

### EXTENDED TO NOVEMBER 15, 2018

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

■ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending

Α	For th	e 2017 calendar year, or tax year beginning and endin	g			
В	Check if applicab	C Name of organization		D Employe	identifi	cation number
Г	Addre	THE MOLINA FOUNDATION				
$\tilde{\Box}$	Name				20-1	479392
	Initial	No object of the product of the prod	suite	E Telephone		
	Final				310-	375-6813
	termii ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receip	ts\$	2,855,916.	
	Amer	LOS ALAMITOS, CA 90/20		H(a) Is this a	group re	
L	Appli			for subo	ordinates	? Yes X No
	pendi	P.O. BOX 2677, LOS ALAMITOS, CA 90720	<u>)</u>	H(b) Are all sub	ordinates ii	ncluded? Yes No
			°527	If "No,"	attach a	list (see instructions)
		te: > WWW.MOLINAFOUNDATION.ORG		H(c) Group e		
			Year o	of formation: 2	004 N	A State of legal domicile: CA
P	art I	Summary				
ë	1	Briefly describe the organization's mission or most significant activities. TO SUPPO				
ğ		AND PROGRAMS IN HEALTHCARE WITH A FOCUS ON (				
Activities & Governance	2	Check this box  If the organization discontinued its operations or disposed of	more	than 25% of	1 1	
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)			3	9
٠ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	9
ţį	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5	127
.₹	6	Total number of volunteers (estimate if necessary)			6	0.
¥	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
	<del>  "</del>	Net unrelated business taxable income from Form 990-T, line 34	T	Prior Year	7b	Current Year
	8	Contributions and grants (Part VIII, line 1h)	-	9,464,		2,853,618.
Revenue	9	Program service revenue (Part VIII, line 2g)	-	3,404,	0.	0.
Ş	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1	653.	2,298.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-		0.	0.
	3	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,465,		2,855,916.
	F	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1	7,822,		2,340,170.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
ý	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		703,	129.	635,056.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-		0.	0.
Expenses	Ь	Total fundraising expenses (Part IX, column (D), line 25)   147, 143.				
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		743,	560.	366,548.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A)//line 25)		9,269,		3,341,774.
	119	Revenue less expenses Subtract line 18 from line 12	$\int_{-\infty}^{\infty}$	196,	433.	-485,858.
Ssets or Balances			Beg	inning of Curre		End of Year
aage	20	Total assets (Part X, line 16) AUG 1 4 2018	<u></u>	9,689,	090.	9,134,197.
Net As Fund B	21	Total liabilities (Part X, line 26)		108,	825.	39,790.
		Net assets or fund balances. Subtract line 21 from line 20 PAR 1157	<u></u>	9,580,	265.	9,094,407.
	art II	Signature Block				
		lties of perjury, I declare that I have examined this return, including accompanying schedules and st				y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer	has any knowle	dge.	1.6
		Nam Marthe Berna delle, Mm Signature of officer		Date	7/20	/// }
Sigi				Date		
Her	e ;	MARY MARTHA BERNADETT, M.D., PRESIDENT Type or print name and title				
			יח	ate	Check	71 PTIN
Paid	4	Print/Type preparer's name  JOHN POLLARO  Preparer's symature	"	6/26/18	If L	
	parer	Firm's name POLLARO & ASSOCIATES	i_		self-employs	46-3852095
	Only	Firm's address 4010 WATSON PLAZA DR, # 110		Firm's	CHV	40 JUJ2095
- 40	J,	LAKEWOOD, CA 90712		Dhone	no 5 6	2-429-3940
Mav	v the IF	IS discuss this return with the preparer shown above? (see instructions)			- no. 3 O	X Yes No
_	01 11-2					Form 990 (2017)

	m 990 (2017) THE MOLINA FOUNDATION	20-1479392	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO SUPPORT EDUCATION, RESEARCH AND PROGRAMS IN HEALTHC	ARE WITH A FO	CUS
	ON CHILDREN IN UNDER-SERVED AND/OR UNDER-REPRESENTED C		
	THE UNITED STATES BY PROVIDING BOOKS AND EDUCATIONAL M		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Vec	XNo
	If "Yes," describe these new services on Schedule O.	L1 Tes	LALINO
_		-0 Ty	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	3?Yes	LALI NO
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services,		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	thers, the total expenses, a	and
	revenue, if any, for each program service reported	<del> </del>	
4a	/ (and and and and and and and and and and	renue \$	)
	BOOK BUDDIES LITERACY PROGRAM		
	TO IDENTIFY AND DISTRIBUTE HUNDREDS OF THOUSANDS OF BOO	OKS THROUGH	
	SCHOOLS, LIBRARIES, COMMUNITY BASED ORGANIZATIONS, HOS		ALTH
	CARE FACILITIES. THESE BOOKS ARE DISTRIBUTED WHERE COHO		
	AND ADULTS HAVE BEEN IDENTIFIED AT HIGH RISK FOR LOW L.		
	PRIMARILY DUE TO POVERTY OR PREVALENCE OF ENGLISH AS A		AGE
	INIMIKIBI DOB TO TOVERTE OK TREVALENCE OF ENGLISH AS A	DECOMP LANGU	AGE .
	<del></del>		
4b	(Code) (Expenses \$) (Reve	enue \$	)
		·	
		<del></del>	
		<del></del>	
		<del></del>	
			<del></del>
4c	(Code) (Expenses \$ including grants of \$) (Reve	enue \$	)
		<del></del>	
<u> </u>	Other many and (Danaha and Lain)		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 3,060,898.		
		Form Of	90 (2017)

Part IV Checklist of Required Schedules

_			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Γ	162	NO
1	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>	_==	
٠	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes, " complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			ı
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			47
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			•
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	أدمما	l	v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
•	the organization's separate or consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	1	x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	X.	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	[	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ļ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		ſ	
_	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	{	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		ł	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_ <u>X</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			3.5
••	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>_x</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19 Form	990 (	X 2017)
		LOUD	33U (	2011)

Form 990 (2017) THE MOLINA FOUNDATION

Part IV Checklist of Required Schedules (continued)

				T
	D. I.I	00-	Yes	No X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	}		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	[		
	complete Schedule L, Part II	26_		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	!		3,5
	of any of these persons? If "Yes," complete Schedule L, Part III	27_		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	Instructions for applicable filing thresholds, conditions, and exceptions):	00-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	_25	-22	
-	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	-50		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u></u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (	(2017)

Par	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<del></del>	للا
		~	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable	3		l
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b	0	}	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gan	1		
	(gambling) winnings to prize winners?	1 <u>c</u>	X	<del></del> -
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		'	
	filed for the calendar year ending with or within the year covered by this return  [2a]	9	x	
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>2b</u>		<b></b> -
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		]	x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	+	
	of "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	+	<del> </del>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	1	x
	If "Yes," enter the name of the foreign country.	<u> 4a</u>	+	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA		} '	ĺ
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	+	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	1	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	<del> </del>	1	
	any contributions that were not tax deductible as charitable contributions?	6a	]	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	1	l
7	Organizations that may receive deductible contributions under section 170(c).		T	·
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided	to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	Ì	1 '	l
	to file Form 8282?	7c	ļ	_X_
ď	If "Yes," indicate the number of Forms 8282 filed during the year			Į
		7e	<b></b>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	<del>                                     </del>	<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as r	equired? 7g	<del> </del>	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a For	m 1098-C? 7h	<del></del>	<u> </u>
	Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the		}	
	sponsoring organization have excess business holdings at any time during the year?	8	<del> </del> -	X
	Sponsoring organizations maintaining donor advised funds.		} '	37
		9a	<del>-}</del> -	X
		<u>9b</u>	+	
	Section 501(c)(7) organizations. Enter		1 '	1
	<del></del>			ĺ
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter		1	<u> </u>
	Gross income from other sources (Do not net amounts due or paid to other sources against		'	
	amounts due or received from them)		1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
	Section 501(c)(29) qualified nonprofit health insurance issuers.		!	ľ
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans		1	
c	Enter the amount of reserves on hand			
14a 1	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		For	m <b>990</b>	(2017)

Form 990 (2017) THE MOLINA FOUNDATION 20-1479392 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					X					
Sec	tion A. Governing Body and Management										
		-			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9							
	If there are material differences in voting rights among members of the governing body, or if the governing			1	ļ	<b>!</b>					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1		1		<u> </u>					
b	Enter the number of voting members included in line 1a, above, who are independent	1b_		9		}					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	7	1	}					
	officer, director, trustee, or key employee?			2	X	L					
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	ct supervision	Į		ľ					
	of officers, directors, or trustees, or key employees to a management company or other person?			3_		<u> </u>					
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	is filed?	4		X					
5 Did the organization become aware during the year of a significant diversion of the organization's assets?											
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	j	]	)					
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or	1	}	l					
	persons other than the governing body?			7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:		]	[					
а	The governing body?			8a	X	ļ					
b	Each committee with authority to act on behalf of the governing body?			8b		X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached a	at the		} 	)					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	<u> </u>	X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code)								
					Yes	No					
	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b 11a	Х						
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
	Describe in Schedule O the process, if any, used by the organization to review this Form 990										
	Did the organization have a written conflict of interest policy? If "No," go to line 13		4 . 0	12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X						
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, " de	escribe	10		l					
40	in Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X						
14 15	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approva- persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		aepenaent	}		:					
_	The organization's CEO, Executive Director, or top management official			45.	x	i					
	Other officers or key employees of the organization			15a		X					
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			15b							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	mont w	uth a								
	taxable entity during the year?	HEHR W	illi a	16a		х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	to ite n	articipation	IUa							
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	•		,	ı					
	exempt status with respect to such arrangements?			16b		ı					
Sect	ion C. Disclosure			1 100							
17	List the states with which a copy of this Form 990 is required to be filed ▶CA										
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only)	availah	le						
	for public inspection. Indicate how you made these available. Check all that apply.	,									
	Own website Another's website X Upon request Other (explain	ın Sch	edule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, coi		•	d finan	cıal						
	statements available to the public during the tax year		<u></u>								
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	d records ▶								
	KIMBERLY ANDERSON - 310-375-6813	_									
	101 MAIN STREET , SUITE G, SEAL BEACH, CA 90740										

Form **990** (2017)

### Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation
   Enter -0- in columns (D), (E), and (F) if no compensation was paid
   List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons

Check this box if neither the organization (A)	(B)		(C) Position					(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	offi	c, unle cer ar	ess pe	erson directe	ıs bot or/trus	th an	compensation from	compensation from related	amount of other
	(list any	Ę	Γ		T			the	organizations	compensation
	hours for	a de		[	1	E E		organization	(W-2/1099-MISC)	from the
	related	stee	truste	ł		pensa	{	(W-2/1099-MISC)		organization
	organizations below	ual tri	onal	}	ploye	E CO III	1		}	and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Рог</b> шег			organizations
(1) FITZGERALD JONES	1.00	<u> </u>	<del>  -</del> -	-	×	Ξ &	12			
DIRECTOR _		x	Ì	1	]			o.	0.	0.
(2) ROBERT STEMLER	1.00				1		T-			
DIRECTOR		X	1	ļ		Ĺ	ļ	0.	0.	0.
(3) FAUSTINO BERNADETT MD	5.00									
SECETARY/ TREASURER		X	_	X			_	0.	0.	0.
(4) MARY MARTHA BERNADETT MD	10.00					-				
PRESIDENT		X		X	Ĺ.,			0.	0.	0.
(5) NANCY REDD	1.00	}	1	}	}		}			
DIRECTOR		X						0.	0.	0.
(6) JAVIER PALOMAREZ	1.00	}			ļ	}		_	_	_
DIRECTOR	1 00	X	<u> </u>		<del> </del>			0.	0.	0.
(7) RON OTTINGER	1.00									
DIRECTOR	1 00	X	<u> </u>		├—			0.	0.	0.
(8) RICHARD GIEDLIN	1.00	x						0	0	^
DIRECTOR	1.00	Δ				$\vdash$	_	0.	0.	0.
(9) COLLEEN MCCREARY DIRECTOR	1.00	X						0.	0.	0.
(10) RACHAEL OROSE	40.00				-				<del>_</del>	
VP NETWORK & BUSINESS DEVE	1000			' '	}	x		133,815.	0.	0.
TO ALL TO					$\vdash$			23373231		
									i	
				_						
									i	
	<u></u>									
	<u> </u>							ł		
	<u> </u>	1					Ì			
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	<b> </b>		Į	ļ			ł	į	ł	
<del></del>						$L_{-}$		l		

732007 11-28-17

Form 990 (2017)

Part VII   Section A. Officers, Directors, Tr		ploy	ees,			ighe	st C	1				· — —
(A)	(B) Average	(C)						(D)	(E)		(F Estim	
Name and title	hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensation	n	amou	
	week					or/trus		from	from related		oth	
	(list any	rector						the	organizations		comper	
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	(C)	from organiz	
	organizations	truste	al trus		) ke	ошрег		(** 2/ 1005 1/1100)			and re	
	below	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organız	ations
	line)	Ē	Sul	₩.	Key .	물통	ᅙ					
		-								Ì		
	<del></del>					<del> </del>	-					
		1										
							_					
					_		-				<del></del>	
		1										
		Н				$\vdash$	$\vdash$					
							_					
		H					<u> </u>					
								-				
1b Sub-total		ا ا					<u> </u>	133,815.		0.		0.
c Total from continuation sheets to Part	VII, Section A						<b>•</b>	0.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	133,815.		0.		0.
2 Total number of individuals (including but	not limited to th	ose	lıste	d at	oove	e) wr	no r	eceived more than \$100	,000 of reportable	Э		4
compensation from the organization								<del></del>	<del></del>		Ye	1 s No
3 Did the organization list any former office	ar director or tr	ietoo	, ka	v on	nnlo	waa	or	highest compensated as	mnlovee on	Γ	10	3 110
line 1a? If "Yes," complete Schedule J for			, KO	y Cri	ipio	усс,	, Oi	riigilest compensated ei	iipioyee oii		3	x
4 For any individual listed on line 1a, is the			mpe	ensa	tion	n and	ot	her compensation from t	he organization			
and related organizations greater than \$1	50,000? If "Yes,	" cor	nple	te S	Sche	edule	e J f	for such individual			4	X
5 Did any person listed on line 1a receive of					-		elat	ed organization or indivi	dual for services			
rendered to the organization? If "Yes," co	mplete Schedul	e J fo	or su	ich j	oers	son					5	X
Section B. Independent Contractors  1 Complete this table for your five highest of		dans	ndo	nt c	ont-	racto	re +	that received more than	\$100 000 of com	naner	ation from	
the organization Report compensation for										Pallo		•
(A)				<u>.</u>				(B)			(C)	
Name and busines	ss address	NC	NE	:				Description of s	ervices	C	ompensa	tion
							-					
							-					
							ヿ					
							_					
2 Total number of independent control	(inalisation histori	ot lee	nito -	1 4.0	th-			(above) who received	oro there			
2 Total number of independent contractors \$100,000 of compensation from the orga		ot IIn	ıntec	1 (0		se IIS )	oteo	above) who received m	оге шап			
+ 100,000 of compensation from the orga	INZULIOIT P		-								Form <b>99</b> 0	0 (2017)

Form 990 (2017) THE MOLINA FOUNDATION
Part VIII Statement of Revenue

		Check if Schedule O cont	tains a response	or note to any I	ine in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
ran	ł .	Membership dues	1b					
S.E.	ì	Fundraising events	1c					
# je	d	Related organizations	1d					
S, C	е	Government grants (contribut	tions) 1e		]			
tion S	f	All other contributions, gifts, gran	its, and					
ib di	,	similar amounts not included abo	ve 11 2	853,618				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines		418,820		}		}
<u>8</u>	<u>h</u>	Total, Add lines 1a-1f		,▶	2,853,618.			
				Business Cod	<u>e</u>			
ice	2 a			ļ	<del> </del>			
re S	b	·		<u> </u>	+			<del> </del>
m S	С	_ <del></del>		<b> </b>	+	<u> </u>		<del> </del>
gran	d	·		<b>}</b>	+			<del></del>
Program Service Revenue	е			<b></b>	<del> </del>			<del> </del>
_	1	All other program service reve	enue		<del> </del>			<del> </del>
		Total. Add lines 2a-2f Investment income (including	duudanda intar	not and	+	<del>   </del>		+
	3	other similar amounts)	dividends, inter	esi, anu	2,298.			2,298.
	4	Income from investment of ta	v-evemnt hand i	-	2,230.			2,290.
	5	Royalties	x-exempt bond (	Dioceeus -				<del> </del>
	,	Tioyanies	(ı) Real	(II) Personal	<del> </del>			
	6 a	Gross rents	(y ricar	(ii) i craoriar	1			1
ļ	-	Less: rental expenses		<del> </del>	1 !			
	c	<b>5</b>			1			
1		Net rental income or (loss)	<u></u>	<b>&gt;</b>	1			
- {		Gross amount from sales of	(i) Securities	(II) Other				
}		assets other than inventory			1	1		1
	b	Less cost or other basis			7	}		
ĺ		and sales expenses	ł	}	1	1		
}	С	Gain or (loss)			]			
ļ	d	Net gain or (loss)		<b></b>				
ne	8 a	Gross income from fundraising	g events (not					
- nu		including \$	of	ł				
ě		contributions reported on line	1c) See	<u> </u>	}			
Other Reven		Part IV, line 18	а		]			
됩		Less direct expenses	b	\ 	]			
]		Net income or (loss) from fund	=		<del> </del>			<del> </del>
ł	9 a	Gross income from gaming ac	tivities. See	{	(			
}		Part IV, line 19	а					
}		Less direct expenses	b	L	}	1		
Í		Net income or (loss) from gam	-	<b>┌─</b> ──	<del> </del>			+
j	10 a	Gross sales of inventory, less		}	1			
Ì		and allowances	a .	}	-			
l		Less cost of goods sold	. b	L	-			
f	<u></u>	Net income or (loss) from sale:		P				<del> </del>
ŀ	11 a	Miscellaneous Revenue		Business Code	1			1
1	b			<del></del>	<del> </del>			<del> </del>
	C			}	<del> </del>			<del> </del>
Ì	d	All other revenue			1			<del> </del>
	-			<b>•</b>	<del> </del>			<u> </u>
\	12	Total revenue. See instructions.		•	2,855,916.	0.	0_	2,298.
						<del></del>		

Part IX Statement of Functional Expenses

080	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon		this Part IX	impiete construit (i y.	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	2 200 150	0 000 170		
	and domestic governments. See Part IV, line 21	2,299,170.	2,299,170.		
2	Grants and other assistance to domestic	41 000	41 000		
_	individuals. See Part IV, line 22	41,000.	41,000.	<del></del>	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members			<del></del>	
5	Compensation of current officers, directors,				
9	trustees, and key employees	133,816.	66,908.	33,454.	33,454
6	Compensation not included above, to disqualified	133,010.	00,500.		33,434
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	399,119.	242,518.	66,976.	89,625
8	Pension plan accruals and contributions (include	0357-250			037020
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	56,066.	32,553.	10,566.	12,947
10	Payroll taxes	46,055.	26,740.	8,679.	10,636
11	Fees for services (non-employees)				
а	Management				
b	Legal	15,581.	15,581.		
С	Accounting	15,040.	12,000.	3,040.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		}	}	
	column (A) amount, list line 11g expenses on Sch 0.)	2,082.	1,209.	392.	481
12	Advertising and promotion	34,356.	34,356.		
13	Office expenses	26,718.	23,438.	3,280.	
14	Information technology	17,971.	17,971.		
15	Royalties				
16	Occupancy	97,761.	97,761.		
17	Travel				
18	Payments of travel or entertainment expenses	1	Í	<u> </u>	
	for any federal, state, or local public officials		<del></del>	<del></del>	
19	Conferences, conventions, and meetings Interest				
20 21	Payments to affiliates				
2 i 22	Depreciation, depletion, and amortization	5,511.		5,511.	
22 23	Insurance	-26,162.	-27,108.	946.	
23 24	Other expenses. Itemize expenses not covered	20,102.	27,100.	740.	
27	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	STRATEGIC PLANNING DEVE	102,449.	102,449.		
b	FREIGHT	45,955.	45,955.		
С	TELEPHONE	14,110.	13,450.	660.	
d	ACTIVITY EXPENSE	9,527.	9,527.		
e	All other expenses	5,649.	5,420.	229.	
25	Total functional expenses. Add lines 1 through 24e	3,341,774.	3,060,898.	133,733.	147,143
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined	]	Ì		
	educational campaign and fundraising solicitation.	)	Ì		
	Check here if following SOP 98-2 (ASC 958-720)				

		2017) THE MOLINA FOU	UNDATION			20-1	<u> 479392</u>	Page 11
rai	t X	Balance Sheet	sta ta anu lina in thi	Deed V				
		Check if Schedule O contains a response or no	te to any line in this	Part X		1 1	(D)	
					(A) Beginning of year		(B) End of ye	
	1	Cash - non-interest-bearing			1,299,407.			<u>,588</u>
- 1	2	Savings and temporary cash investments	<u> </u>	3,754,725.	2	4,756	<u>,983</u>	
- (	3	Pledges and grants receivable, net		Ļ		3		
	4	Accounts receivable, net		Ĺ	·····	4	21	,530
	5	Loans and other receivables from current and for	ormer officers, direc	tors,		1 1		
		trustees, key employees, and highest compensation	ated employees. Co	omplete		] [		
1		Part II of Schedule L		1	<del></del>	5		
1	6	Loans and other receivables from other disquali	lified persons (as de	fined under				
1		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and	contributing		) )		
- }		employers and sponsoring organizations of sec		1 1				
2		employees' beneficiary organizations (see instr)	Complete Part II o	f Sch L		6		
2000	7	Notes and loans receivable, net		<u> </u>		7		
,	8	Inventories for sale or use	<u> </u>	4,614,419.	8	3,693	<u>,069</u>	
-	9	Prepaid expenses and deferred charges			<del></del>	9		
	10a	Land, buildings, and equipment, cost or other				1 1		
}		basis. Complete Part VI of Schedule D		52,907.	_	1 1		
Ì	þ	Less: accumulated depreciation	10b	41,885.	16,534.	10c	11	,022
ł	11	Investments - publicly traded securities		_		11		
1	12	Investments - other securities See Part IV, line	<u> </u>		12			
- [	13	Investments - program-related. See Part IV, line	<u> </u>		13			
[	14	Intangible assets	_	<del></del>	14			
	15	Other assets. See Part IV, line 11	-	4,005.	15	4	, 005	
4	16	Total assets. Add lines 1 through 15 (must equ	ıal line 34)		9,689,090.	16	9,134	
-	17	Accounts payable and accrued expenses		<u> </u>	108,825.	17	39	,790
	18	Grants payable		<u> </u>		18		
1	19	Deferred revenue		ļ		19		
1	20	Tax-exempt bond liabilities		<u> </u>		20		
1	21	Escrow or custodial account liability. Complete I		-		21		
	22	Loans and other payables to current and former				<b>!</b>		
		key employees, highest compensated employee	es, and disqualified	persons		1		
		Complete Part II of Schedule L		<u> </u>		22		
	23	Secured mortgages and notes payable to unrela				23		
	24	Unsecured notes and loans payable to unrelated	•	<u> </u>		24		
	25	Other liabilities (including federal income tax, pa	-	l l		}		
]		parties, and other liabilities not included on lines	s 17-24) Complete	Part X OI		05		
)	26	Schedule D  Total liabilities. Add lines 17 through 25		}-	108,825.	25 26	30	,790
$\dashv$	26	Organizations that follow SFAS 117 (ASC 958	2) shock here	X and	100,023	20		, 150
,		complete lines 27 through 29, and lines 33 an	••	ا and دمت		<b>\</b>		
	27	Unrestricted net assets	iu 3-1.	ŀ	9,580,265.	27_	9,094	407
	28	Temporarily restricted net assets		<u> </u>	3,300,203.	28		/ =0 /
	29	Permanently restricted net assets		<u> </u>		29		
		Organizations that do not follow SFAS 117 (A	SC 958) check be					
		and complete lines 30 through 34.	Jooj, Glicok He					
	30	Capital stock or trust principal, or current funds		}		30		
	31	Paid-in or capital surplus, or land, building, or eq		<u> </u>		31		
	32	Retained earnings, endowment, accumulated in		ls -		32		
ver Assets of Fully Dalaines	70 Total not coasts as fixed belongs				0 500 265	<del></del> -	0 004	407

9,094,407. 9,134,197. Form **990** (2017)

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2017)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

	iic Oi		or garnzation						Lp.0,0	i identino di con income di
				MOLINA FOU						<u> 1479392                                   </u>
Pa	ırt I	⊥_	Reason for Public	Charity Status (	All organizations must c	omplete th	ns part ) S	ee instruction	S	
The	orga	-	ition is not a private found			-				
1	<u>_</u>	ļA	church, convention of ch	urches, or association	on of churches describe	d in section	on 170(b)(	1)(A)(i).		A ~
2	<u>_</u>	7	school described in sect							
3	<u></u>	ļΑ	hospital or a cooperative	hospital service org	anization described in s	ection 170	O(b)(1)(A)(i	iii).		<b>9</b> 1
4	L	JA	medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
		-	ty, and state							
5		JA	n organization operated for	or the benefit of a co	llege or university owne	d or opera	ited by a g	jovernmental ι	ınıt descrit	ped in
		1	ection 170(b)(1)(A)(iv). (C	· ·						
6	<u></u>	•	federal, state, or local go	vernment or governr	mental unit described in	section 1	70(b)(1)(A)	)(v).		
7	X	A	n organization that norma	illy receives a substa	intial part of its support	from a gov	ernmenta/	l unit or from t	he general	public described in
		S	ection 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	$\sqsubseteq$	`	community trust describe							
9	L	A	n agricultural research org	ganization described	In section 170(b)(1)(A)(	(ix) operat	ed ın conjı	unction with a	land-grant	college
		01	runiversity or a non-land-q	grant college of agric	culture (see instructions)	Enter the	name, cit	y, and state of	the colleg	je or
		1	niversity:		·					
10	<u></u>	A	n organization that norma	illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ions, members	ship fees, a	and gross receipts from
		a	ctivities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	an 33 1/3% of	ıts suppor	t from gross investment
			come and unrelated busi		(less section 511 tax) fr	om busine	esses acqu	ured by the or	ganızatıon	after June 30, 1975.
		1	ee <b>section 509(a)(2).</b> (Co	· •						
11	-	1	n organization organized			-				
12			n organization organized a	•	•	•		•	•	•
			ore publicly supported or	-						Check the box in
		$\neg$	nes 12a through 12d that				-		-	
а	L.		Type I. A supporting orga							• •
			the supported organization			a majority	of the dire	ctors or truste	es of the s	supporting
_	_	$\neg$	organization You must o	-		4			(-) (- · · · · · · · ·	
b	L-		Type II. A supporting org					=		=
			control or management o			ame perso	ons that co	ontrol or mana	ge the sup	рропеа
_	_	$\neg$	organization(s). You mus	•		ın connoc	tion with	and functions	h. intograt	ad wath
·			Type III functionally inte						iy integrati	ed with,
d	_	_	its supported organization Type III non-functionally			-	-	· ·	tod organi	zation(e)
ď	_		that is not functionally int						-	
			requirement (see instructi						an alleni	IVELIESS
_		$\neg$	Check this box if the orga	•	•				II Type III	
•			functionally integrated, or					2 1 ypc 1, 1 ypc	ii, Type iii	
f	Ent		ne number of supported of	• •	nany integrated capport	ing organi	Lations			
q			the following information	-	d organization(s)					L
			ame of supported	(II) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other
			organization	ì	(described on lines 1 10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
					<u> </u>					
								1		
	_			_						
						<u></u>		<u></u> _		
		_								
ota	ı		_							

# Schedule A (Form 990 or 990-EZ) 2017 THE MOLINA FOUNDATION 20-1479392 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	ınclude any "unusual grants ")	1,853,508,	9.284.334.	4,696,705.	9,464,187.	2,853,618,	28,152,352,
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	Ì			1		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,853,508.	9,284,334.	4,696,705,	9,464,187,	2,853,618,	28,152,352.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			1	}		
	supported organization) included		1				
	on line 1 that exceeds 2% of the	,	}	1			
	amount shown on line 11,						
	column (f)			ł.			10,9 <u>4</u> 1,2 <u>33</u> ,
6	Public support. Subtract line 5 from line 4		<del></del>				17 211 119.
	ction B. Total Support						11,211,112.
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	1,853,508,	9.284.334.	4,696,705,	9,464,187.	2,853,618.	28,152,352.
8	Gross income from interest,						
	dividends, payments received on	[					
	securities loans, rents, royalties,	ŀ					
	and income from similar sources	254.	758.	817.	1,652.	2,298.	5,779.
9	Net income from unrelated business				7/300		
	activities, whether or not the						
	business is regularly carried on	Ì	]	)			
10	Other income. Do not include gain						
	or loss from the sale of capital	1	Ĭ				
	assets (Explain in Part VI.)	}	ţ				
11	Total support. Add lines 7 through 10						28 158 131.
	Gross receipts from related activities,	etc (see instruction	ns)			12	20,130,131,
	First five years. If the Form 990 is for			fourth, or fifth tax	vear as a section		
	organization, check this box and stop	-	,	, ,	,	(-)(-)	ightharpoonup
Sec	ction C. Computation of Public		centage				
14	Public support percentage for 2017 (liii	ne 6, column (f) dıv	ided by line 11, co	lumn (f))		14	61.12 %
15	Public support percentage from 2016	Schedule A, Part II	, line 14		[	15	64.72 %
16a	33 1/3% support test - 2017. If the or	ganization did not	check the box on	line 13, and line 14	1 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies a	s a publicly suppo	rted organization				$\triangleright \mathbf{X}$
b	33 1/3% support test - 2016. If the or	ganization did not	check a box on lin	e 13 or 16a, and li	ne 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qualif	ies as a publicly su	pported organizat	ion			
17a	10% -facts-and-circumstances test	- 2017. If the organ	nization did not ch	eck a box on line 1	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fact	s-and-circumstance	es" test, check this	s box and stop he	re. Explain in Parl	t VI how the organ	ızatıon
	meets the "facts-and-circumstances" t			_		-	ightharpoons
b	10% -facts-and-circumstances test	- 2016. If the organ	nization did not ch	eck a box on line 1	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circu						
18	Private foundation. If the organization	did not check a be	ox on line 13, 16a,	16b, 17a, or 17b,	check this box ar	nd see instructions	<u>▶</u>
	•				Schee	dule A (Form 990	or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 THE MOLINA FOUNDATION

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10	of Part I or if the organization failed to qualify under Part II If the organization fails to
	=

Se	ction A. Public Support	ole w, picase com	piete i art ii į				
	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					/	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5  Amounts included on lines 1, 2, and						
t	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year  Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)		<u> </u>		L	<u> </u>	<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	<b>(6)</b> 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
-	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)	, j					
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here	<u></u>				· /(=/ = · g······	
Sec	tion C. Computation of Public	c Support Pe	rcentage				
15	Public support percentage for 20,17 (lin	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2016			·		16	%
Sec	tion D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 201	17 (line 10c, colur	nn (f) divided by lit	ne 13, column (f))		17	
	Investment income percentage from 2					18	
19a	33 1/3% support tests - 2017. If the o	organization did r	ot check the box	on line 14, and line	15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an		_				
b	33 1/3% support tests - 2016. If the o	organization did r	ot check a box or	line 14 or line 19a	i, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, chec	k this box and st	<b>op here.</b> The orga	nization qualifies a	s a publicly supp	orted organization	▶□
20_	Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	ns box and see in	structions	<u> </u>
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## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)	·		
<u>Sec</u>	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	ľ	[	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	į į		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status		ľ	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	( (		
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	{ }		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		ı	
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		_	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	-		
	despite being controlled or supervised by or in connection with its supported organizations	4b	ı	
С	Did the organization support any foreign supported organization that does not have an IRS determination			
•	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	J	ľ	
	purposes	4c	}	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	1 1		
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;	l í		
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a	}	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	50		
-	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	JC		
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	ļ [		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	}	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	}	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	90		
-	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	1	
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	30		
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section	30		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		}	
	supporting organizations)? If "Yes," answer 10b below.	40-	Ī	
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	10a		

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1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov 20, 1970 (explain in	Part VI) See instructio
other Type III non-functionally integrated supporting organizations must co Section A - Adjusted Net Income	mplete Se	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	<del></del>	
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see		<del></del>	
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a	<del></del>	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	<del></del>	<del> </del>
e Discount claimed for blockage or other	1.5	<del></del>	<del> </del>
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	<del></del>	
Subtract line 2 from line 1d	3	<del></del>	<del>                                     </del>
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	+ •		
see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5	· · · · · · · · · · · · · · · · · · ·	
Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		<del> </del>
	8	<del></del>	<u> </u>
B Minimum Asset Amount (add line 7 to line 6) action C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		<del> </del>
2 Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4	<del></del>	ļ
5 Income tax imposed in prior year	5		<del> </del>
Distributable Amount. Subtract line 5 from line 4, unless subject to	1 -		<del>                                     </del>
emergency temporary reduction (see instructions)	6		
Check here if the current year is the organization's first as a non-functionally		d Type III supporting org	anization (see
instructions)	, anograte	a .,po iii sapporting org	aa

Schedule A (Form 990 or 990-EZ) 2017

Pa	rt V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
<u>Sec</u>	ion D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
_ 3	Administrative expenses paid to accomplish exempt purpos	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
_7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e	
	(provide details in Part VI) See instructions.			
_9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6		,	
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	-		
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)	-		
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years	·		
_ b_	Applied to 2017 distributable amount	· · · · · · · · · · · · · · · · · · ·		
c_	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if	· · ·	-	
	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017 Subtract lines 3h			-
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j	·	-	
	and 4c.			
8	Breakdown of line 7		**	
а	Excess from 2013		<del>-</del>	
	Excess from 2014		<del></del>	<del></del>
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
				<del></del>

Schedule A (Form 990 or 990-EZ) 2017

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	THE MOLINA FOUNDATION	<u> </u>	20-1479392
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6		
		(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year		<u></u>
1	Aggregate value of contributions to (during year)		
2			
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	_	——————————————————————————————————————
_	are the organization's property, subject to the organization's exc	•	Yes No
6	Did the organization inform all grantees, donors, and donor advi-	-	
	for charitable purposes and not for the benefit of the donor or de	onor advisor, or for any other purpose confe	
<u> </u>	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the organi	zation answered "Yes" on Form 990, Part IV	V, line 7
1	Purpose(s) of conservation easements held by the organization	(check all that apply)	
	Preservation of land for public use (e.g., recreation or education	cation) Preservation of a historical	ly important land area
	Protection of natural habitat	Preservation of a certified f	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a conservation	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struction	ure included in (a)	2c
d	Number of conservation easements included in (c) acquired afte	r 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the orga	inization during the tax
	year >		•
4	Number of states where property subject to conservation easem	nent is located	
5	Does the organization have a written policy regarding the period	<del></del>	
	violations, and enforcement of the conservation easements it ho	lds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing conservat	tion easements during the year
	<b>&gt;</b>	-	
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation e	easements during the year
	<b>▶</b> \$	•	- ,
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170(h)(4)(	(B)(ı)
	and section 170(h)(4)(B)(ii)?	, , ,	Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	's financial statements that describes the o	rganization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections of A	rt, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 9	958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit		
	the text of the footnote to its financial statements that describes		•
b	If the organization elected, as permitted under SFAS 116 (ASC 9		balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, educ-	• • • • • • • • • • • • • • • • • • • •	
	relating to these items:		and the same terroring arrest the
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treasu	ree or other similar assets for financial com	
~	the following amounts required to be reported under SFAS 116 (		h bioxide
_		noo sool relating to these items.	<b>•</b> •
	Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
	Assets included in Form 990, Part X  For Panerwork Reduction Act Notice, see the Instructions to	r Form 990	Schedule D (Form 990) 2017

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	edule D (Form 990) 2017 THE MOL	INA FOUNDA			easures,	or Othe	r Simil		79392 ts(continu	
3	Using the organization's acquisition, accessi									
•	(check all that apply)	,	,	•	Ū		•			
а	Public exhibition		a 🖂	Loan or exc	hange progr	ams				
b	Scholarly research									
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how tl	hev further t	he organizat	ion's exer	npt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	•								
Ū	to be sold to raise funds rather than to be ma								Yes	No
Pa	rt IV Escrow and Custodial Arran					"Yes" on	Form 99	0. Part IV.		
	reported an amount on Form 990, Par							., ,		
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other as	sets not	ıncluded	<del></del>		
	on Form 990, Part X?							[	Yes	No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing :	table				<del></del>	_ 100	
_		and complete the re					<u></u>		Amount	
С	Beginning balance						1c		7 4 11 5 4 11	
d	Alle						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fe	orm 990 Part V line	21 for	eccow or c	ustodial acco	Suint liabili		<u> </u>	Yes	No
	If "Yes," explain the arrangement in Part XIII.						rty :	<u> </u>	7 te2	
Pai							0			
	L' L'Ide VIII d'Il d'Il de l'Octipiete I				(c) Two yea			veare back	(a) Four v	agre back
	Decision of search planes	(a) Current year	(0)	rior year	(C) TWO yea	15 Dack	a) Three	years nack	(e) Four yo	al S Dack
1a	Beginning of year balance		<del> </del>		<del> </del>					
b	Contributions	<del></del>	<b>├</b>		<del> </del>					
С	Net investment earnings, gains, and losses		<del> </del> -		<del> </del>				<u> </u>	
	Grants or scholarships								<del></del>	
е	Other expenditures for facilities				Ì	1				
	and programs		<u> </u>		<b>}</b> _					
f	Administrative expenses		ļ							
9	End of year balance		L		<u> </u>				L	
2	Provide the estimated percentage of the curi	rent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	ind administe	ered for th	ne organı	zation		
	by								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?					3b	
_4_	Describe in Part XIII the intended uses of the	organization's ende	owment	funds						
Par	t VI Land, Buildings, and Equipm					•				
	Complete if the organization answered	d "Yes" on Form 99	0, Part I\	/, line 11a S	See Form 990	D, Part X,	line 10			
	Description of property	(a) Cost or o			or other		cumulat	ed	(d) Book	/alue
	p p	basis (investi			(other)		reciation		` '	
1a	Land					<u></u>				
	Buildings					<del></del>				
	Leasehold improvements									
	Equipment					<del></del>				
	Other	<b></b>		5	2,907.		41,8	85-	11	,022.
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X. colum			<del></del>		•	11	,022.

Schedule D (Form 990) 2017

	tion of security or category (including name of security)	(b) Book value	11b See Form 990,		nd-of-year market value
		(b) DOOK VAIGE	(c) method of v	aldution: Cool of or	nd or your market value
	al derivatives		<del> </del>		
	held equity interests	<del></del>	<del> </del>		
Other			<u> </u>		
(A)			<del> </del>	<del></del>	
(B)		<del></del>	<del> </del>		
(C)			ļ <u>.</u>		
(D)		<del></del>	<del>                                     </del>		<del></del>
(E)			<del>                                     </del>		
(F)					
(G)			<del> </del>		
(H)		<del></del>	<del> </del>		
	) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	. <del>.                                  </del>	
art VIII	Investments - Program Related.				
	Complete if the organization answered "Yes" o				
	(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or er	nd-of-year market value
1)					
(2)		<del></del>	<del> </del>		
3)		<del></del>	<del></del>		
(4)			<u> </u>		
(5)			<del>                                     </del>		
(6)			<del></del>		
(7)			<u> </u>		
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(9)			ſ		
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<del></del>				
al (Col. (b	n) must equal Form 990, Part X, col. (B) line 13.)				
	o) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.				
el (Col. (b	Other Assets.  Complete if the organization answered "Yes" of		11d. See Form 990,	Part X, line 15	
l (Col. (b	Other Assets.  Complete if the organization answered "Yes" of	n Form 990, Part IV, line escription	11d. See Form 990,	Part X, line 15	(b) Book value
al (Col. (b	Other Assets.  Complete if the organization answered "Yes" of		11d. See Form 990,	Part X, line 15	(b) Book value
nl (Col. (b art IX	Other Assets.  Complete if the organization answered "Yes" of		11d. See Form 990,	Part X, line 15	(b) Book value
al (Col. (b art IX) (1)	Other Assets.  Complete if the organization answered "Yes" of		11d. See Form 990,	Part X, line 15	(b) Book value
(1) (2) (3)	Other Assets.  Complete if the organization answered "Yes" of		11d. See Form 990,	Part X, line 15	(b) Book value
(1) (2) (3)	Other Assets.  Complete if the organization answered "Yes" of		11d. See Form 990,	Part X, line 15	(b) Book value
(1) (1) (2) (3) (5)	Other Assets.  Complete if the organization answered "Yes" of		11d. See Form 990,	Part X, line 15	(b) Book value
(1) (1) (2) (3) (4) (6)	Other Assets.  Complete if the organization answered "Yes" of		11d. See Form 990,	Part X, line 15	(b) Book value
(1) (Col. (b) (art IX ) (1) (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes" of		11d. See Form 990,	Part X, line 15	(b) Book value
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(1) (Col. (b) (h) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (Column)	Other Assets.  Complete if the organization answered "Yes" of	escription	11d. See Form 990,	Part X, line 15	(b) Book value
(1) (Col. (bart IX ) (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column	Other Assets.  Complete if the organization answered "Yes" o  (a) D	escription			•
(1) (Col. (b) (art IX ) (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column)	Other Assets.  Complete if the organization answered "Yes" of (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line Other Liabilities.	escription			•
(1) (Col. (bart IX ) (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Columnt X )	Other Assets.  Complete if the organization answered "Yes" of (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line (b) must equal Form 990, Part X, col (B) line (c) Complete if the organization answered "Yes" of (b) Interest (c) (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	escription	11e or 11f. See Form		•
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(1) (Col. (b) (h) (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Columnt X) (1) Fede (2) (3)	Other Assets.  Complete if the organization answered "Yes" o  (a) D  mn (b) must equal Form 990, Part X, col (B) line  Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability	escription	11e or 11f. See Form		
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732053 10-09-17

Schedule D (Form 990) 2017

732054 10-09-17

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. THE MOLINA FOUNDATION General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990) Parti

OMB No 1545-0047

Open to Public

Inspection

**2** Employer identification number 20-1479392 X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organi \$5,000, Part II can	janizations and Domestic	Domestic Governments. C	complete if the organied	anization answered "Y	es" on Form 990, Part I	V, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SEE ATTACHMENT			0.	0			
2 Enter total number of section 501(c)(3) and government organizations I are total number of other organizations listed in the line 1 table	and government or		sted in the line 1 table				<b>A A</b>
1 .	e, see the Instructi	ions for Form 990.					Schedule I (Form 990) (2017)

(f) Description of noncash assistance BOOK AND EDUCATIONAL MATERIALS (book, FMV, appraisal, other) SCHOOLS, LAW ENFORCEMENT ORGANIZATIONS AND TO QUALIFIED FOR-PROFIT ENTITIES Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information THE ORGANIZATION MAKES CONTRIBUTIONS OF BOOKS TO ESTABLISHED CHARITIES 41,000 FAIR VALUE (d) Amount of non-cash assistance 0 (c) Amount of cash grant WHO CAN DISTRIBUTE BOOKS TO LOW-INCOME CHILDREN. (b) Number of recipients 5343 (a) Type of grant or assistance BOOKS AND EDUCATIONAL MATERIALS PART I, LINE 2:

Schedule I (Form 990) (2017)

30

732102 11-01-17

Page 2

20-1479392

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

THE MOLINA FOUNDATION

Schedule I (Form 990) (2017)

Part III

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization THE MOLINA FOUNDATION Employer identification number

	THE MOLINA F	'OUNDA'I	ION			2	0-1479	392	
Pa	rt I Types of Property						<u> </u>		
<b>-</b>		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribut amounts reported Form 990, Part VIII, lir	on		(d) I of determin entribution a	_	s
1	Art - Works of art	ļ							
2	Art - Historical treasures	<b></b>							
3	Art - Fractional interests								
4	Books and publications	X		1,418,8	20.FA	IR VAL	UE		
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities · Partnership, LLC, or				_				
	trust interests				\_				
12	Securities · Miscellaneous								
13	Qualified conservation contribution -	1	'						
	Historic structures								
14	Qualified conservation contribution - Other			·					
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other				\_	- <del></del>			
18	Collectibles								
19	Food inventory				_				
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28_	Other (								
29	Number of Forms 8283 received by the organiz	_	•						
	for which the organization completed Form 828	83, Part IV, [	Donee Acknowledg	ement 29	Ш				
	_							Yes	No
30a	During the year, did the organization receive by				•	-			
	must hold for at least three years from the date		l contribution, and	which isn't required to	be used	for			
	exempt purposes for the entire holding period?	7					30a		<u> X</u>
	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p					187	31		_X_
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell nor	ncash				37
	contributions?						32a	$\vdash$	X
	If "Yes," describe in Part II	_1		of an about the state of the st					
33	If the organization didn't report an amount in co	oiumn (c) for	a type of property	ror which column (a)	is checke	a,			
<b>□</b>	describe in Part II	<u> </u>		· · · · · · · · · · · · · · · · · · ·				- 005	
_HA	For Paperwork Reduction Act Notice, see	the instruct	ions for Form 990	J.		Sched	iule M (Forr	11 99())	-2U17

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information

► Go to www irs gov/Form990 for the latest information

➤ Attach to Form 990 or 990-EZ

OMB No 1545 0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

 Name of the organization THE MOLINA FOUNDATION Employer identification number 20-1479392

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND/ OR UNDER-REPRESENTED COMMUNITIES IN THE UNITED STATES BY PROVIDING
BOOKS AND EDUCATIONAL MATERIALS.
FORM 990, PART VI, SECTION A, LINE 2:
MARY MARTHA BERNADETT AND FAUSTINO BERNADETT - FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 8B:
THE ORGANIZATION HAS NOT ADOPTED A POLICY TO ALLOW THE COMMITTEE WITH
AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
BOARD REVIEWS THE RETURN BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH NEW INTERESTED PARTY (PERSON SERVING AS AN OFFICER OR DIRECTOR AND
SUCH PERSON'S SPOUSE, DOMESTIC PARTNER, PARENT, CHILD AND SIBLING, AS WELL
AS THE SPOUSE OR DOMESTIC PARTNER OF SUCH PARENT, CHILD AND SIBLING) SHALL
REVIEW A COPY OF THE CONFLICT OF INTEREST POLICY AND SHALL ACKNOWLEDGE IN
WRITING THAT HE OR SHE HAD DONE SO. EACH INTERESTED PARTY SHALL ANNUALLY
COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIP, POSITIONS OR
CIRCUMSTANCE IN WHICH HE OR SHE IS INVOLVED THAT COULD CONTRIBUTE TO A
CONFLICT OF INTEREST. ANY SUCH INFORMATION SHALL BE REGARDED AS
CONFIDENTIAL AND SHALL BE MADE AVAILABLE ONLY TO THE CHAIR, THE EXECUTIVE
DIRECTOR AND THE COMMITTEE APPOINTED TO ADDRESS CONFLICTS OF INTEREST TO
EXTENT ADDITIONAL DISCLOSURE IS NECESSARY TO IMPLEMENT THIS POLICY AND THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ Schedule O (Form 990 or 990-EZ) (2017)