			Y FAMILY FO			77-052	
Part XVI	Information R Exempt Organ		nsfers To an	d Transacti	ons a	nd Relationships With Nor	ncharitable
1 Did the in second a Trans (1) C (2) O b Other (1) S (2) P (3) R (4) R (5) L (6) P c Sharid If the	Exempt Organ the organization direct ction 501(c) of the Conzations? afters from the reporting ash ther assets transactions: ales of assets to a no urchases of assets from ental of facilities, equipal ceimbursement arrang oans or loan guarantee erformance of service ing of facilities, equipal e answer to any of the	ly or indirectly of de (other than a groundation to	a noncharitable npt organization ble exempt organ assets ip or fundraising ts, other assets, s," complete the	exempt organ	zation o	any other organization described section 527, relating to political of: Column (b) should always should in the foundation received les	1a(1) X 1a(2) X 1b(1) X 1b(2) X 1b(3) X 1b(4) X 1b(5) X 1c X we the fair market
						e of the goods, other assets, or	
(a) Line no	(b) Amount involved		onchantable exempt			escription of transfers, transactions, and sh	
	N/A				N/A	1	
<u>.</u>				_			
		ļ					
							
							· ·
		 					
							_
 -						· · · · · · · · · · · · · · · · · · ·	
							
	-				l		
					<u> </u>		
	-	 					
							
-							.
desc	e foundation directly ribed in section 501(ces," complete the follow) of the Code (o				ore tax-exempt organizations tion 527?	Yes X N
<u> 10 ij ji</u>	(a) Name of organization		(b) Type	of organization		(c) Description of relation	onship
	<u> </u>			<u>×</u> .			
							
			•				
						and statements, and to the best of my knowle	edge and belief, it is to
l l	rrect, and complete Declaration	. 1	axpayer) is based on all	1	preparer n	. \	
Sign	Much	M alder	- 1 419	12/16			IRS discuss this return preparer shown belo
Here 's	Signature of officer or trustee		Date		Title	(see instruct	

Propareds signature

▶ PRICEWATERHOUSECOOPERS LLP

Form **990-PF** (2014)

If PTIN

self-employed P00177656

408 817-3700

Firm's EIN ▶13-4008324

Check

Paid

Preparer

Date

03/28/2016

95110-2709 Phone no

Print/Type preparer's name

LAINE

Use Only Firm's address ▶ 488 ALMADEN BLVD STE 1800

SAN JOSE, CA

ROXANNE

Firm's name

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No 1545-0047

2014

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

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its Instructions is at www irs.gov/form990.

/form990. Employer identification number

THE MOLEY FAMILY FO	OUNDATION	77-0528059
Organization type (check o	ne):	···-
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation
	527 political organization	
Form 990-PF		
	ation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contrib ey or property) from any one contributor. Complete Parts I and II See instruc al contributions.	
Special Rules		
regulations under 13, 16a, or 16b,	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ir sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 and that received from any one contributor, during the year, total contribution 6 of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.	O or 990-EZ), Part II, line
contributor, durir	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ing the year, total contributions of more than \$1,000 exclusively for religious, ational purposes, or the prevention of cruelty to children or animals. Complete	charitable, scientific,
contributor, during contributions total during the year for General Rule app	tion described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that ing the year, contributions exclusively for religious, charitable, etc., purposes, lailed more than \$1,000. If this box is checked, enter here the total contribution for an exclusively religious, charitable, etc., purpose. Do not complete any of the plies to this organization because it received nonexclusively religious, charitable, etc., purpose.	out no such ns that were received he parts unless the le, etc., contributions
Caution. An organization the	hat is not covered by the General Rule and/or the Special Rules does not file must answer "No" on Part IV, line 2, of its Form 990; or check the box on line 2, to certify that it does not meet the filing requirements of Schedule B (Form 9	Schedule B (Form 990, e H of its Form 990-EZ or on its

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization THE MOLEY FAMILY FOUNDATION

Employer identification number 77-0528059

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1_	P.O. BOX 4316 CARMEL, CA 93921	\$ 1,008,832.	Person Payroll Noncash (Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

Name of organization THE MOLEY FAMILY FOUNDATION

Employer identification number

77-0528059

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	18,450 SHS_CISCO SYSTEM, INC. HIGH - 27.85 LOW - 27.55 AVG - 27.70	 \$512,357.	_12/19/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	4,559 SHS ZILLOW INC HIGH - 110.05 LOW - 106.07 AVG - 108.06	 \$\$.	_12/19/2014
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Employer identification number

77-0528059

	following line entry. For organizations contributions of \$1,000 or less for the Use duplicate copies of Part III if additional additional copies of Part III if addit	year. (Enter this inf	ormation once. Se	xclusively religious, charitable, etc., ee instructions.) ► \$
(a) No. from Part I	(b) Purpose of gift	(c) Use o	_	(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, an	d ZIP + 4	Relation	ship 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) Transfe	er of gift	
	Transferee's name, address, an	id ZIP + 4	Relation	ship 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) Transf	er of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship 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) Transf	er of gift	
	Transferee's name, address, ar			nship of transferor to transferee

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10)

that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the

THE MOLEY FAMILY FOUNDATION 77-0528059 FORM 990-PF - PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Gross sale price less expenses of sale 8,910 SHARES CISCO SYSTEMS, INC. 89. Depreciation allowed/ as of price less as of price less of price less as of sale as of sale as of sale as of sale shares cisco systems, inc. Output Basis Sexcess of FMV over adjusted as of price less o	Kind of Property			NS AND LOSSES FOR TAX ON INVESTI			0	Date acquired	Date sold	
8,910 SHARES CISCO SYSTEMS, INC. 89. 2,370 SHARES ZILLOW INC 249,418. 2,370 SHARES ZILLOW INC 240,02005 240,02005 250,887.	price less	allowed/	other	as of	as of	FMV over		Gain or		
250,911. 24. 250,887.	ļ	aliuw <u>aule</u>	8,910 SHARE			ı ayı vasıs	D	VARIOUS	01/02/201	
TOTAL GAIN(LOSS)	250,911.			S ZILLOW IN	С		D		01/02/201	
	COTAL GAIN(LO	SS)						500,216.		
			!				i			
ISA 30 1 000	JSA 30 1 000									

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

DIRECT PUBLIC

SUPPORT

DATE

NAME AND ADDRESS

1,008,832.

RICHARD MOLEY P.O. BOX 4316 CARMEL, CA 93921

12/19/2014

TOTAL CONTRIBUTION AMOUNTS

1,008,832.

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE <u>PURPOSES</u>	6,000.	6,000.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME	.000.9	6,000.
REVENUE AND EXPENSES PER BOOKS	12,000.	12,000.
		TOTALS
DESCRIPTION	PWC TAX PREP FEES	

ATTACHMENT 2

FORM 990PF, PART I - TAXES

REVENUE AND EXPENSES

DESCRIPTION

FRANCHISE TAX BOARD INTERNAL REVENUE SERVICE PER BOOKS

10. 12,000.

TOTALS

12,010.

178.

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION

CHECK SERVICE FEES

WIRE TRANSFER FEE

ATTORNEY GENERAL

REVENUE
AND
EXPENSES
PER BOOKS
88.
15.

TOTALS

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION

CISCO SYSTEMS, INC. ZILLOW

ENDING BOOK VALUE

ENDING FMV

1,036,234. 188,670.

1,036,234. 188,670.

1,224,904.

1,224,904.

ATTACHMENT 5

FORM 990PI	, PART	III -	- OTHER	INCREASES	IN N	ET WORTH	OR	FUND	BALANCES	

<u>DESCRIPTION</u> <u>AMOUNT</u>

CY CHANGE IN UNREALIZED GAIN OR LOSS -6,015.

THE MOLEY FAMILY FOUNDATION

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

ELIZABETH MOLEY P.O. BOX 4316 CARMEL, CA 93921

PRESIDENT

RICHARD MOLEY P.O. BOX 4316 CARMEL, CA 93921

VICE PRESIDENT/TREASURER

ATTACHMENT 7

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
HOLY LAND CHRISTIAN ECUMENICAL FOUNDATION 6935 WISCONSIN AVENUE, SUITE 518 BETHESDA, MD 20815	NONE PC	GENERAL USE	300,000
BETHLEHEM UNIVERSITY P O. BOX 692 LINCROFT, NJ 07738	NONE PC	GENERAL USE	50,000.
NORTH AMERICAN FOUNDATION UNIVERSITY OF MANCHESTER PO BOX 293 LITTLETON, MA 01460	NONE	GENERAL USE	5,000.
STEVENSON SCHOOL 3152 FOREST LAKE RD PEBBLE BEACH, CA 93953	NONE	GENERAL USE	1,000
INTERNATIONAL INSTITUTE OF THE BAY AREA 657 MISSION STREET, SUITE 301 SAN FRANCISCO, CA 94105	NONE PC	GENERAL USE	20,000.
FOOD BANK FOR MONTEREY COUNTY 815 W MARKET ST #5 SALINAS, CA 93901	NONE PC	GENERAL USE	5,000

276805-7942-00

ATTACHMENT 8 (CONT'D)

YEAR
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1
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IBUTIONS
TRIBUT
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AND
SANTS
9
PART X
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NBOS NBOS
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AMOUNT	2,500.	2,000
PURPOSE OF GRANT OR CONTRIBUTION	GENERAL USE	GENERAL USE
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION_STATUS OF RECIPIENT	NONE PC	NONE PC
RECIPIENT NAME AND ADDRESS	INTERNATIONAL MYELOMA FOUNDATION 12650 RIVERSIDE DRIVE SUITE 206	NORTH HOLLYWOOD, CA 91607 MORE THAN QUALIFIED 425 YALE DRIVE SAN MATEO SAN MATEO, CA 94402

TOTAL CONTRIBUTIONS PAID

388, 500

276805-7942-00

FEDERAL FOOTNOTES

FORM 990-PF, PART II - CAPITAL STOCK, TRUST PRINCIPAL, OR CURRENT FUNDS

	===	========
DESCRIPTION		BOOK VALUE
	-	
PRINCIPAL		1,316,532
UNREALIZED GAINS	\$	93 , 362