

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Employer identification number

► 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.

Molony Foundation			47-4869856		
Organization type (check one):					
Filers o	of:	Section:			
Form 990 or 990-EZ		☐ 501(c)() (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private for	ındation		
		☐ 527 political organization			
Form 990-PF					
		4947(a)(1) nonexempt charitable trust treated as a private founda	tion		
		501(c)(3) taxable private foundation			
Check if your organization is covered by the General Rule or a Special Rule . Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule					
Special Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
	contributor, during the contributions totaled during the year for ar General Rule applies	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, contributions exclusively for religious, charitable, etc., purpose more than \$1,000. If this box is checked, enter here the total contribution exclusively religious, charitable, etc., purpose. Do not complete any contribution of this organization because it received nonexclusively religious, chair during the year	es, but no such tions that were received of the parts unless the ritable, etc., contributions		
990-EZ,	Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

Name of organization
Molony Foundation

Employer identification number 47-4869856

. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Donald Molony 953 Molony Road Bernard, IA 52032	\$38,108.75	Person 🕅 Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	James Molony 953 Molony Road Bernard, IA 52032	\$ 38,108.75	Person 🔯 Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	Mary Kathleen Molony 953 Molony Road Bernard, IA 52032	\$ 38,108.75	Person 🖄 Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person

Supplementary Information (continued)

Part XV

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual Recipient Foundation Purpose of grant or show any relationship to status of Amount any foundation manager contribution Name and address (home or business) recipient or substantial contributor a Paid during the year St. Patrick Catholic Church, Garryowen, Iowa *Charitable gift for mission of charity 5,130.00 Josey/Ray Feeney Memorial, Bernard, Iowa 1,298.00 Opening Doors, Dubuque, Iowa 10.00 Sisters of the Presentation, Dubuque, Iowa 15.00 New Melleray Abbey, Peosta, Iowa 1,500.00 Holy Family Catholic Church, New Melleray, Iowa 1,500.00 Our Lady of Mississippi Abbey, Dubuque, Iowa 900.00 Salvation Army, Dubuque, Iowa 100.00 *All gifts support the mission of the charity 10,453.00 **b** Approved for future payment 0.00Total

0425876265 July 06, 2016 LTR 2697C 0 R 47-4869856 201512 44 Input Op: 0425876265 00026177

MOLONY FOUNDATION 953 MOLONY RD BERNARD IA 52032



050426

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of Officer or Trustee

Date

Title

J