990-PF

MOLO. EY 05/15 018 8 03 PM

Return of Private Foundation

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

OMB No 1545-0052 **2017**

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/Form990PF for instructions and the latest information.

Open to Public Inspection

| For | calend | lar year 2017 or tax year beginning , a | and ending | | | | | |
|----------------------------------|-----------|---|---|----------------|-------------------------------------|---|------------------------|--|
| Na | me of fou | undation | | | A Emple | oyer identification number | | |
| | | | | | | | | |
| | | NEY FAMILY FOUNDATION | | | | -4028312 | | |
| | _ | street (or PO box number if mail is not delivered to street address) SMITHTOWN BOULEVARD | Ro | iom/suite | | hone number (see instructions $1-979-2142$ | i) | |
| | | state or province country and ZIP or foreign postal code | | | 63. | 1-9/9-2142 | | |
| | | ONSET NY 11767 | | | C If exe | mption application is pending | check here | |
| | | | n of a former public ch | antv | D 1 Fc | oreign organizations check he | re • | |
| | | Final return Amended | • | , | 2 Foreign organizations meeting the | | | |
| | | Address change Name cha | | | | % test check here and attach | | |
| | hock (| type of organization X Section 501(c)(3) exempt private | | /\i\ | F # | | | |
| | | | e private foundation | 114 | | ate foundation status was tem n 507(b)(1)(A), check here | inated under ▶ ☐ | |
| | | ket value of all assets at J Accounting method | X Cash Acci | leur | | foundation is in a 60-month te | mination | |
| | | ear (from Part II, col (c), Other (specify) | Cash Acc | uai | | section 507(b)(1)(B) check h | | |
| | ie 16) l | | ne on cash hasis) | | | | _ | |
| | art I | Analysis of Revenue and Expenses (The total of | (a) Revenue and | | | | (d) Disbursements | |
| | | amounts in columns (b) (c) and (d) may not necessarily equal | expenses per | (b) Net inv | | (c) Adjusted net income | for chantable purposes | |
| | | the amounts in column (a) (see instructions)) | books | | | | (cash basis only) | |
| | 1 | Contributions, gifts, grants, etc., received (attach schedule) | 9,712 | ,^ | · | | | |
| | 2 | Check ▶ if the foundation is not required to attach Sch. B | | | <u> </u> | · · · · · · · · · · · · · · · · · · · | Ng 197 r - A | |
| | 3 | Interest on savings and temporary cash investments | 17 | | 17 | | <u> </u> | |
| | 4 | Dividends and interest from securities | 15,973 | | 15,973 | | · | |
| | 5a | Gross rents | | | | | | |
| ne | b | Net rental income or (loss) | 11 005 | | | | | |
| eu | 6a | Net gain or (loss) from sale of assets not on line 10 | 11,065 | | | | | |
| Revenue | b | Gross sales price for all assets on line 6a 18,203 | | | 11,065 | | | |
| | 7 | Capital gain net income (from Part IV, line 2) | | | 11,065 | 0 | | |
| တ္တ | 8 9 | Net short-term capital gain Income modifications | , | | | | | |
| \$ | 10a | Gross sales less returns and allowances | | | | | · | |
| SCANNED | b | Less Cost of goods sold | | | <u>-</u> | | | |
| F | c | Gross profit or (loss) (attach schedule) | | | | | | |
| Ö | 11 | Other income (attach schedule) | | <u></u> | | | | |
| د | 12 | Total. Add lines 1 through 11 | 36,767 | - 2 | 27,055 | 0 | | |
| Ę | 13 | Compensation of officers, directors, trustees, etc | 0 | | | | | |
| , JS | 14 | Other employee salaries and wages | | | | | | |
| ense | 15 | Pension plans, employee benefits | | | | | | |
| ~ă | 16a | Legal fees (attach schedule) | | | F 75 300 | | | |
| <u>8</u> | b | Accounting fees (attach schedule) Stmt 1 | 450 | | <u> KE</u> | CEIVED | 450 | |
| ا≩:∼ | C | Other professional fees (attach schedule) | | | , | 10 | | |
| stra | 17 | Interest | | 023 | | 2 2 2018 S | | |
| :≝ | 18 | Taxes (attach schedule) (see instructions) Stmt 2 | 58 | <u> </u> | | ir/\ | | |
| Ē | 19 | Depreciation (attach schedule) and depletion | | | | | | |
| Ă | 20 | Occupancy | | <u>.l.</u> _ | <u> </u> | JEM UT | | |
| ק | 21 | Travel, conferences, and meetings | | | | | | |
| ਰ | 22 | Printing and publications Other expenses (att. sch.) Stmt. 3 | 655 | | 150 | | 505 | |
| ng | 23 | | 033 | | 130 | | 303 | |
| rati | 24 | Total operating and administrative expenses. Add lines 13 through 23 | 1,163 | | 150 | 0 | 955 | |
| گ Operating and Administrativ | 25 | Contributions, gifts, grants paid See Statement 4 | 33,000 | · - | | <u> </u> | 33,000 | |
| ō | 26 | Total expenses and disbursements Add lines 24 and 25 | 34,163 | - | 150 | 0 | 33,955 | |
| | 27 | Subtract line 26 from line 12 | 31,203 | | | | 30,000 | |
| | a a | Excess of revenue over expenses and disbursements | 2,604 | | | | | |
| | ь | Net investment income (if negative, enter -0-) | , | | 26,905 | | | |
| | c | Adjusted net income (if negative, enter -0-) | | | | 0 | | |

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2017)

| Fo | m 990 | PF (2017) MOLONEY FAMILY FOUNDATION | 46-402831 | 2 | Page 2 |
|-----------------------|--------|---|-------------------|----------------|-----------------------|
| | Dānt I | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End o | |
| _ | Part I | should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash – non-interest-bearing | | | |
| | 2 | Savings and temporary cash investments | 992 | 1,023 | 1,023 |
| | 3 | Accounts receivable ▶ | | | |
| ļ | | Less allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see | | | |
| | | instructions) | | | |
| | 7 | Other notes and loans receivable (att. schedule) | | | |
| | | Less allowance for doubtful accounts ▶ 0 | | | |
| S | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| As | 10a | Investments – U.S. and state government obligations (attach schedule) | | | |
| i | b | Investments – corporate stock (attach schedule) See Stmt 5 | 104,932 | 107,507 | 1,163,045 |
| | С | Investments – corporate bonds (attach schedule) | | - | |
| | 11 | Investments – land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation (attach sch.) | | | |
| | 12 | Investments – mortgage loans | | | - |
| | 13 | Investments – other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation (attach sch.) ▶ | | | |
| | 15 | Other assets (describe ▶ | | | |
| | 16 | Total assets (to be completed by all filers – see the | | | |
| | | instructions Also, see page 1, item I) | 105,924 | 108,530 | 1,164,068 |
| | 17 | Accounts payable and accrued expenses | | | |
| 1 | 18 | Grants payable | | | |
| es | 19 | Deferred revenue | | | |
| ≅ | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Liabilities | 21 | Mortgages and other notes payable (attach schedule) | | | |
| _ | 22 | Other liabilities (describe ▶) | | | |
| ĺ | 23 | Total liabilities (add lines 17 through 22) | 0 | 0 | |
| ٦ | | Foundations that follow SFAS 117, check here | | | |
| S | | and complete lines 24 through 26 and lines 30 and 31. | | | |
| ances | 24 | Unrestricted | | 1 | |
| | 25 | Temporanly restricted | | | |
| 띗 | 26 | Permanently restricted | | | |
| Š | | Foundations that do not follow SFAS 117, check here | | | |
| 띱 | | and complete lines 27 through 31. | | | |
| 0 | 27 | Capital stock, trust principal, or current funds | 105,924 | 108,530 | |
| Net Assets or Fund Ba | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | |
| ASS | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| , | 30 | Total net assets or fund balances (see instructions) | 105,924 | 108,530 | |
| ž | 31 | Total liabilities and net assets/fund balances (see | | | |
| - | | instructions) | 105,924 | 108,530 | |
| _ | Part I | Il Analysis of Changes in Net Assets or Fund Balances | | | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line 30 (must | agree with | | |
| | end-c | f-year figure reported on pnor year's return) | | 1 | 105,924 |
| 2 | Enter | amount from Part I, line 27a | | 2 | 2,604 |
| 3 | Other | increases not included in line 2 (itemize) ▶ See Statement 6 | | 3 | 2 |
| 4 | Add I | nes 1, 2, and 3 | | _4 | 108,530 |
| 5 | Decre | eases not included in line 2 (itemize) | | 5 | |
| 6 | Total | net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), | line 30 | | 108,530 |
| | | | | | Form 990-PF (2017) |

| Part IV Capital Gains a | nd Losses for Tax on Investme | ent Income | | | |
|---|---|-------------------|--|--------------------------------|---|
| | the kind(s) of property sold (for example, real estate, arehouse, or common stock 200 shs MLC Co) | | (b) How acquired P – Purchase D – Donation | (c) Date acquired (mo day, yr) | (d) Date sold (mo_day, yr) |
| 1a 40 SHS APPLE, | INC | | D | 05/06/05 | 12/21/17 |
| b 10 SHS APPLE IN | 1C | - | D | 02/07/07 | 12/21/17 |
| c 850 SHSCALLAWAY | | | D | 01/16/15 | 03/16/17 |
| d | | | | | 1 , , |
| e | | | - | | |
| (e) Gross sales pnce | (f) Deprecation allowed (or allowable) | | ost or other basis expense of sale | | in or (loss) (f) minus (g)) |
| a 7,002 | (| | 212 | ((-) | |
| 4 554 | | | 123 | | 6,790 1,628 |
| 0.450 | · - | | 6,803 | | |
| | · | | 6,803 | | 2,647 |
| _d | | | | | |
| <u>e</u> | | | - | | |
| Complete only for assets showing | gain in column (h) and owned by the four | ndation on 12/31 | /69 | (I) Gains (Co | l (h) gain minus |
| (i) FMV as of 12/31/69 | (j) Adjusted basis | | xcess of col (i) | | it less than -0-) or from col. (h)) |
| | as of 12/31/69 | ove | rcol (j) if any | Losses (| |
| a | | | | | <u>6,790</u> |
| b | | | | | 1,628 |
| С | | | | | 2,647 |
| d | | | | | |
| е | | | | | |
| 2 Capital gain net income or (net ca | If gain, also enter in F If (loss), enter -0- in F | | > | 2 | 11,065 |
| 3 Net short-term capital gain or (los: | s) as defined in sections 1222(5) and (6) | | | | |
| · · · | column (c) See instructions If (loss), enter | er -0- in | | | |
| Part I, line 8 | colonia (c) coo includenti ii (loco), cine | ., | • | 3 | |
| | nder Section 4940(e) for Reduc | ed Tay on A | let Investment Inc | ome | |
| If "Yes," the foundation does not quali | s part blank on 4942 tax on the distributable amount o fy under section 4940(e) Do not complete ach column for each year, see the instruc | this part | · | | Yes X No |
| (a) | | libris belore mak | | | (d) |
| Base penod years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | Net | (c) value of nonchantable-use asset: | | stribution ratio divided by col (c)) |
| 2016 | | ,556 | 671,0 | | 0.057460 |
| 2015 | | 203 | 779,6 | | 0.033608 |
| 2014 | | 702 | 532,9 | | 0.003194 |
| 2013 | | | 5 3 | 374 | 0.005151 |
| 2012 | | | | 7,3 | |
| 2 Total of line 1, column (d) | | | | 2 | 0.094262 |
| | -year base penod – divide the total on line as been in existence if less than 5 years | 2 by 50, or by | he | 3 | 0.031421 |
| · | ole-use assets for 2017 from Part X, line 5 | | | 4 | 983,082 |
| | | | | 5 | 30,889 |
| 5 Multiply line 4 by line 3 | | | | | |
| 6 Enter 1% of net investment incom | e (1% of Part I, line 27b) | | | 6 | 269 |
| 7 Add lines 5 and 6 | | | | 7 | 31,158 |
| 8 Enter qualifying distributions from | | | 40/ 1 | <u>8</u> | 33,955 |
| If line 8 is equal to or greater than Part VI instructions | line 7, check the box in Part VI, line 1b, a | nd complete that | part using a 1% tax rate | See the | |
| | | | | | Form 990-PF (2017) |

3

| | 990-PF (2017) MOLONEY FAMILY FOUNDATION 46-4028312 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions) | | | P | age 4 | | | | |
|----|--|-----|--------------|----------|----------------|---|--|--|--|
| — | | | | | | | | | |
| 1a | | | - | | | | | | |
| b | Date of ruling or determination letter (attach copy of letter if necessary—see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | | 269 | | | | |
| ь | here X and enter 1% of Part I, line 27b | | | | 203 | | | | |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of | | | | | | | | |
| · | Part I, line 12, col (b) | | | | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) | | | | 0 | | | | |
| 3 | Add lines 1 and 2 | | | - | 269 | | | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) | | | | 0 | | | | |
| | 5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | | | | | | | | |
| 6 | Credits/Payments | | | | 269 | | | | |
| а | 2017 estimated tax payments and 2016 overpayment credited to 2017 | | | | | | | | |
| b | Exempt foreign organizations – tax withheld at source 6b | | | | | | | | |
| С | Tax paid with application for extension of time to file (Form 8868) 6c 269 | | | | | | | | |
| d | Backup withholding erroneously withheld 6d | | | | | | | | |
| 7 | Total credits and payments Add lines 6a through 6d | | | : | 269 | | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here | | | | | • | | | |
| 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 | | | | | | | | |
| 11 | Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 11 | | | | | | | | |
| Pa | rt VII-A Statements Regarding Activities | | | | | | | | |
| 1a | Dunng 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? | Γ | 1a | | X | | | | |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the | Γ | | | | | | | |
| | Instructions for the definition | L | 1b | | X | | | | |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | | | | | | |
| | published or distributed by the foundation in connection with the activities | | | | | | | | |
| C | Did the foundation file Form 1120-POL for this year? | L | 1c | | <u> </u> | | | | |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | | | | | |
| | (1) On the foundation ▶ \$ (2) On foundation managers ▶ \$ | | | | | | | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | | | | | |
| | on foundation managers > \$ | | 1 | ľ | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | L | 2 | | <u> </u> | | | | |
| | 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 | - 1 | j | | | | | | |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | L | 3 | | <u> </u> | | | | |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | <u> </u> | | | | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 'A | 4b | | | | | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | ļ | 5 | | X_ | | | | |
| | If "Yes," attach the statement required by General Instruction T | | | | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | | | | | | |
| | By language in the governing instrument, or | - 1 | J | | | | | | |
| | • By state legislation that effectively amends the governing instrument so that no mandatory directions that | | ļ | | | | | | |
| | conflict with the state law remain in the governing instrument? | - | 6 | <u>X</u> | | | | | |
| 7 | 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 | X | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions ▶ DE | - | | | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | | | | | | | |
| | (or designate) of each state as required by General Instruction G? If "No," attach explanation See Stmt 7 | L | 8b | | <u> </u> | | | | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | [| | | | | | |
| | 4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for Part XIV If "Yes," | | | | | | | | |
| | complete Part XIV | L | 9 | | <u> </u> | 1 | | | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | - 1 | 1 | l | | | | | |
| | names and addresses | | 10 | | <u> </u> | | | | |
| | | For | m 9 9 | 0-PF | (2017) | | | | |

| Pa | rt VII-A Statements Regarding Activities (continued) | | | | | |
|-------|---|---------|-------------|-------|---------|----------|
| | | | | | Yes | No |
| 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 | | <u> </u> |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | | | 13 | X | |
| | Website address ► N/A | | | | | _ |
| 14 | | ne no 🕨 | 631-9 | 79-2 | 2142 | 2 |
| | 181 SMITHTOWN BOULEVARD | | 44565 | | | |
| | Located at ▶ NESCONSET NY | ZIP+4 ▶ | 11767 | | | . — |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here | . I | 1 | | | ▶ □ |
| | and enter the amount of tax-exempt interest received or accrued during the year | ▶ ∟ | 15 | | | |
| 16 | At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority | | | 40 | Yes | No X |
| | over a bank, securities, or other financial account in a foreign country? | | | 16 | | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of | | | | | |
| ' P's | the foreign country ► art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | L | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | | | Yes | No |
| 1a | 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 | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | _ | _ | | | |
| | disqualified person? | Yes | X No | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | Yes | | | | |
| | (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 | 7 | | | | |
| | the benefit or use of a disqualified person)? | _ Yes | X No | | | |
| | (6) Agree to pay money or property to a government official? (Exception Check "No" if the | | | | | |
| | foundation agreed to make a grant to or to employ the official for a period after | ٦ ٧ | ₩ | | | |
| | termination of government service, if terminating within 90 days) | Yes | X No | | | |
| b | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations | | N/A | 1b | | |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions | | ► □ | 16 | | |
| • | Organizations relying on a current notice regarding disaster assistance, check here Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | | | | |
| С | were not corrected before the first day of the tax year beginning in 2017? | | N/A | 1c | | |
| 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)) | | | | | |
| а | At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and | | | | | |
| | 6e, Part XIII) for tax year(s) beginning before 2017? | Yes | X No | | | |
| | If "Yes," list the years ▶ 20 , 20 , 20 , 20 | | | | | |
| 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 | | /- | | | |
| | all years listed, answer "No" and attach statement – see instructions) | | N/A | 2b | | |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | - | | |
| | ▶ 20 , 20 , 20 , 20 | | | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | Yes | X No | | | |
| L | at any time during the year? If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or |] .63 | | | | |
| b | 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 | | | | | |
| | 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 2017) | | N/A | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes? | | | 4a | | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | | | | ' |
| | chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? | | ····· | 4b_ | | X |
| | | | F | om 99 | 90-PF | (2017) |

| Form | 990-PF (2017) MOLONEY FAMILY FOUNDATION | 46-4 | 028312 | | | Page 6 |
|------|--|--|-----------------------------------|--|--|--------------|
| Pa | rt VII-B Statements Regarding Activities for Which Form | 4720 May Be I | Required (cor | ntınued) | | |
| 5a | During the year did the foundation pay or incur any amount to | | | 1 | · · | 1. |
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 49 | 45(e)) [?] | Y | ′es 🛚 No | | |
| | (2) Influence the outcome of any specific public election (see section 4955), or to | carry on, | _ | | | |
| | directly or indirectly, any voter registration drive? | | Y | ′es X No | 1 | |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? | | \\ | 'es X No | - | 1 |
| | (4) Provide a grant to an organization other than a charitable, etc., organization de | escribed in | | | | |
| | section 4945(d)(4)(A)? See instructions | | | 'es X No | · 1 | |
| | (5) Provide for any purpose other than religious, charitable, scientific, literary, or e | ducational | | _ | | |
| | purposes, or for the prevention of cruelty to children or animals? | | | res X No | ` | 1 |
| b | If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under | the exceptions desc | cribed in | | | |
| | Regulations section 53 4945 or in a current notice regarding disaster assistance? | | | N/A | 5b | |
| | Organizations relying on a current notice regarding disaster assistance, check here | | | ▶ □ | | |
| С | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from | | | <u> </u> | | İ |
| - | because it maintained expenditure responsibility for the grant? | | N/A 🗌 | res No | ļ | |
| | If "Yes," attach the statement required by Regulations section 53 4945–5(d) | | · | | | |
| 6a | Did the foundation, during the year, receive any funds, directly or indirectly, to pay | oremiums | | | - | |
| Vu. | on a personal benefit contract? | premiumo | | res X No | - 1 | 1 |
| b | Did the foundation, during the year, pay premiums, directly or indirectly, on a persi | onal henefit contract | | | 6b | x |
| U | If "Yes" to 6b, file Form 8870 | onal benefit contract | • | Ì | , | |
| 7a | At any time during the tax year, was the foundation a party to a prohibited tax shell | ter transaction? | | res X No | ' - | |
| /a | | | | N/A | 7b | |
| | If "Yes," did the foundation receive any proceeds or have any net income attributal art VIII Information About Officers, Directors, Trustees, Fo | | | | | |
| Pa | | Junuation Man | iagers, riigiii) | raid Lilipio | yees, | |
| 4 1 | and Contractors ist all officers, directors, trustees, and foundation managers and their compe | neation Socinetr | uctions | | | |
| | ist all officers, directors, trustees, and foundation managers and their compe | I Sation. See insu | detions. | (d) Contributions to | | |
| | A) Nove and address | (b) Title, and average hours per week | (c) Compensation (If not paid, | employee benefit | (e) Expe | nse account, |
| | (a) Name and address | devoted to position | enter -0-) | plans and deferred compensation | other a | allowances |
| | 01.1 | | | compensation | | |
| Se | e Statement 8 | | | | } | |
| | | | | | | |
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| | | | | | - | |
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| | | | | | | |
| | | 1 | | | | |
| | | <u> </u> | | | L | |
| 2 | Compensation of five highest-paid employees (other than those included on | line 1 – see instru | cuonsj. ir none, e | enter | | |
| | "NONE" | | | (d) Contabutons to | | |
| | | (b) Title, and average | (=) Componentian | (d) Contributions to employee benefit | (e) Expe | nse account, |
| | (a) Name and address of each employee paid more than \$50 000 | hours per week devoted to position | (c) Compensation | plans and deferred compensation | other a | allowances |
| | | - | | Compensation | | |
| NC | NE | | | | | |
| | | | <u></u> | <u> </u> | - | |
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| | | <u>l</u> | <u> </u> | <u> </u> | | |
| Tota | I number of other employees paid over \$50,000 | | | <u> </u> | <u> </u> | 0 |

| | 17) MOLONEY FAMILY FOUNDATION | 46-4028312 | Page / |
|----------------------|--|--------------------------|------------------|
| Part VIII | Information About Officers, Directors, Trustees, Foundati and Contractors (continued) | on Managers, Highly Paid | Employees, |
| 3 Five highe | st-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 | | <u> </u> |
| Part IX-A | Summary of Direct Charitable Activities | | |
| | four largest direct chantable activities during the tax year. Include relevant statistical information such as the beneficianes served, conferences convened research papers produced etc. | he number of | Expenses |
| 1 N/A | | | |
| 2 | | | |
| | | | |
| 3 | | | |
| | | | |
| 4 | | | |
| Part IX-B | Summary of Program-Related Investments (see instruction | ons) | |
| Describe the two lan | gest program-related investments made by the foundation during the tax year on lines 1 and 2 | | Amount |
| 1 N/A | | | |
| 2 | | | |
| - | | | |
| | lated investments. See instructions | | |
| 3 | | | |
| | | | |

Total. Add lines 1 through 3

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

| - orm | 990-PF (2017) MOLONET FAMILT FOUNDATION 40-4028312 | | Page 8 |
|-------|--|--|------------|
| Pa | Int X Minimum Investment Return (All domestic foundations must complete this part. Forei | gn fou | undations, |
| | see instructions) | | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out chantable, etc., | | |
| | purposes | 1.1 | 000 710 |
| а | Average monthly fair market value of securities | 1a | 992,719 |
| b | Average of monthly cash balances | 1b | 5,334 |
| С | Fair market value of all other assets (see instructions) | 1c | 0 |
| d | Total (add lines 1a, b, and c) | 1d | 998,053 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0 | 1 1 | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 998,053 |
| 4 | Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see | | |
| | instructions) | 4 | 14,971 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 983,082 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 49,154 |
| Pa | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating | g foun | dations |
| | and certain foreign organizations check here ▶ ☐ and do not complete this part) | - | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 49,154 |
| 2a | Tax on investment income for 2017 from Part VI, line 5 | | |
| b | Income tax for 2017 (This does not include the tax from Part VI) | 1 | |
| С | Add lines 2a and 2b | 2c | 269 |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 48,885 |
| 4 | Recovenes of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 48,885 |
| 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 | 48,885 |
| | | <u></u> | <u> </u> |
| Pa | art XII Qualifying Distributions (see Instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 33,955 |
| 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 chantable, etc., | | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific chantable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | 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 | 33,955 |
| 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 | 5 | 269 |
| • | · | 6 | 33,686 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | 33,080 |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation | <i>7</i> 1 1 | |

| Pa | art XIII Undistributed Income | (see instructions |) | | | |
|--------|---|-------------------|--------|---------------------------------------|--------|--------|
| • | | | (a) | (b) | (c) | (d) |
| 1 | Distributable amount for 2017 from Part X | II, | Corpus | Years pnor to 2016 | 2016 | 2017 |
| | line 7 | | | | | 48,885 |
| 2 | Undistributed income, if any, as of the end | of 2017 | | | | |
| а | Enter amount for 2016 only | | | | 31,617 | |
| b | Total for prior years 20 , 20 | , 20 | | | | |
| 3 | Excess distributions carryover, if any, to 2 | | | , , | | • |
| а | From 2012 | | | , | | |
| b | From 2013 | | , | | | |
| С | From 2014 | | | | | |
| d | From 2015 | | | | | |
| е | From 2016 | | | | | |
| f | Total of lines 3a through e | | | | | |
| 4 | Qualifying distributions for 2017 from Part | XII, | , | | - | |
| | line 4 ▶ \$ 33,955 | | · - | | | |
| а | Applied to 2016, but not more than line 2a | 1 | - | , | 31,617 | |
| b | Applied to undistributed income of prior ye | ears | | | | |
| | (Election required – see instructions) | | , | | | |
| С | Treated as distributions out of corpus (Ele | ection | | | | |
| | required – see instructions) | | | | | |
| d | | | | | | 2,338 |
| е | Remaining amount distributed out of corp | us | | | | · |
| 5 | Excess distributions carryover applied to 2 | | | | | |
| | (If an amount appears in column (d), the s | | | | | |
| | amount must be shown in column (a)) | | - | | | |
| 6 | Enter the net total of each column as | | | | | |
| _ | indicated below: | | | | | |
| а | Corpus Add lines 3f, 4c, and 4e Subtract | line 5 | | | | |
| | Prior years' undistributed income Subtract | | | | | |
| - | line 4b from line 2b | • | | | | |
| c | Enter the amount of pnor years' undistribu | ited | | | | |
| • | income for which a notice of deficiency ha | | | • | | 1 |
| | been issued, or on which the section 4942 | | | | | |
| | tax has been previously assessed | .(4) | | | i | |
| d | | | ; | | | |
| _ | amount – see instructions | | , , | | | |
| е | | ne | | | | |
| Ī | 4a from line 2a Taxable amount – see | | | | | |
| | instructions | | | | | |
| f | Undistributed income for 2017 Subtract li | nes | | | | |
| • | 4d and 5 from line 1. This amount must be | | | | | |
| | distributed in 2018 | | | | | 46,547 |
| 7 | Amounts treated as distributions out of co | mus | | | | |
| • | to satisfy requirements imposed by section | | | | | 4 |
| | 170(b)(1)(F) or 4942(g)(3) (Election may | | | | | |
| | required—see instructions) | | | | | |
| 8 | Excess distributions carryover from 2012 | not | | | | |
| - | applied on line 5 or line 7 (see instructions | | | , | | |
| 9 | Excess distributions carryover to 2018 | • | | | | |
| ٠ | Subtract lines 7 and 8 from line 6a | | | | | |
| 10 | Analysis of line 9 | | | | | |
| a | Excess from 2013 | 1 | | | | |
| a b | Excess from 2014 | | 1' | , | | |
| C | Excess from 2015 | *- | 1 | | | |
| d | Excess from 2016 | | 1 | | | |
| e | Excess from 2017 | | 1 | | , | |
| | LAGGO HOIH ZOTA | | | · · · · · · · · · · · · · · · · · · · | | 000 DE |

| Form | 990-PF (2017) MOLONEY FAMI | LY FOUNDAT | ION | 46-40283 | 12 | Page 10 |
|-------------|--|-------------------------|-----------------------------|-----------------------------|---|-------------------|
| | art XIV Private Operating Fou | | | | | / |
| 1a | If the foundation has received a ruling or de | | | | <u> </u> | |
| • | foundation, and the ruling is effective for 20 | | | • | | |
| b | Check box to indicate whether the foundation | | | et in section 1 | 942(J)(3) or 494 | 2(J)(5) |
| 2a | Enter the lesser of the adjusted net | Tax year | ing realisation accorde | Pnor 3 years | 042(J/(0) 01 1 404 | 1 |
| 20 | income from Part I or the minimum | (a) 2017 | (b) 2016 | (c) 2015 | (d) 2014 | (e) Total |
| | · | (a) 2017 | (6) 2010 | (6) 2015 | (4) 2014 | |
| | investment return from Part X for | | | | | 1 |
| | each year listed | | | | | |
| þ | 85% of line 2a | | | <u> </u> | / | |
| С | Qualifying distributions from Part XII, | | | | | |
| | line 4 for each year listed | | | | | <u> </u> |
| d | Amounts included in line 2c not used directly | | | | | |
| | for active conduct of exempt activities | | | | | |
| е | Qualifying distributions made directly | | 1 | `. | | |
| | for active conduct of exempt activities | | | | | 1 |
| | Subtract line 2d from line 2c | | | | | |
| • | | | | \ \ / / \ | | |
| 3 | Complete 3a, b, or c for the | | | 1 X | | |
| | alternative test relied upon | | | | | |
| а | "Assets" alternative test – enter | | | | | Ì |
| | (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying under | | | | ١[| |
| | section 4942(j)(3)(B)(i) | | | 1 | | |
| b | "Endowment" alternative test - enter 2/3 | | | | | |
| | of minimum investment return shown in | | | | | |
| | Part X, line 6 for each year listed | | | | | |
| С | "Support" alternative test – enter | | / | | | |
| Ŭ | (1) Total support other than gross | | | | | |
| | investment income (interest, | | | | \ | |
| | dividends, rents, payments on | | | | ` | K |
| | secunties loans (section | , | | | | \ |
| | 512(a)(5)), or royalties) | | | | | |
| | (2) Support from general public | | | | | \ |
| | and 5 or more exempt | | | | | |
| | organizations as provided in | | | | | 1 |
| | section 4942(j)(3)(B)(iii) | | | | | |
| | (3) Largest amount of support from | | | | † - · · · · · · · · · · · · · · · · · · | |
| | an exempt organization | | | | | |
| | (4) Gross investment income | / | | | | |
| - Da | art XV Supplementary Information | ation (Complete | this part only if | the foundation b | ad \$5,000 or mo | ro in accote at |
| Г | | | | the loundation i | iau \$5,000 01 1110 | ie iii assets at |
| | any time during the ye | | uons.) | | | |
| 1 | Information Regarding Foundation Mana | • | | | | |
| а | List any managers of the foundation who ha | ave contributed more | than 2% of the total co | ontributions received by | the foundation | |
| | before the close of any tax year (but only if | they have contributed | d more than \$5,000) (\$ | See section 507(d)(2)) | | |
| | See Statement 9 | | | | | |
| b | List any managers of the foundation who over | wn 10% or more of th | e stock of a corporation | n (or an equally large p | ortion of the | |
| | ownership of a partnership or other entity) of | of which the foundation | n has a 10% or greate | r interest | | |
| | N/A | | _ | | | |
| 2 | Information Regarding Contribution, Gra | unt Gift Loan Scho | larship etc. Program | ns. | | |
| _ | Check here ► X if the foundation only if | | | | as not accept | |
| | - | | • | - | • | |
| | unsolicited requests for funds If the founda | | its, etc., to individuals (| or organizations under | otner conditions, | |
| | complete items 2a, b, c, and d See instruc | | | | · | |
| а | The name, address, and telephone number | or email address of t | the person to whom ap | oplications should be a | ddressed | |
| | N/A | | | | | |
| | | | | | | · |
| b | The form in which applications should be si | ubmitted and informat | on and materials they | should include | | |
| | N/A | | • | | | |
| | Any submission deadlines | | | · | | |
| · | N/A | | | | | |
| | | ah aa hu aasaasat | d acces obsertable fall | le kinde of institutess | or other | · |
| ď | Any restrictions or limitations on awards, su | on as by geographica | ii areas, chantable field | is, Kilius OI Institutions, | or other | |
| | factors | | | | | |
| | N/A | _ | | | | |
| DAA | | | | | | Form 990-PF (2017 |

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual Foundation Recipient show any relationship to any foundation manager or substantial contributor Purpose of grant or status of Amount contribution recipient Name and address (home or business) a Paid during the year See Statement 10 33,000 33,000 Total ▶ 3a Approved for future payment N/A Total **▶** 3b

| Part XVI-A | Analysis of Income-Producing A | Activities | , | | | |
|---------------------------------------|--|----------------------|----------------------|--|----------------------------|-----------------------------------|
| Enter gross amo | unts unless otherwise indicated | Unrelate | d business income | Excluded b | y section 512, 513, or 514 | (e) |
| | | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income |
| Program service revenue a | | | | 1 | | (See instructions) |
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| | - · · · · · · · · · · · · · · · · · · · | | | 14 | 15 073 | |
| | | ļ | | 14 | 15,973 | |
| | Program service revenue a b c d e f g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue a b c d e Subtotal Add columns (b), (d), and (e) e Subtotal Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to th Explain below how each activity for which inco- accomplishment of the foundation's exempt pu | · | | + | | |
| | The state of the s | ļ | | 1 | | |
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| | | Accomplishm | ent of Exempt | Purpose | s | |
| | | | | | | |
| ▼ | accomplishment of the foundation's exempt purp | | | | | • |
| N/A | | | | | | |
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| Form 990 | J-PF (20 | (/) MOLONEI | | | | 40-40263 | | | Page | <u>e 13</u> |
|------------------|-------------|---|---------------------------------------|---------------------------------------|--|--|---|----------------------|-------------|-------------|
| Part 2 | XVII | - | - | ransfers To a | nd Transacti | ons and Relationshi | ps With Noncha | ritable | | |
| 1 Did | the orga | Exempt Organiz inization directly or indi- | | e in any of the foll | owing with any o | ther organization described | | TY | es | No |
| | _ | 01(c) (other than sector | | • | | • | | " | | 33 |
| org | anization | s [?] | | | | - | | l | ^ | |
| a Tra | insfers fro | om the reporting found | ation to a no | oncharitable exemp | at organization of | | | | | |
| (1) | Cash | | | | | | | 1a(1) | \bot | X |
| (2) | Other a | ssets | | | | | | 1a(2) | | X |
| | ner trans | | | | | | | 1 1 | 1 | |
| | | f assets to a nonchanta | | | | | | 1b(1) | | <u> </u> |
| | | es of assets from a no | | , , | on | | | 1b(2) | _ | X |
| | | of facilities, equipment, | | sets | | | | 1b(3) | - | X |
| | | rsement arrangements | 5 | | | | | 1b(4) | -+ | X |
| | | r loan guarantees | | | | | | 1b(5) | \dashv | <u>x</u> |
| • • | | ance of services or me | - | • | | | | 15(6) | | X |
| | - | aclities, equipment, ma | - | • | | 866 . 4 . 4 . 4 | | 1c | | <u> </u> |
| | | | | | | in (b) should always show th | | | | |
| | | | | | - | he foundation received less the goods, other assets, or se | | | | |
| (a) Li | | (b) Amount involved | | me of nonchantable exer | | | nsfers, transactions, and sha | nno arrangements | | |
| N/A | <u> </u> | | 107 | | | (4) 0335 4251 0 10 | | ang earengement | | |
| | | | | | | | | | | |
| - | | | | | ······································ | | ** ·· · · · · · · · · · · · · · · · · · | · | | |
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| | | ation directly or indirect | | | | exempt organizations | | Yes | ₩ | A |
| | | section 501(c) (other to | | out(c)(3)) or in sec | 2000 52// | | | ∐ res | | NO |
| D II | | plete the following sch | recure | I thi Tune of | organization | 1 (0) | Description of relationship | | | , |
| N/2 | | y reality or organization | | (b) 13pe or | O gar reason | <u> </u> | Descriptor or removismp | | | |
| | <u>-</u> | | | | ······································ | | | | | |
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| | | | | | | edules and statements, and to the | | belief, it is true, | | |
| 1 | correct, an | id complete Declaration of p | preparer (other 1 | than taxpayer) is based | o notermoin its no l | which preparer has any knowledge | | S discuss this natur | n | \Box |
| Sign | | 4 | | 2 | | | t ' | eparer shown below | | |
| Here | | 1/h 1 | 1 7 | | | 1 100 | See Instru | ctions Yes | <u>.</u> П | No |
| 1 | | 1/40ans/ | // | 10104 | / 15 | 117/18 | e PresidenT | <u> </u> | | |
| | Signa | ture of offices/or trustee | | , , , , | Dete | Title | | | | |
| | Print/Typ | oe preparer's name | | | Preparer's signatu | $ne \Omega_0 = 0$ | 2 | Parte Ch | жж Г | 4 |
| Pald | Ι Λ/ | 1-01-1 | K. IL | loski | 1 ()n/ | : [] [] [] [] [] [] [] [] [] [| | ce! | #-empl | yed |
| raid Preparer | // | uchael | 1/000 | 2017 | 1 The | In reuch | - 05 | /15/18 | | |
| Jse Only | Firm's n | | | lkosky | | | PTIN (100 | 882T | 5-9 | |
| | Firm's a | | _ | Brook Dr | | | Firm's EiN ▶ | | 6.5 | <u>~-</u> |
| | <u> </u> | <u>Ho</u> cke | essin, | DE 1970 | 7-9112 | | Phone no 3 | 347-276- | <u>- 84</u> | <u>U5</u> |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2017

| Name of the organization | me of the organization Employer identification number | | | | | |
|--|--|----------------|--|--|--|--|
| MOLONEY FAMILY | Y FOUNDATION | 46-4028312 | | | | |
| Organization type (check one | 2) | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt chantable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt chantable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable pπvate foundation | | | | | |
| | | | | | | |
| | overed by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule S | See | | | | |
| General Rule | | | | | | |
| | ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,00 property) from any one contributor. Complete Parts I and II. See instructions for determining inbutions. | | | | | |
| Special Rules | | | | | | |
| regulations under secti 13, 16a, or 16b, and the | scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part I hat received from any one contributor, during the year, total contributions of the greater of (see amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I a | I, line 1) | | | | |
| contributor, during the | scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any operation total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and II | | | | | |
| contributor, during the contributions totaled moduring the year for an experience. | scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any or year, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions during the year. | d | | | | |
| 990-EZ, or 990-PF), but it mus | isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 9 it answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 99 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 99 | 0-EZ or on its | | | | |

Name of organization
MOLONEY FAMILY FOUNDATION

Employer identification number 46-4028312

| <u> MOLO</u> | NEI PARTLE FOUNDATION | | -4020312 |
|--------------|---|------------------------------------|--|
| Part I | Contributors (see instructions) Use duplicate copies | of Part I if additional space is n | eeded |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | PATRICIA & CARL STEWART 181 SMITHTOWN BOULEVARD NESCONSET NY 11767 | \$ 671 | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | MARGARET MOLONEY & KENNETH OKORN 181 SMITHTOWN BOULEVARD NESCONSET NY 11767 | s 429 | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | DENISE MOLONEY & JOSEPH SMITH 181 SMITHTOWN BOULEVARD NESCONSET NY 11767 | s 159 | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | ELIZABETH MOLONEY 181 SMITHTOWN BOULEVARD NESCONSET NY 11767 | \$ 7,930 | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | KEVIN & RUTH MOLONEY 181 SMITHTOWN BOULEVARD NESCONSET NY 11767 | s 523 | 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) |

Page 1 of 1

Page 3

Name of organization

MOLONEY FAMILY FOUNDATION

Employer identification number 46-4028312

| <u> 10 LOI</u> | NEY FAMILY FOUNDATION | | J. | 46-4028312 |
|--------------------------|---|---------------|--|----------------------|
| Part II | Noncash Property (see instructions) Use dupli | cate copies o | of Part II if additional | space is needed |
| a) No. from Part I | (b) Description of noncash property given | l l | (c) MV (or estimate) See instructions) | (d) Date received |
| 1 | 50 SHS APPLE, INC | | | |
| | | \$ | 8,717 | 12/29/17 |
| a) No. from Part I | (b) Description of noncash property given | | (c) MV (or estimate) See instructions.) | (d) Date received |
| 2 | 100 SHS HOWARD HUGHES CORP | | | |
| | | \$ | 13,112 | 12/29/17 |
| a) No. from Part I | (b) Description of noncash property given | 1 | (c) MV (or estimate) See instructions.) | (d) Date received |
| 3 | 30 SHARES APPLE, INC | | | |
| | | \$ | 5,107 | 12/31/17 |
| a) No. from Part I | (b) Description of noncash property given | | (c) MV (or estimate) See instructions.) | (d) Date received |
| 4 | 325 SHS APPLE INC | | | |
| | | \$ | 50,554 | 05/12/17 |
| a) No. from Part I | (b) Description of noncash property given | 1 | (c) fMV (or estimate) See instructions.) | (d) Date received |
| 5 | 39 SHS APPLE INC | | | |
| | | \$ | 6,799 | 12/29/17 |
| (a) No from Part I | (b) Description of noncash property given | | (c) fMV (or estimate) See instructions.) | (d) Date received |
| | | | | |
| | | \$ | | |

46-4028312

FYE 12/31/2017

Direct Public Support

| Contributor | Cash Contribution | Noncash Contribution |
|----------------------------------|----------------------|-------------------------|
| PATRICIA & CARL STEWART | | 671 |
| MARGARET MOLONEY & KENNETH OKORN | | 429 |
| DENISE MOLONEY & JOSEPH SMITH | | 159 |
| ELIZABETH MOLONEY | | 7,930 |
| KEVIN & RUTH MOLONEY | | 523 |
| Total | 0 | 9,712 |

Taxable Interest on Investments

| Description | Amount | Unrelated Business Code | Exclusion Code | Postal Code | US Obs (\$ or %) |
|---------------|--------|----------------------------|----------------|----------------|---------------------|
| MERRILL LYNCH | \$ 1 | 7 | 14 | | |
| Total | \$ 1 | 7 | | | |

Taxable Dividends from Securities

| Description | Amount | Unrelated Business Code | Exclusion Code | Postal Code | US Obs (\$ or %) |
|-------------|--------------|-------------------------|----------------|----------------|---------------------|
| DIVIDENDS | \$ 15,973 | | 14 | | |
| Total | \$ 15,973 | | | | |

| MOLONEY MOLONEY FAMILY FOUNDATION Federal Statements FYE 12/31/2017 | Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees Net Adjusted Charitable Purpose \$ 450 \$ \$ 450 \$ \$ 450 \$ \$ 450 | Statement 2 - Form 990-PF, Part I, Line 18 - Taxes Net Adjusted Charitable Purpose 5 BAL DUE \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses Ion Total Net linestment see Adjusted Purpose Charitable Purpose FEES \$ \$ \$ \$ 64 FEES FEE - MERRILL 150 \$ \$ 64 SENTATION \$ 150 \$ \$ 441 \$ 655 \$ 150 \$ 505 | Statement 4 - Form 990-PF, Part I. Line 25 - Noncash Contributions, Gifts, Grants Noncash FMV Book Value Book Value Description Explanation Amount Explanation |
|---|--|---|--|--|
| MOLONET MOLONET FAMILT FOUNDA 46-4028312 FYE 12/31/2017 | Staten Description PREPARATION Total | DUE | MERRILI | |

| 5/15/2018 8:03 PM | | Date 12/22/17 12/22/17 12/22/17 3/23/17 12/22/17 3/23/17 4/21/17 | | Fair Market Value \$ 1,122,672 39,381 992 \$ 1,163,045 |
|--|---|--|--|--|
| | tions, Gifts, Grants | Book Value Explanation | ock Investments | Basis of Valuation Cost Cost Cost Cost |
| tements | Line 25 - Noncash Contributions, Gifts, Grants (continued). | Book Value Amount | 10b - Corporate Sto | End of Year \$ 103,552 2,668 \$ \$ 107,507 |
| Federal Statements | art I. | FMV Explanation | Statement 5 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments | Beginning of Year \$ 94,603 \$ 858 6,803 \$ 2,668 \$ \$ 104,932 |
| MOLONEY MOLONEY FAMILY FOUNDATION 46-4028312 FYE: 12/31/2017 | Statement 4 - Form 990-PF, P | Noncash Description | Statement 5 - Fc | Description INC PECIALTY PRODUCTS |
| MOLONEY MOLONE 46-4028312 FYE: 12/31/2017 | | Amount 2,500 2,500 5,000 5,000 5,000 1,000 | | APPLE INC HOWARD HUGHES INC CALLAWAY GOLF 100 PLATFORM SPECIALTY Total |

MOLONEY MOLONEY FAMILY FOUNDATION 46-4028312

5/15/2018 8 03 PM

FYE. 12/31/2017

Federal Statements

| Description | Amount |
|-------------|--------|
| ROUNDING | \$ 2 |
| Total | \$ 2 |

Statement 7 - Form 990-PF, Part VII-A, Line 8b - Not Filing with Attorney General Explanation

Description

THE DELAWARE ATTORNEY GENERAL DOES NOT REQUIRE A COPY OF FORM 990 PF.

| Statement 8 - Form 990-PF. Part VIII, Line 1 - List of Officers. Directors, Trustees. Address | MOLONEY MOLONEY FAMILY FOUNDATION 46-4028312 FYE 12/31/2017 | Federal | Federal Statements | S. | | 5/15/2018 8.03 PM |
|---|--|-----------|--------------------|-------------------------|---------------|-------------------|
| Title Hours PRESIDENT 2.00 VICE PRESIDE SECRETARY 1.00 TREASURER 1.00 ASST. V PRES 1.00 ASST. V PRES 1.00 | Statement 8 - Form 990-F | | e 1 - List of C | Ifficers, Directors, Tr | rustees, Etc. | |
| EVARD EVARD VICE PRESIDER 2.00 EVARD ASST. V PRES 1.00 EVARD ASST. V PRES 1.00 ASST. V PRES 1.00 ASST. V PRES 1.00 | Name and Address | Title | Average Hours | Compensation | Benefits | Expenses |
| SECRETARY 1.00 ASST. V PRES 1.00 TREASURER 1.00 ASST. V PRES 1.00 | ELIZABETH MOLONEY 181 SMITHTOWN BOULEVARD NESCONSET NY 11767 | PRESIDENT | 2.00 | 0 | | 0 |
| BOULEVARD BOULEVARD BOULEVARD 1767 EWART BOULEVARD 1767 EX BOULEVARD 1767 EY BOULEVARD 1767 ASST. V PRES 1.00 BOULEVARD 1767 | MARGARET MOLONEY 181 SMITHTOWN BOULEVARD NESCONSET NY 11767 | | 2.00 | 0 | S | 0 |
| TREASURER 1.00 ASST. V PRES 1.00 | DENISE MOLONEY 181 SMITHTOWN BOULEVARD NESCONSET NY 11767 | SECRETARY | 1.00 | 0 | 5 | 0 |
| ASST. V PRES 1.00 | MAUREEN ANDERSEN 181 SMITHTOWN BOULEVARD NESCONSET NY 11767 | > | 1.00 | 0 | S | 0 |
| ASST. V PRES 1.00 | PATRICIA M. STEWART 181 SMITHTOWN BOULEVARD NESCONSET NY 11767 | TREASURER | 1.00 | 0 | O | 0 |
| | KEVIN P. MOLONEY 181 SMITHTOWN BOULEVARD NESCONSET NY 11767 | > | 1.00 | 0 | | 0 |
| | | | | | | ω |

MOLONEY MOLONEY FAMILY FOUNDATION 46-4028312 **Federal**

Federal Statements

FYE 12/31/2017

Statement 9 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

| Name of Manager | Amount |
|-------------------|------------|
| MARGARET MOLONEY | \$ 46,963 |
| ELIZABETH MOLONEY | 560,809 |
| PATRICIA STEWART | 19,800 |
| DENISE MOLONEY | 15,771 |
| Total | \$ 643,343 |

5/15/2018 8·03 PM

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MOLONEY MOLONEY FAMILY FOUNDATION 46-4028312 FYE 12/31/2017

Federal Statements

| Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year | ame Address | Iress Relationship Status Purpose Amount | P.O. BOX 301 | 10524 Of atonement P.O. box 301 | | 1111 STEWART AVENUE | HOTOCK HOTOCK | OLS OF ASSIST 155 WEST SIST SINGET BREADLINE BREADLINE 2.500 | ASSISI 135 WEST 31ST STREET | | 99 WEST MONTAUK HIGHWAY | NY 11946 GENERAL 500 | ES APPEAL P.O. BOX 4000 | NTRE NY 11571 DIOCESE OF ROCKVILLE CENTRE 5,000 | P.O. BOX 1241 | / II963-0043 | I LZZ DIVISION STREET Y 11963 PALLOTINE MISSION 5.000 | 501 KINGS HIGHWAY EAST | 06825 | OFFICE OF DEVELOPMENT | 10 DAVIDS DRIVE | 11788-2039 | 000.55 |
|--|-------------|--|-------------------------------|---|------------------------|---------------------------|-------------------|--|--------------------------------|-------------------|-------------------------|-----------------------|----------------------------|---|----------------------------------|--------------------------|--|------------------------|--------------------|--|-------------------|-------------------------|--------|
| Statement 10 - Form 9 | Name | Address | FRANCISCAN FRIARS OF ATONMENT | GAKKISON NY 10524 FRANCISCAN FRIARS OF ATONEMENT | GARRISON NY 10524-0301 | THE LUSTGARTEN FOUNDATION | BETHPAGE NY 11/14 | CHURCH OF SI FRANCIS OF ASSIST NEW YORK NY 10001 | CHURCH OF ST FRANCIS OF ASSISI | NEW YORK NY 10001 | BIRTHRIGHT OF PECONIC | HAMPTON BAYS NY 11946 | CATHOLIC MINISTRIES APPEAL | ROCKVILLE CENTRE NY 11571 | SAG HARBOR COMMUNITY FOOD PANTRY | SAG HARBOR NY 11963-0043 | ST ANDREWS CHURCH SAG HARBOR NY 11963 | | FAIRFIELD CT 06825 | WINTHROP UNIVERSITY HOSPITAL MINEOLA NY 11501-9972 | LONG TSLAND CARES | HAUPPAUGE NY 11788-2039 | 7013 |