EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax

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

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

Open to Public

Inspection

Form **990** (2018)

Denartment of the Treasury

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Address change THE MOLINA FOUNDATION Name change 20-1479392 Doing business as Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 310-375-6813 P.O. BOX 2677 3,423,895. termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende LOS ALAMITOS, CA 90720 H(a) Is this a group return Yes X No Applica-F Name and address of principal officer MARY MARTHA BERNADETT, for subordinates? pending P.O. BOX 2677. LOS ALAMITOS, CA 90720 H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 501(c) (4947(a)(1) or N"No," attach a list (see instructions)) ◀ (insert no.) J Website: ▶ WWW.MOLINAFOUNDATION.ORG group exemption number 🕨 Form of organization: X Corporation Other > Trust Year of formation: 2004 M State of legal domicile: CA │Part I│ Summary Briefly describe the organization's mission or most significant activities TO SUPPORT EDUCATION, RESEARCH Activities & Governance AND PROGRAMS IN HEALTHCARE WITH A FOCUS ON CHILDREN IN UNDER-SERVED Check this box 🕨 💹 if the organization discontinued its operations or disposed 好 何语 Nath 25% of its net assets 8 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 4 JUL **05** 2019 6 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a 6 16 Total number of volunteers (estimate if necessary) 0. OGDEN, UT 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 38 **Prior Year Current Year** 2,853,618 3,766,130. Contributions and grants (Part VIII, line 1h) 1,326. 0 Program service revenue (Part VIII, line 2g) 57,130. 2,298 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -400,691. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,855,916 3,423,895. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,340,170 4,532,065. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. Benefits paid to or for members (Part IX, column (A), line 4) 378,587. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 635,056 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 53,726. **b** Total fundraising expenses (Part IX, column (D), line 25) 366,548 449,541. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>3,341,774</u> 5,360,193. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <u>-48</u>5,858. -1,936,298. Revenue less expenses Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year** End of Year 7,196,155. 9,134,197 20 Total assets (Part X, line 16) 39,790 38,047. 21 Total liabilities (Part X, line 26) Net/ 094,407 158,108 Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 6-26-19 Mass Nartha Bernadell, MD Signature of officer $\overline{\sim}$ Sign MARY MARTHA BERNADETT, M.D., PRESIDENT Here Type or print name and title G B Date PTIN Check Print/Type preparer's name Preparer's signature 6/19/ P00735263 JOHN POLLARO Paid Firm's name POLLARO & ASSOCIATES 46-3852095 Preparer Firm's EIN Firm's address 4010 WATSON PLAZA DR, Use Only \mathbf{z} LAKEWOOD, CA 90712 Phone no. 562 - 429 - 3940 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	1990(2018) THE MOLINA FOUNDATION	<u> 20-1479392</u>	Page 2
Pa	rt 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 HEALTHCA		
	ON CHILDREN IN UNDER-SERVED AND/OR UNDER-REPRESENTED CO		·
	THE UNITED STATES BY PROVIDING BOOKS AND EDUCATIONAL MA	TERIALS.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
2			X No
	prior Form 990 or 990-EZ?	L Yes	LAL No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LYes	X 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, as	measured by expenses	•
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	· ·	
		sis, tile total expenses, t	and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$5, 188, 584. including grants of \$4, 532, 065.) (Reven	ue \$)
	BOOK BUDDIES LITERACY PROGRAM		
	TO IDENTIFY AND DISTRIBUTE HUNDREDS OF THOUSANDS OF BOOM	KS THROUGH	
	SCHOOLS, LIBRARIES, COMMUNITY BASED ORGANIZATIONS, HOSP:		አ ፐ.ጥሀ
	CARE FACILITIES. THESE BOOKS ARE DISTRIBUTED WHERE COHO!		KEN_
	AND ADULTS HAVE BEEN IDENTIFIED AT HIGH RISK FOR LOW LI'		
	PRIMARILY DUE TO POVERTY OR PREVALENCE OF ENGLISH AS A	<u>SECOND LANGU</u>	AGE.
			
		 _	
4b	(Code) (Expenses \$) (Revenue)	ue \$	<i>'</i>
	<u> </u>	-	
			
_	<u> </u>		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	ue \$)
		-	
		· -	
			
		<u></u>	
			· · · · · · · · · · · · · · · · · · ·
			
	00		
4d	Other program services (Describe in Schedule O)	_	
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 5,188,584.		
		Form 9 f	90 (2018)

Form 990 (2018) THE MOLINA FOUNDATION
Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		,	
	If "Yes," complete Schedule A	1	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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			v
	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	_		X
_	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		Λ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-,		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Α_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		Х
_	Schedule D, Part III	•		- 1
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?	9		Х
40	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		Λ
10		10		Х
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	_10		-25
11				
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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_		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	_	Х
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_		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			· v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
	1c and 8a? If "Yes," complete Schedule G, Part II	_18_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04	X	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_	000	

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24 a	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	Ì		
	Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
U	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
oe.	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		27		х
	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28			l	
_	instructions for applicable filing thresholds, conditions, and exceptions)	28a		X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200	_	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Α_	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
	contributions? If "Yes," complete Schedule M	30		^
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		X
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		 ^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		v
	Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		 ^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25-		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	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		1	v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
De	Note. All Form 990 filers are required to complete Schedule 0	38	<u> </u>	
Ра	rt 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		Γ.,	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 9	1		
b	· · · · · · · · · · · · · · · · · · ·	4		
С	•		1,,	
	(gambling) winnings to prize winners?	1c	X	1

Form **990** (2018)

15

16

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

excess parachute payment(s) during the year?

If "Yes," complete Form 4720, Schedule O

If "Yes," see instructions and file Form 4720, Schedule N

20-1479392 THE MOLINA FOUNDATION Form 990 (2018) 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 \mathbf{x} Check if Schedule O contains a response or note to any line in this Part VI **Section A. Governing Body and Management** Yes No 8 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 8 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X 3 of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes Νo 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16<u>b</u> exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed >CA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request ___ Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20

KIMBERLY ANDERSON - 310-375-6813 101 MAIN STREET . SUITE G, SEAL BEACH

Form 990 (2018)

137701 1

Part VII 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

X Check this box if neither the organization r	or any related	orga	anıza	ation	ı coı	mpe	nsat	ted any current offic	er, c	lirector, or trustee	
(A)	(B)			(0	C)			(D)		(E)	(F)
Name and Title	Average	(40		Pos) than	one	Reportable		Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation		compensation	amount of
	week		Lerai		T	7,448	_	from		from related	other
	(list any hours for	Individual trustee or director				20		the organization		organizations (W-2/1099-MISC)	compensation from the
	related	ě	stee	ĺ	ĺ	ısate	ĺ	(W-2/1099-MISC)		(** 27 1033 141100)	organization
	organizations	trust	Institutional trustee		oyee	ed Ed					and related
	below	ndual	tutton	ا بة	Key employee	lest co	늘				organizations
	line)	ğ	fnst	Officer	Key	Highest compensated employee	튵				
(1) FITZGERALD JONES	1.00		ĺ			ļ	Ì	1	Ì	ľ	
DIRECTOR		X	_			L	<u> </u>		0.	0.	0.
(2) ROBERT STEMLER	1.00				1						
DIRECTOR		Х				_			0.	0.	
(3) FAUSTINO BERNADETT MD	5.00					ľ	ĺ	1			
SECETARY/ TREASURER		X		X	_				0.		0.
(4) MARY MARTHA BERNADETT MD	10.00									_	_
PRESIDENT		X		Х					0.	0.	0.
(5) NANCY REDD	1.00										
DIRECTOR	1 00	X	_				<u> </u>		0.	0.	<u> </u>
(6) JAVIER PALOMAREZ(RESIGN 3/2018)	1.00					ŀ			,		0
DIRECTOR	1 00	X	_		-				0.	0.	0.
(7) RON OTTINGER	1.00			ĺ			ľ	1	ا ۸	0	0
DIRECTOR	1 00	X				<u> </u>	_		0.	0.	0.
(8) RICHARD GIEDLIN	1.00	7,							٦		0
DIRECTOR	1.00	X		\vdash	-	 	_		0.	0.	
(9) COLLEEN MCCREARY	1.00	x			1				٥.	0.	0
DIRECTOR		Λ		-	١				٠.	<u></u>	
											
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(A)

Name and title

(B)

Average

hours per

week

(list any

hours for

related

organizations

below

line)

Individual trustee or director

institutional trustee

(C)

Position

(do not check more than one

box, unless person is both an officer and a director/trustee)

Highest compensated employee

Key employee

(D)

Reportable

compensation

from

the

organization

(W-2/1099-MISC)

	-	-							Ì			1		
 					+				_	<u></u>		<u> </u>		
		4	\perp			ļ _					_	-		
		-												
	 -		_	+		\vdash						-		
		-												
Sub-total		<u> </u>							0.		0			0
Total from continuation sheets to Part \	VII, Section A					>			0.		0			0
otal (add lines 1b and 1c)									0.		0.	,[0
otal number of individuals (including but ompensation from the organization	not limited to	tnose			ove) wi		eceivea m	ore triar					Yes	No
Did the organization list any former office			, key	emp	oloyee	, or h	nighest co	ompensa	ated em	ployee on	ı		/	
ne 1a? If "Yes," complete Schedule J for												3		_X
or any individual listed on line 1a, is the s	•		•				•			ne organiz	ation			
ind related organizations greater than \$1	50,000? If "Ye	s," cor	mplet	te Sc	hedul	e J fo	or such in	dıvıdual				4		X
							or such in							
	•				ny unr					ual for ser	vices			
endered to the organization? If "Yes," con	•				ny unr					ual for ser	vices	5		X
endered to the organization? If "Yes," com on B. Independent Contractors	mplete Sched	ule J f	or suc	ch pe	ny unr e <u>rson</u>	relate	ed organi	zation or	r individ			5		X
endered to the organization? <i>If</i> "Yes," cor on B. Independent Contractors Complete this table for your five highest c	mplete Sched	ule J fo	or suc	ch pe	ny unr erson ntracto	relate	ed organi	zation or	r individ	100,000 d		5	rom	X
endered to the organization? If "Yes," control on B. Independent Contractors Complete this table for your five highest of the organization Report compensation for	mplete Sched	ule J fo	or suc	ch pe	ny unr erson ntracto	relate	ed organi	zation or	than \$	100,000 d		5 sation		X
endered to the organization? If "Yes," con on B. Independent Contractors Complete this table for your five highest of the organization Report compensation for (A)	compensated or the calendar	ndepe year e	nden	ch pe	ny unr erson ntracto	relate	nat receiv	ed more	than \$ s tax ye (B)	100,000 d	f compen	sation (>)	
endered to the organization? If "Yes," control on B. Independent Contractors Complete this table for your five highest of the organization Report compensation for	compensated or the calendar	ndepe year e	or suc	ch pe	ny unr erson ntracto	relate	nat receiv	zation or	than \$ s tax ye (B)	100,000 d	f compen	5 sation	 >)	
endered to the organization? If "Yes," coron B. Independent Contractors Complete this table for your five highest che organization. Report compensation for (A)	compensated or the calendar	ndepe year e	nden	ch pe	ny unr erson ntracto	relate	nat receiv	ed more	than \$ s tax ye (B)	100,000 d	f compen	sation (>)	
endered to the organization? If "Yes," con on B. Independent Contractors Complete this table for your five highest of the organization Report compensation for (A)	compensated or the calendar	ndepe year e	nden	ch pe	ny unr erson ntracto	relate	nat receiv	ed more	than \$ s tax ye (B)	100,000 d	f compen	sation (>)	
endered to the organization? If "Yes," con on B. Independent Contractors Complete this table for your five highest of the organization Report compensation for (A)	compensated or the calendar	ndepe year e	nden	ch pe	ny unr erson ntracto	relate	nat receiv	ed more	than \$ s tax ye (B)	100,000 d	f compen	sation (>)	
endered to the organization? If "Yes," coron B. Independent Contractors Complete this table for your five highest contraction Report compensation for (A)	compensated or the calendar	ndepe year e	nden	ch pe	ny unr erson ntracto	relate	nat receiv	ed more	than \$ s tax ye (B)	100,000 d	f compen	sation (>)	
endered to the organization? If "Yes," coron B. Independent Contractors Complete this table for your five highest content organization Report compensation for (A)	compensated or the calendar	ndepe year e	nden	ch pe	ny unr erson ntracto	relate	nat receiv	ed more	than \$ s tax ye (B)	100,000 d	f compen	sation (>)	
endered to the organization? If "Yes," coron B. Independent Contractors Complete this table for your five highest che organization. Report compensation for (A) Name and busines	compensated of the calendar ses address	ndepe year e	nden endin	at cong with	ny unr	ors the mathematical state of the state of t	nat receiv the orga	ed more	than \$ s tax ye (B) on of se	100,000 dear.	f compen	sation (>)	
endered to the organization? If "Yes," coron B. Independent Contractors Complete this table for your five highest che organization. Report compensation for (A) Name and busines Total number of independent contractors.	compensated in the calendar as address	ndepe year e	nden endin	at cong with	ny unr	ors the mathematical state of the state of t	nat receiv the orga	ed more	than \$ s tax ye (B) on of se	100,000 dear.	f compen	sation (>)	
endered to the organization? If "Yes," coron B. Independent Contractors Complete this table for your five highest of the organization. Report compensation for (A). Name and busines Total number of independent contractors (100,000 of compensation from the organization).	compensated in the calendar as address	ndepe year e	nden endin	at cong with	ny unrerson ntracto h or w	ors the mathematical state of the state of t	nat receiv the orga	ed more	than \$ s tax ye (B) on of se	100,000 dear.	f compen	sation ((Compe	 >)	n
	compensated in the calendar as address	ndepe year e	nden endin	at cong with	ny unrerson ntracto h or w	ors the mathematical state of the state of t	nat receiv the orga	ed more	than \$ s tax ye (B) on of se	100,000 dear.	f compen	sation ((Compe	c) nsatio	n
rendered to the organization? If "Yes," coron B. Independent Contractors Complete this table for your five highest of the organization. Report compensation for (A). Name and busines Total number of independent contractors.	compensated in the calendar is address (including but nization	ndepe year e NC	nden nden nnted	at corr	ny unrerson ntracto h or w	ors the state of t	nat receiv the orga	ed more nization' escriptio	than \$ s tax ye (B) on of se	100,000 dear.	f compen	sation ((Compe	c) nsatio	n

1b Sub-total

Section B. Independent Contractors

20-1479392 THE MOLINA FOUNDATION Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c 1<u>d</u> d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 3,766,130 g Noncash contributions included in lines 1a-1f \$ 2,963,910 h Total. Add lines 1a-1f 3 766 130 Business Code Program Service Revenue 2 a ACTIVITY BOOK INCOME 1,326, 1,326 f All other program service revenue Total, Add lines 2a-2f 1 326 Investment income (including dividends, interest, and 57,130 other similar amounts) 57,130 Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal 6 a Gross rents **b** Less rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV. line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 41,548. 41,548 11 a SHIPPING & HANDLING b <u>INVESTMENT MANAGEMENT FEES</u> <u>-16,257</u> -16,257, c UNREALIZED/REALIZED INVESTMENT LO -425,982 -425,982. All other revenue e Total, Add lines 11a-11d -400,691

832009 12-31-18

-342 235 Form 990 (2018)

Total revenue. See instructions

423 895

Form 990 (2018) THE MOLINA FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			implete column (A)	
	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		CAPONOOS	gonoral expenses	<u> </u>
·	and domestic governments. See Part IV, line 21	4,528,866.	4,528,866.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	3,199.	3,199.		
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	-			
5	Compensation of current officers, directors,				
	trustees, and key employees	94,846.	47,423.	23,712.	23,711
6	Compensation not included above, to disqualified				-
	persons (as defined under section 4958(f)(1)) and				,
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	236,534.	151,407.	62,151.	22,976
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	17,384.	10,431.	4,504.	2,449
10	Payroll taxes	29,823.	17,894.	7,727.	4,202
11	Fees for services (non-employees).			İ	
а	Management				·
b	Legal	14,497.	14,497.		
С	Accounting	15,640.	4,500.	11,140.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	,				
	column (A) amount, list line 11g expenses on Sch O.)	2,753.	1,652.	713.	388
12	Advertising and promotion	18,658.	18,658.		
13	Office expenses	13,948.	13,939.	9.	
14	Information technology	20,201.	20,201.		
15	Royalties	40. 554	- 40 ==4		
16	Occupancy	49,754.	49,754.		
17	Travel -				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	F E11		5,511.	
22	Depreciation, depletion, and amortization	5,511.			
23	Insurance	7,400.	5,534.	1,866.	
24	Other expenses. Itemize expenses not covered 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 O.)				
а	PROGRAM RESEARCH	112,917.	112,917.		
b	STRATEGIC PLANNING DEVE	96,242.	96,242.		
С	FREIGHT	74,201.	74,201.		
d	TELEPHONE	10,476.	9,936.	540.	
е	All other expenses	7,343.	7,333.	10.	
25	Total functional expenses. Add lines 1 through 24e	5,360,193.	5,188,584.	117,883.	53,726
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			•	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	647,588.	1	587,347
2	Savings and temporary cash investments	4,756,983.	2	664,387
3	Pledges and grants receivable, net		3_	
4	Accounts receivable, net	21,530.	4	201,007
5	Loans and other receivables from current and former officers, directors,			
ł	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
<u>ئ</u>	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6_	
Assets	Notes and loans receivable, net		7	
ĕ 8	Inventories for sale or use	3,693,069.	8	2,130,683
9	Prepaid expenses and deferred charges		9	
108	Land, buildings, and equipment cost or other			_
	basis Complete Part VI of Schedule D 10a 52,907.			
1	Less accumulated depreciation 10b 47,395.	11,022.	10c	5,512
11	Investments - publicly traded securities		11	
12	Investments other securities See Part IV, line 11		12	3,607,219
13	Investments · program-related See Part IV, line 11		13	•
14	Intangible assets		14	
15	Other assets See Part IV, line 11	4,005.	15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	9,134,197.	16	7,196,155
17	Accounts payable and accrued expenses	39,790.	17	38,047
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ຜູ 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons			
Liabilities 8	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	39,790.	26	38,047
İ	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Š	complete lines 27 through 29, and lines 33 and 34.			5 450 400
E 27	Unrestricted net assets	9,094,407.	27	7,158,108
8\$ 28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
로	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
5 0	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
ğ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 2 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2	Retained earnings, endowment, accumulated income, or other funds		32	
Z 33	Total net assets or fund balances	9,094,407.	33	7,158,108
34	Total liabilities and net assets/fund balances	9,134,197.	34	7,196,155

Form **990** (2018)

Forn	1 990 (2018) THE MOLINA FOUNDATION	20-	1479392	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\mathbf{X}
•					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,42		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>· 5,36</u>	0,1	93.
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,09	4,4	07.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	9	5,2	36.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-9	5,2	36.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7,15	8,1	09.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		_		
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule ()			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			1 1
	separate basis, consolidated basis, or both		.		1
	Separate basis Consolidated basis Both consolidated and separate basis		·]
þ,	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both	,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audı	ıt	·	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audr	t	i	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
	•		Form	990	(2018)

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

Inspection

Name of the organization

Employer identification number

		THE	MOLINA FOU	NDATION	<u></u>			2	0-1479392		
Pa	ırt I	Reason for Public	Charity Status (All organizations must co	omplete th	us part) S	ee instructions	3			
Πhe	organ	zation is not a private found	dation because it is	(For lines 1 through 12, o	check only	one box)	·		•		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).				
2		A school described in sect	tion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ))					
3		A hospital or a cooperative	hospital service org	anization described in si	ection 170)(b)(1)(A)(i	ii).	()	l		
4		A medical research organiz	ation operated in co	njunction with a hospita	describe	d in sectio	n 170(b)(1)(A	(ııi). Enter	the hospital's name,		
		city, and state									
5		An organization operated f	or the benefit of a co	ollege or university owner	d or opera	ted by a g	overnmental u	ınıt descrit	ped in		
		section 170(b)(1)(A)(iv). (0	Complete Part II)								
6		A federal, state, or local go	vernment or governr	nental unit described in	section 1	70(b)(1)(A)	(v).				
7	X	An organization that norma	ally receives a substa	intial part of its support f	from a gov	ernmenta	unit or from t	he general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II)								
8	\sqsubseteq	A community trust describe	ed in section 170(b)	(1)(A)(vı). (Complete Par	t II)						
9	\Box	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-	grant college of agric	culture (see instructions)	Enter the	name, cit	y, and state of	the colleg	e or		
		university									
10	Ш	An organization that norma	•	•	-			•	•		
		activities related to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its suppor	t from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	iired by the or	ganızatıon	after June 30, 1975		
	$\overline{}$	See section 509(a)(2). (Co	•								
11	님	An organization organized	•	•	-						
12	ш	An organization organized									
		more publicly supported or	-						Check the box in		
	_	lines 12a through 12d that	• •			•		-			
а	L	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting									
					a majority	or the aire	ctors or truste	es of the s	supporting		
		organization You must o	•		المسافيين مصملة		- d	-(a) by be			
D	<u> </u>	Type II. A supporting org	•				_		-		
		control or management of			ame perso	ons that co	ontroi or mana	ge the sup	pported		
_	Γ.	organization(s) You mus	•		ın connoc	tion with	and functional	k intograti	nd with		
C	<u> </u>	Type III functionally inte its supported organizatio	•					ly integrati	eu with,		
4		Type III non-functionally		· ·				ted organi	zation(s)		
•		that is not functionally int	-								
		requirement (see instruct						an anom	17011000		
۵		Check this box if the orga						II. Type III			
•		functionally integrated, or					, , , , , , , , , , , , , , , , , ,	, .,,,			
f	Ente	r the number of supported of		, , , , , , , , ,	0 0						
g		ide the following information	•	ed organization(s)							
	(1) Name of supported	(II) EIN	(iii) Type of organization	(iv) is the orga in your govern	nization listed ing document?	(v) Amount of	-	(vi) Amount of other		
_		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)		
					_		_				
	_										
				!							
			<u> </u>								
	_			<u> </u>					<u> </u>		
											
<u>o</u> ta	i				l				l _		

Schedule A (Form 990 or 990 EZ) 2018 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		· -				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	9,284,334.	4,696,705.	9 464 187	2,853,618.	3,766,130.	30,064,974.
2	Tax revenues levied for the organ-						·
	ization's benefit and either paid to		ľ				
	or expended on its behalf		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	9,284,334.	4.696.705.	9,464,187,	2,853,618.	3,766,130.	30,064,974,
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		}	1			
	amount shown on line 11,						
	column (f)						10 202 201
6	Public support. Subtract line 5 from line 4						10,203,281, 19,861,693,
	ction B. Total Support				<u></u>		19,001,093,
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	9,284,334.	4.696.705.	9,464,187.	2,853,618,	3,766,130.	30,064,974,
	Gross income from interest,	<u></u>	4,030,703.	3,404,107.	2,033,010.	3,,00,130.	30,004,374,
	dividends, payments received on			1			
	securities loans, rents, royalties,			1			
	and income from similar sources	758.	817.	1,652.	2,298.	<u>57</u> ,130.	62,655.
۵	Net income from unrelated business		017.	1,032.	<u> </u>	3,,130.	02,033.
J	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
.0	or loss from the sale of capital						
	assets (Explain in Part VI)	1		1			
44	Total support. Add lines 7 through 10						20 127 620
	Gross receipts from related activities,	eta (soo instructio				12	$\frac{30,127,629}{42,873}.$
	First five years. If the Form 990 is for		•	fourth or fifth tax	l Vear as a section		42,075.
10	organization, check this box and stop	-	mst, second, tima	, louitii, or martax	year as a section	1301(0)(3)	▶□
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2018 (li			olumn (fl)		14	65.93 %
	Public support percentage from 2017	,	•	(///	l	15	61.12 %
	33 1/3% support test - 2018. If the o			line 13, and line 14	ں 4 ıs 33 1/3% orm		
	stop here. The organization qualifies					,	►X
h	33 1/3% support test - 2017. If the o		-	ne 13 or 16a, and li	ine 15 is 33 1/3%	or more, check th	
	and stop here. The organization quali						▶□
17a	10% -facts-and-circumstances test		• •		13 16a or 16b a	ind line 14 is 10% i	or more
	and if the organization meets the "faci	J					-
	meets the "facts-and-circumstances"			•	•	t viriow the organ	► □
h	10% -facts-and-circumstances test	•		• • •	•	7a, and line 15 is 1	10% or
IJ	more, and if the organization meets th	_					1070 UI
	organization meets the "facts-and-circ				· ·		
12	Private foundation. If the organization			·			
10	Firvate louildation, it the organization	ulu not check a t	ox on mie 13, 10a,	100, 174, 01 170,		dule A (Form 990	

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qualify under the tests listed below, please complete Part II) tition A. Public Support airts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in may activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to her organization without charge for organization without charge for organization without charge for organization without charge for organization without charge for organization without charge for organization without charge for organization without charge for organization or the paid of received from disqualified persons that seed the greater of 55,000 or 1% of the mount on into 1% or the year widdlines 7 and 7 by the first organization without provided from the standard prov	qualify under the tests listed below, please complete Part II) Section A. Public Support alendar year (or fiscal year beginning in) > 1 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 organization'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 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons by Amounts included on lines 2 and 3 received from disqualified persons by Amounts included on lines 1 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Sintinter 7; form line 6) Section B. Total Support	Part III Support Schedule for C	Organizations	Described in	Section 509(a)(2)		93/92 Page 3
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under the tests listed below, please complete Part II of the organization failed to qualify under Part II of the organization failed to qualify under Part II of the organization failed to qualify under Part II of the organization failed to qualify under Part II of the organization failed to qualify under Part II of the organization failed to qualify under Part II of the organization failed to qualify under Part II of the organization failed to qualify under Part II of the organization failed to the organization failed or purpose of the organization for facilities furnished in any activity that is related to the organization stax-exempt purpose of score receipts from activities that are not an unrelated trade or business under section 513 fax revenues levided for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities unrelated trade or business and or services or facilities unrelated trade on the paid to or expended on its paid to the organization without charge fortal. Add lines 1 through 5 who the thind displaying the persons involuted on lines 1, 2, and increaved from disqualified persons that exceed the greater of \$,000 or 1% of the mount on line 31 of the year widd lines 7a and 7b vubits support, (swediese 7c tenniss 6) ion B. Total Support Tay year (or fiscal year beginning in) Tay year (or fiscal year beginning in) Tay year (or fiscal year beginning in) Tay year (or fiscal year beginning in) Tay year (or fiscal year beginning in) Tay year (or fiscal year beginning in)	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 failed to qualify under Part II if the organization failed to qualify under Part II if the organization failed to qualify under Part II if the organization failed to qualify under Part II if the organization failed to qualify under Part II if the organization failed to qualify under Part II if the organization failed to qualify under Part II if the organization failed to the organization failed to graph the property of the part of the part of the organization failed to the organization failed to the organization failed to the organization failed trade or business under section 513 4 Tax revenues levied for the organization'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 6 Total, Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons but without charge to Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 15 of the amount on line 13 for the year of Add lines 7 and 7 be 8 Public support, (Subquiser Temmines) Bection B. Total Support	Schodule' A (Form 200 or 200 EZ) 2018 T	מער ארו.דאא	EOIMIDAMI	ON		20-1479	3/0.2
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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.)

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	<u> </u>		
	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			}
	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		
За	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	İ	l	
	organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
Ī	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4 a	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				
_	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		
c	Did the organization support any foreign supported organization that does not have an IRS determination			I
•	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)		l	
	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			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(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			
	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			H
	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			i i
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	ļ	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as 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		<u> </u>
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		<u> </u>
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			لــــا
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a_		ļ
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			لـــــا
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	_9b		 .
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			اــــا
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	<u>9c</u>		 .
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			لــــا
	supporting organizations)? If "Yes," answer 10b below	10a		 .
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			J
	datarmina whather the arganization had excess husiness holdings \	10b	I	l .

Schedule A (Form 990 or 990-EZ) 2018

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Enter greater of line 2 or line 3
Income tax imposed in prior year

instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

4

5

6

Schedule A (Form 990 or 990-EZ) 2018

Part VI See instructions

and 4c

8 Breakdown of line 7

a Excess from 2014

b Excess from 2015

c Excess from 2016

d Excess from 2017

e Excess from 2018

7 Excess distributions carryover to 2019. Add lines 3j

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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 20-1479392

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts Complete of the		
rai			or Accounts: Complete if the		
	organization answered "Yes" on Form 990, Part IV, Iir	(a) Donor advised funds	(b) Funds and other accounts		
		(a) Donor advised funds	(b) I dilds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
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				
	are the organization's property, subject to the organization's		Yes No		
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co			
Par	impermissible private benefit?	representation and an extension from 000. Be	Yes No		
			urt IV, line 7		
1	Purpose(s) of conservation easements held by the organizat				
	Preservation of land for public use (e.g., recreation or e		ically important land area		
	Protection of natural habitat	Preservation of a certification	ed historic structure		
	Preservation of open space	e de la compansa de l	(
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	h l		
	day of the tax year		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
ь	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic str		2c		
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	:		
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the c	organization during the tax		
_	year >				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the pe		Yes No		
_	violations, and enforcement of the conservation easements. Staff and volunteer hours devoted to monitoring, inspecting,				
6	Start and volunteer hours devoted to monitoring, inspecting,	fianding of violations, and emorcing conse	valion easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year		
•	S	aming or violationo, and ornoroming contest value	odocino doge ,		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)		
•	and section 170(h)(4)(B)(ii)?				
9					
•	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for				
	conservation easements				
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	ner Similar Assets.		
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherand	ce of public service, provide, in Part XIII,		
	the text of the footnote to its financial statements that descr				
ь	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical		
_	treasures, or other similar assets held for public exhibition, e				
	relating to these items	·			
	(i) Revenue included on Form 990, Part VIII, line 1		> \$		
	(ii) Assets included in Form 990, Part X		\$		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial o			
_	the following amounts required to be reported under SFAS 1		- :		
а	Revenue included on Form 990, Part VIII, line 1	, , ,	> \$		
_	Assets included in Form 990, Part X		> \$		
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018		

832051 10-29-18

Schedule D (Form 990) 2018

	Complete if the organization answered "Yes" or	n Form 990, Part IV	, line 11b See Form 990), Part X, line 12	
(a) Descrip	otion of security or category (including name of security)	(b) Book value		valuation Cost or end	d-of-year market value
(1) Financi	al derivatives				
	held equity interests				
(3) Other					
(A)		3,607,2	19. END-OF-	YEAR MARKET	VALUE
(B)					
(C)				<u> </u>	
(D)					
(E)					
(F)					
(G)					
(H)				·	
	b) must equal Form 990, Part X, col. (B) line 12.)	3,607,2	19.		
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes" or				d of
	(a) Description of investment	(b) Book value	(c) Method of	valuation Cost or end	o-or-year market value
		·			
(2)					
(3)					
(4)					
<u>(5)</u>					
<u>(6)</u> (7)					
(/) (8)			-		
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				<u> </u>
Part IX	Other Assets.				
	Complete if the organization answered "Yes" or	n Form 990, Part IV	, line 11d See Form 990), Part X, line 15	
		escription			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					 -
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col (B) line	15)			<u> </u>
Part X	Other Liabilities.				
	Complete if the organization answered "Yes" or	n Form 990, Part IV		rm 990, Part X, line 25	
<u>1</u>	(a) Description of liability		(b) Book value	4	
	leral income taxes			_	
(2)				_	
(3)	· · · · · · · · · · · · · · · · · · ·			_	
(4)				_	
(5)				-	
(6)				-	
(7)				-	
(8)				-	
(9)	ma (b) must aqual Form 000. Part V and (B) tra-	25.)		+	
	mn (b) must equal Form 990, Part X, col (B) line 2 for uncertain tax positions. In Part XIII, provide the		ote to the organization's	financial statements t	that reports the
-	ation's liability for uncertain tax positions under F		-		
JigarijZi	ation o habitity for uncertain tax positions under F	 (/	TOOK HOLD II THE TEXT OF II	10 TOURING HEAD DECIT	p. 2 1 1 2 2 2 1 1 1 2 1 1 1 1 1 1 1 1 1

832053 10-29-18

Schedule D (Form 990) 2018

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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Employer identification number

Open to Public Inspection

OMB No 1545-0047

THE MOLINA FOUNDATION	A FOUNDAT	NOL					20-1479392
Part I General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	o substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the selecti	, , , , , , , , , , , , , , , , , , ,
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for mon	toring the use of grant	funds in the Unite	d States			
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	Domestic Organ	zations and Domesti	c Governments.	complete if the orga	Inization answered "Y	es" 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.	55,000 Part II car	be duplicated if addit	ional space is need	ded.			
1 (a) Name and address of organization or government	(b) EIN	(of 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			•	C			
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	nd government or	ganizations listed in the	le line 1 table				
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2018)

Page 2 (f) Description of noncash assistance 20-1479392 (e) Method of valuation (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 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 ORGANIZATION MAKES CONTRIBUTIONS OF BOOKS TO ESTABLISHED CHARITIES (d) Amount of non-cash assistance (c) Amount of cash grant WHO CAN DISTRIBUTE BOOKS TO LOW-INCOME CHILDREN (b) Number of recipients THE MOLINA FOUNDATION (a) Type of grant or assistance PART I, LINE 2: Schedule I (Form 990) (2018) Part III

Schedule I (Form 990) (2018)

30

832102 11-02-18

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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 instructions and the latest information.

THE MOLINA FOUNDATION

Employer identification number

20-1479392

Par	t I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of determ noncash contribution		'e
		арріісарів		Form 990, Part VIII, line 1g	- Horicasii continudiicii	211100111	<u> </u>
1	Art · Works of art						
2	Art · Historical treasures						
3	Art · Fractional interests						
4	Books and publications	X]	2,963,910.	FAIR VALUE		
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 -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate · Other						
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	33, Part IV,	Donee Acknowled	gement 29		T	
						Yes	No
30a	During the year, did the organization receive by						ا
	must hold for at least three years from the date		al contribution, and	I which isn't required to be u			<u>.</u>
	exempt purposes for the entire holding period?	1			<u>30a</u>	+	<u>X</u> _
b	If "Yes," describe the arrangement in Part II						
31	Does the organization have a gift acceptance p					-	X
32a	Does the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or sell noncash			
	contributions?				<u>32a</u>	-	<u>X</u>
b	If "Yes," describe in Part II						1
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y tor which column (a) is che	cked,		,
	describe in Part II					_1	نــــــــــــــــــــــــــــــــــــــ

For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA

Schedule M (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

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) (2018)