# SCANNED JUN 1 8 2019

Form **990-PF** 

## Return of Private Foundation

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

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

➤ Go to www.irs.gov/Form990PF for instructions and the latest information.

Dep	artmer	mortine freasury		social security numbers on					ZU 10
Inter	nal Re	evenue Service Go to v	www.i	rs.gov/Form990PF for instr		<del></del>	formation.		Open to Public Inspection
		ndar year 2018 or tax year beginning of foundation			, and e	ending	A Employer iden	tification	n number
INC	ille u	n lognidation					A Employer iden	uncauoi	n number
N	ſΩT.	ONEY FAMILY FOUNDATION	ON				46-402	8312	)
		and street (or P O box number if mail is not delivered to		address)		Room/suite	B Telephone num		
1	81	SMITHTOWN BOULEVARD		,		202	631-97		142
		town, state or province, country, and ZIP or for	eian o	ostal code		<u>,                                    </u>	C If exemption appli		
		CONSET, NY 11767	σ.g ρ	55(4) 5555			in exemption appli	canon is p	Scholing, check hard
		k all that apply Initial return		Initial return of a fo	rmer public	charity	D 1 Foreign orga	inization	s, check here
		Final return		Amended return	•	•			,
		Address change		Name change			2. Foreign organiz	zations me d attach co	eeting the 85% test, omputation
Н	Check		)(3) ex	empt private foundation		CA	7		atus was terminated
	_	ection 4947(a)(1) nonexempt charitable trust		Other taxable private founda	ition	$\cup \sim$			)(A), check here
) I F				ng method: X Cash		rual			60-month termination
(1	rom l	Part II, col. (c), line 16)	_	her (specify)					)(B), check here
	<b>\$</b>	1,062,029. (Part I,	, colur	nn (d) must be on cash basi	s.)				
P	art l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may		(a) Revenue and	(b) Net i	nvestment	(c) Adjusted	net	(d) Disbursements
		necessarily equal the amounts in column (a) )	/ not	expenses per books	ind	ome	income		for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received		8,003.			N/A		
	2	Check I if the foundation is not required to attach Sch	h B						
	3	Interest on savings and temporary cash investments		50.		50.			Statement 1
	4	Dividends and interest from securities		18,708.	1	8,708.			Statement 2
	5a	a Gross rents							
	b	Net rental income or (loss)					<u> </u>		
ď	6a	Net gain or (loss) from sale of assets not on line 10		20,868.					
חע	b	Gross sales price for all assets on line 6a 29,890	<u>0.</u>						RECEIVED
Revenue	7	Capital gain net income (from Part IV, line 2)			2	0,868.		[_[	
ш.	8	Net short-term capital gain					ļ	-6	MAY 0 7 2019
	9	Income modifications Gross sales less returns					ļ	<u> </u>	
	Ι.	and allowances				·- <u>-</u> ·		<del>  </del>	OGDEN. UT
	1	Less Cost of goods sold					<del></del>		CODLIN, UT
		Gross profit or (loss)					·		
	j .	Other income		47,629.		9,626.	<del> </del>		<del> </del> -
	12	<del></del>		47,629.		0.			0.
;	13	Compensation of officers, directors, trustees, etc Other employee salaries and wages					<u> </u>		<del>                                     </del>
2	1	Pension plans, employee benefits	•	<u> </u>			<del></del>		
Š Š	160	Legal fees							
יייי ער מיייייייייייייייייייייייייייייייייייי	100	Accounting fees							·
ă		Other professional fees					f		
é	17	Interest			<del></del>		<del> </del>		
Ę	18	Taxes Stmt	3	269.		0.			0.
St	19	Depreciation and depletion	_						
3.	20	Occupancy							
Ad	21	Travel, conferences, and meetings							
pu	22	Printing and publications							
Operating and Administrative Expenses	23	Other expenses Stmt	4	866.		150.	,		716.
<u> </u>	24	Total operating and administrative							
Der		expenses. Add lines 13 through 23		1,135.		150.			716. 47,500.
C	25	Contributions, gifts, grants paid		47,500.					47,500.
	26	Total expenses and disbursements							
_	<u> </u>	Add lines 24 and 25		48,635.		150.	<u> </u>		48,216.
	27	Subtract line 26 from line 12							
	a	A Excess of revenue over expenses and disbursements	;	-1,006.			<u></u>		
	b	Net investment income (if negative, enter -0-)			3	9,476.			
	<u> </u>	Adjusted net income (if negative, enter -0-)		<u> </u>			N/A		

_		Balance Sheets Attached schedules and amounts in the description	Degining of year	CHU OI S	rear
P	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
¬,	1	Cash - non-interest-bearing	1,023.	1,037.	1,037.
		Savings and temporary cash investments			
		Accounts receivable ▶			<del> </del>
	_	Less: allowance for doubtful accounts ▶			
ł	4	Pledges receivable ▶			<del> </del>
ļ		Less: allowance for doubtful accounts ▶			
l	5	Grants receivable			
-	-	Receivables due from officers, directors, trustees, and other			
ļ	•	disqualified persons			
	7	Other notes and loans receivable			<del></del>
ı	•	Less; allowance for doubtful accounts			
S	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges	<del></del>		
As		Investments - U.S. and state government obligations			
-		Investments - corporate stock Stmt 5	107,507.	106,487.	1,060,992.
j		Investments - corporate bonds	10,,50,,	100/4071	1,000,332.
		Investments - land, buildings, and equipment basis			
-	•••	Less accumulated depreciation			
1	12	Investments - mortgage loans			**
	13	Investments - other			
ĺ		Land, buildings, and equipment basis			
	14	Less accumulated depreciation			
	15	Other assets (describe			<del></del>
ĺ		Total assets (to be completed by all filers - see the			
	10	Instructions. Also, see page 1, item I)	108,530.	107,524.	1,062,029.
~	17	Accounts payable and accrued expenses	100,550.	107,324.	1,002,027.
-		Grants payable			
		Deferred revenue			
Liabilities					
1		Loans from officers, directors, trustees, and other disqualified persons  Mortgages and other notes payable			
딛		Other liabilities (describe )			
		Office machines (describe			
İ	23	Total liabilities (add lines 17 through 22)	0.	0.	
$\dashv$	20_	Foundations that follow SFAS 117, check here			
1		and complete lines 24 through 26, and lines 30 and 31			
မ္မ	24	Unrestricted			
٤	25	Temporarily restricted			
Net Assets or Fund Balances	26	Permanently restricted			
힐	20				
اڃ		1			
<u>o</u>	07	and complete lines 27 through 31	105,924.	105,924.	
ets	27	Capital stock, trust principal, or current funds	0.	0.	_ <del></del>
SS	28	Paid-in or capital surplus, or land, bldg, and equipment fund	2,606.	1,600.	
t	29	Retained earnings, accumulated income, endowment, or other funds	108,530.	107,524.	
ž	30	Total net assets or fund balances	100,330.	101,324.	
		Tabel Labilities and not accept found belongs	108,530.	107,524.	
1	31	Total liabilities and net assets/fund balances		107,324.	<del></del>
Pi	art	Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
		st agree with end-of-year figure reported on prior year's return)		1	108,530.
	•	amount from Part I, line 27a		2	-1,006.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	107,524.
		eases not included in line 2 (itemize)		5	0.
		net accets or fund balances at end of year (line 4 minus line 5) - Part II col	lumn (h), line 30		107.524.

Part IV Capital Gains a	and Losses for Tax on Ir	nvestmen	Income					
	the kind(s) of property sold (for exa rehouse; or common stock, 200 sh		te,	( <b>b)</b> How P - Pt D - De	acquired irchase onation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a 30 shs Apple In	nc.				D	05/0	6/05	12/24/18
ь 70 shs Apple II	nc.				D	02/0	7/07	12/24/18
c 1000 shs Callar	way Golf Co.				D	01/1	6/15	12/24/18
_d								
_e	<del></del>			<u> </u>				L
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss s (f) minus	(g))
a 4,509.		ļ <u>.</u> .	15					4,350.
b 10,521.			86					9,661.
<u>c</u> 14,860.		<del> </del>	8,00	3.	<del></del>			6,857.
<u>d</u>	<del>_</del>	-						
Complete aply for accets shown	a asin in column (h) and owned by	the foundation	on 12/21/60			(I) O (C	2-1 (1-)	
Complete only for assets showin	g gain in column (h) and owned by				C	(I) Gains (U ol. (k), but	Col. (h) gain not less tha	minus n -0-) or
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1)	]	•	Losses	(from col. (	h))
								4 250
<u>a</u> b	<del></del>	<del> </del>						4,350. 9,661.
C	<del> </del>							6,857.
d		<del></del>			•			0,037.
e		<del> </del>					<del></del>	
	C If any also enter	Doet I line		5				<del></del>
2 Capital gain net income or (net ca	pital loss) $\begin{cases} & \text{If gain, also enter} \\ & \text{If (loss), enter -0} \end{cases}$	r III Part I, IIIIE I- In Part I, Iine	7	) <sub>2</sub>				20,868.
, , ,	`		•	7  -				
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,		10 (6):		٦١				
If (loss), enter -0- in Part I, line 8	column (c).			] 3			_N/A	
Part V   Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Invest	tment in	come		
If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If "Yes," the foundation doesn't qualify	ion 4942 tax on the distributable an		•	iod?				Yes X No
	each column for each year; see the			ntries.		-		
	(b)	11311 00110113 00	iore making any e	(c)		ī		(d) oution ratio
(a) Base period years Calendar year (or tax year beginnir	سام مراكب والمراجع المراجع الم	tributions	Net value of no		le-use asset	s	Distrit (col. (b) div	oùtion ratio rided by col. (c))
2017		3,686.		9	83,08		100 107 0	.034266
2016		8,556.			71,00			.057460
2015		6,203.			79,66			.033608
2014		1,702.	-		32,91			.003194
2013		0.			5,37			.000000
		<u></u>	<del></del>					
2 Total of line 1, column (d)						2		.128528
3 Average distribution ratio for the 5	5-year base period - divide the total	on line 2 by 5.0	o, or by the number	er of year	s			
the foundation has been in exister	ice if less than 5 years					3_		.025706
4 Enter the net value of noncharitab	le-use assets for 2018 from Part X,	line 5				4		1,272,371.
5 Multiply line 4 by line 3						5		32,708.
							1	
6 Enter 1% of net investment incom	ie (1% of Part I, line 27b)					6		395.
7 Add lines 5 and 6						7		33,103.
						l		
8 Enter qualifying distributions from	Part XII, line 4					8	L	48,216.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	t 1b, and comp	olete that part usin	g a 1% ta	x rate.			

		<u> 10283</u>			Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	<del>  148</del>	see in	stru	ctio	1S)
1a Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			3	95.
of Part I, line 27b					
c 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-)	2				0.
3 Add lines 1 and 2	3			3	95.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4				0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			3	95.
6 Credits/Payments:	<del>-</del>			<u>_</u>	<u> </u>
a 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 0.					
b Exempt foreign organizations - tax withheld at source 6b 0.					
	l				
· · · · · · · · · · · · · · · · · · ·	_ 1				^
7 Total credits and payments. Add lines 6a through 6d	7				0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				0.
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9	_		<u>_</u>	<u>95.</u>
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax	11				
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	n	L		Yes	
any political campaign?		L	1a		_X_
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definit	ion	[_	1b		<u>X</u>
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?			1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		Γ			
(1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 •			- 1		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
managers ▶ \$ 0.					
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		į	2		X
If "Yes," attach a detailed description of the activities.					
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or					
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		- 1	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/	/ <b>x</b>	4b		
	14/	^ -	5		X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		<u> </u>	-		
If "Yes," attach the statement required by General Instruction T		ł			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		1	1		
By language in the governing instrument, or			1		
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state legislation.	aw	[	_ [		
remain in the governing instrument?		⊢	6	X	
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	
			ļ		
8a Enter the states to which the foundation reports or with which it is registered. See instructions.		<u> </u>	1		Ì
DE		[	- (		ı
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)		_ [			ı
of each state as required by General Instruction G? If "No," attach explanation See Stateme	ent	6	85		X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen	dar				
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV			9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10	]	X
		Form	990	-PF	(2018)

	990-PF (2018) MOLONEY FAMILY FOUNDATION	46-4028	312		Page 5
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				İ
	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 p	rivileges?			ĺ
	If "Yes," attach statement. See instructions		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	i
	Website address ► N/A				
14		▶ <u>631-97</u>		<u>142</u>	
	Located at ► 181 Smithtown Blvd, Nesconset, NY	ZIP+4 <b>▶<u>11</u></b>	<u> 767</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here				· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	15	<u>N</u>	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?		16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				ĺ
	foreign country	<del> </del>			<u> </u>
Pa	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required				
	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?	es 🗶 No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
		es 🔀 No		· }	l
		es 🗓 No	'		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	es 🗓 No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available		[	İ	
	for the benefit or use of a disqualified person)?	es 🗶 No			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			.	l
	if the foundation agreed to make a grant to or to employ the official for a period after		'		
	termination of government service, if terminating within 90 days.)	es 🗓 No		.	l
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			' i	İ
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here				ĺ
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				ĺ
	before the first day of the tax year beginning in 2018?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
	defined in section 4942(j)(3) or 4942(j)(5)):				l
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	ıg			
	before 2018?	es 🗶 No			
	If "Yes,* list the years >,,,,,,,				1
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrec	t		'	
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	i			
	statement - see instructions.)	N/A	2b		Ĺ
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				
	<b>&gt;</b>				ĺ
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		ŀ		İ
	during the year?	es 🗓 No			l
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons af	ter			ĺ
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to 0		1		l
	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 2018.)	N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpos	e that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?		4b		X
		For	m <b>99</b> 0	)-PF	(2018)

Form 990-PF (2018) MOLONEY FAMILY FOUNDATIO	N		46-40283	12	Page 6
Part VII-B   Statements Regarding Activities for Which F	Form 4720 May Be F	Required (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:			<u> </u>	Yes	No
(1) *Carry on propaganda, or otherwise attempt to influence legislation (section			s X No	ľ	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?	_		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	<b>┌</b> ┐	[TE]		
4945(d)(4)(A)? See instructions			s X No	1	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i		s X No		İ
the prevention of cruelty to children or animals?			S LALINO	]	
b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	NT / A		
section 53.4945 or in a current notice regarding disaster assistance? See instru			N/A	5b	_
Organizations relying on a current notice regarding disaster assistance, check i		unad		1	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr expenditure responsibility for the grant?			s No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	T.	1/A 16	.s 8:		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j	nav pramiume An				
a personal benefit contract?	pay premiums on		s X No		
<ul><li>b Did the foundation, during the year, pay premiums, directly or indirectly, on a p</li></ul>	arconal benefit contract?	16	_	6ь	X
If "Yes" to 6b, file Form 8870.	erzonai penent contract.		<u> </u>	00	<u> </u>
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	□ v <sub>é</sub>	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b	<del> </del>
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$		r		-	<del> </del>
excess parachute payment(s) during the year?	, 1,000,000 iii 101110110110110110		s X No		
Part VIII Information About Officers, Directors, Trusto	ees. Foundation Ma				
Paid Employees, and Contractors		9,9,	•		
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.				
(=) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expanding	pense t other
(a) Name and address	to position	enter -0-)	compensation	allowa	inces
		_	_		_
See Statement 7		0.	0.		<u>0.</u>
		i			
		<del></del>			
		}			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1), If none,	enter "NONE."			
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Ex	pense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account allowa	t, other inces
NONE					
HOND					
		\ '			
				-	
-				<u> </u>	
	<u> </u>				
Total number of other employees paid over \$50,000			<u> </u>		0

Form **990-PF** (2018)

Total. Add lines 1 through 3

Page 8

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; 1. 1,285,058. a Average monthly fair market value of securities 1a b Average of monthly cash balances 1b 6,689. c Fair market value of all other assets 1c 291,747. d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 1.291 3 3 Subtract line 2 from line 1d 19,376. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 1,272,371. 5 Minimum investment return Enter 5% of line 5 63,619. Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.) 63,619. Minimum investment return from Part X, line 6 395. 2a Tax on investment income for 2018 from Part VI, line 5 2a 2b Income tax for 2018. (This does not include the tax from Part VI.) 395. 2с c Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 224. Add lines 3 and 4 5 0. Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 48,216. b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3b 48,216. Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b Adjusted qualifying distributions Subtract line 5 from line 4 6 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

MOLONEY FAMILY FOUNDATION

Form 990-PF (2018)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,				
line 7				63,224.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			46,547.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
<b>b</b> From 2014 <b>c</b> From 2015		1		
d From 2016				
e From 2017				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from				
Part XII, line 4: ► \$ 48,216.				
a Applied to 2017, but not more than line 2a	]		46,547.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.		İ	
d Applied to 2018 distributable amount				1,669.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		<u> </u>
d Subtract line 6c from line 6b. Taxable		_		
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				C1 FFF
be distributed in 2019				61,555.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)  8 Excess distributions carryover from 2013	<u></u>			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9.				<u>.                                    </u>
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017	1			
e Excess from 2018				

	FAMILY FOU			46-40	28312 Page 10
Part XIV Private Operating F	<del> </del>		I·A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter tha	it it is a private operating			
foundation, and the ruling is effective for	or 2018, enter the date of	the ruling	▶ ∟		
b Check box to indicate whether the foun	dation is a private operati	ng foundation described		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the		<del>                                     </del>	-		
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets	<del></del>	/	<del>-</del>		
(2) Value of assets qualifying				1	
under section 4942(j)(3)(B)(i)		<u></u>			
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from	· · · · · ·				
an exempt organization					
(4) Gross-investment income			<del> </del>		
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during					
··. · · · · · · · · · · · · · · · · · ·					
<ol> <li>Information Regarding Foundation</li> <li>List any managers of the foundation with</li> </ol>		then Olly of the total son	tributions recoved by the	foundation before the elec	a of agu tov
year (but only if they have contributed i			modulons received by the	Houridation before the clos	e of ally lax
	(000	300.00. 00. (0)(2)-7			
See Statement 8	400/		/		
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large portion	on of the ownership of a pa	rtnership or
••	3 a 10 % of greater intere	.J.			
None			***************************************		
2 Information Regarding Contribut					
Check here ► X if the foundation					ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	iber or email address of t	he person to whom appli	cations should be addres	sed:	
		<u></u>		·	
<b>b</b> The form in which applications should	be submitted and informa	ition and materials they s	hould include;		
c Any submission deadlines:					
			<del></del> _		
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kinds of institutions, or	other factors:	

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year Birthright of Peconic General and for 99 West Montauk Highway expecting mother's Hampton Bays, NY 11946 1 500. Catholic Ministries Appeal Dicese of Rockville P.O. Box 4000 Centre mission support 5.000. Rockville Centre, NY 11571 Church of St. Francis of Assisi Dutreach ministry 135 West 31st Street 8,000. New York, NY 10001 Franciscan Friars of Atonement St. Christopher's Inn P.O. Box 301 Alcohol and Garrison, NY 10524 Rehabilitation 2,500. Franciscan Friars of Atonement Do Not Fear to Hope-P.O. Box 301 AIDS Ministry 2,500. Garrison, NY 10524 See continuation sheet(s) ▶ 3a Total 47 500. **b** Approved for future payment None **▶** 3b Total

46-4028312

MOLONEY FAMILY FOUNDATION

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient Long Island Cares Food pantry 10 Davids Drive Hauppauge, NY 11788 2,000. Sag Harbor Community Food Pantry Food pantry P.O. Box 1241 Sag Harbor NY 11963 1,000. Save the Children East Africa Hunger 501 Kings Highway East Crisis Fairfield CT 06825 5,000. St. Andrews Church Pallotine Mission 122 Division Street Sag Harbor NY 11963 6.000. The Lustgarten Foundation Research- Pancreatic 1111 Stewart Ave cancer Bethpage, NY 11714 5,000. Retreat, Inc. Support 24 hour 13 Goodfriend Drive emergency shelter East Hampton NY 11937 5,000. The Foundation for Peripheral Research Neuropathy 485 Half Day Road Suite 350 1,000. Buffalo Grove IL 60089 Maureen's Haven Homeless shelter support 28 Lincoln Street Riverhead, NY 11901 2,000. Southhampton Animal Shelter Provide food and shelter Foundation P.O. Box 696 1,000. Hampton Bays, NY 11946 Total from continuation sheets 28,000.

### Part XVI-A **Analysis of Income-Producing Activities**

nter gross amounts unless otherwise indicated.	Unrelated	d business income		ded by section 512, 513, or 514	(e)
	(a) Business	( <b>b)</b> Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue	code		code	7	
a	<del> </del>		<del>  </del>		
	<del></del>				<del></del>
	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del>  </del>		<del>_</del>
			<del>  </del>		
e	<del></del>		<del>  </del>	-	<del></del>
g Fees and contracts from government agencies					
2 Membership dues and assessments		<del></del>		· <del>-</del> -	
3 Interest on savings and temporary cash					
investments	1		14	50.	
4 Dividends and interest from securities			14	18,708.	
5 Net rental income or (loss) from real estate:					<del></del>
a Debt-financed property				-	
b Not debt-financed property					<del></del>
6 Net rental income or (loss) from personal					<del></del>
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			14	20,868.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a					
b					
c		·			
d					
e					<del></del>
2 Subtotal Add columns (b), (d), and (e)		0.		39,626.	0.
3 Total. Add line 12, columns (b), (d), and (e)				13	39,626.
See worksheet in line 13 instructions to verify calculations.)				<del> </del>	
Part XVI-B Relationship of Activities t	o the Acco	mplishment of Ex	empt	t Purposes	
Line No Explain below how each activity for which inco			contrib	uted importantly to the accomp	olishment of
the foundation's exempt purposes (other than	by providing fun	ios for such purposes).			<del></del>
					<del></del>
	<del></del>				
		<del></del>			
					<del></del>
					<del></del>
					<del> </del>
				<del></del>	
					<u></u>
					<del> </del>
					<del></del>
	<del></del>				
		<del></del>		<del></del>	- 000 DE

Nesconset, NY 11767

Part )	(VII	Information Re Exempt Organ	_	nsfers to a	nd Transactions	and	Relations	hips With No	ncharitab	le	<u>-9</u>
1 Did	the ord	anization directly or indi	rectly engage in any	of the followin	g with any other organiza	ation de	escribed in sec	tion 501(c)		Yes	No
					g to political organization						
		rom the reporting found	· ·						ļ	-	
	Cash				•				1a(	1)	x
٠.	Other	assets							1a(		X
٠,		sactions:							1.5		<del> </del>
		of assets to a noncharita	ble exempt organiza	ation					16(	1)	x
		ases of assets from a no	· -						1b(		X
٠,,		of facilities, equipment,	•	<b>3</b>					1b(		X
		ursement arrangements							1b(		X
٠,		or loan guarantees							1b(		X
		mance of services or me	embership or fundra	isina solicitatio	ins				1b(		X
٠,		facilities, equipment, ma	·						1		X
	-		•		dule. Column (b) should	always	show the fair	market value of the			
					ed less than fair market v						
		the value of the goods,					•	5 5	•		
a) Line no		b) Amount involved			e exempt organization		(d) Descriptio	n of transfers, transact	ons, and sharing	arrangem	ents
				N/A							
•	1										
	1							<del></del>			
		<del>-</del>	<u> </u>								
	1					1					
		<u></u>		-			<del>-</del> -				
_											
_											
	Т.										
						Ш.					
2a Isth	ne foun	dation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt orga	anızatıc	ons described				_
ın s	ection	501(c) (other than section	ın 501(c)(3)) or ın sı	ection 527?					Y	es LX	No
b If "Y	es," co	mplete the following sch			<del> </del>				<del></del> .		
_		(a) Name of org	janization		(b) Type of organizatio	<u>n                                     </u>		(c) Description of i	relationship		
	_	N/A				+					
								<del></del> -			
						-	<del>-</del>			_	
						+-					
	Under	penalties of perjury, I declare	that I have examined th	ns return, includin	l ig accompanying schedules a	and state	ements, and to the	best of my knowledge	9		
Sign	and be	ief, it is true, correct, and cor	nplete Declaration of p	reparer (other than	n taxpayer) is based on all info	ormation	n of which prepare	er has any knowledge	return with	S discuss the prepa	rer
Here		man.	7 5 11/2	1866	15/1/19		Vica	Praiset		ow? See ir es	No
	Sign	ature of officer or trustee	0	-7	Date	_ ,	Title	7			
		Print/Type preparer's na		Preparer's s		Da	te	Check X If	PTIN		
						1,,	12-1	self- employed	1		
Paid		Patricia S	tewart	fatre	ciaSteccas	47	130/19		P0125	9814	
Prepa	rer	Firm's name ▶ Pat		Stewar	t			Firm's EIN			
Use C			<b></b>	<del></del>							
		Firm's address ▶ 18	1 Smithto	own Blv	d						

Phone no.

### Schedule B

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

Department of the Treasury Internal Revenue Service

# **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

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	MOLONEY FAMILY FOUNDATION	46-4028312
Organization type (chec	ck one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	on is covered by the General Rule or a Special Rule.	
	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	cial Rule See instructions
·		
General Rule		
_	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions t	
property) from a	any one contributor. Complete Parts I and II. See instructions for determining a contributor.	ibutor's total contributions
Special Rules		
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% su (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 outor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the -EZ, line 1 Complete Parts I and II	3, 16a, or 16b, and that received from
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, our ruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead o	r educational purposes, or for the
year, contributi is checked, ent purpose Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ions exclusively for religious, charitable, etc., purposes, but no such contributions total ter here the total contributions that were received during the year for an exclusively recomplete any of the parts unless the <b>General Rule</b> applies to this organization becausely, etc., contributions totaling \$5,000 or more during the year	aled more than \$1,000 If this box ligious, charitable, etc ,
but it <b>must</b> answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedu on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or or the tet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

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

Name of organization

Employer identification number

### MOLONEY FAMILY FOUNDATION

46-4028312

Part I	Contributors (see instructions) Use duplicate copies of Part I if add	litional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Margaret Moloney & Kenneth Okorn  181 Smithtown Blvd  Nesconset, NY 11767	\$	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) (Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Oncash Complete Part II for noncash contributions )

Name of organization

Employer identification number

### MOLONEY FAMILY FOUNDATION

46-4028312

Part II							
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
1	1000 shs Callaway Golf Co. Stock						
		\$ <u>15,590.</u>	12/19/18				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
·		   \$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		     \$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		     \$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
		\$					

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 4 Name of organization Employer identification number 46-4028312 MOLONEY FAMILY FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) > \$\_ Use duplicate copies of Part III if additional space is needed (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Form 990-PF Intere	st on Savin	ngs and T	rempo-	rary	Cash In	vestments	Stat	ement	1	
Source			(a) Revenue Per Books		(b) Net Investment Income		(c) Adjusted Net Income			
Merrill Lynch	<del></del>	50.			50.					
Total to Part I, line 3			50.		50.					
Form 990-PF	Dividends	and Int	teres	t fro	m Secur	ities	Stat	ement	2	
Source	Gross Amount	Capit Gair Divide	ns		(a) venue Books	(b) Net Inves ment Inco			(c) ljusted Income	
Merrill Lynch	18,708.		0.	-	18,708.	18,70	8.			
To Part I, line 4	18,708.		0.	=====	18,708.	18,70	8.			
Form 990-PF							Stat	ement	3	
Description		(a) Expenses Per Book			) vest- ncome	(c) Adjusted Net Incom		(d) harita Purpos		
Federal Excise Tax	_	26	69.		0.				0.	
To Form 990-PF, Pg	1, ln 18	26	69. ====================================		0.				0.	
Form 990-PF		Other	r Exp	enses			Stat	ement	4	
Description		(a) Expenses Per Bool	_	-	) vest- ncome	(c) Adjusted Net Incom		(d) harita Purpos		
Delaware Filing Fee		34	48.	. 0.				3	48.	
Annual Service Fee- Lynch Statutory Represent			50. 68.		150. 0.			3	0. 68.	
To Form 990-PF, Pg	1, ln 23	86	66.		150.	<del> </del>		7	16.	
	=		=							

Patricia Stewart

181 Smithtown Blvd Nesconset, NY 11767

Form 990-PF	Corporate Stock		State	ement 		
Description		Book Value		Market alue		
Apple Inc. Howard Hughes Inc. Platform Specialty Products		102,53 1,28 2,60	87.	1,030,673. 29,286. 1,033.		
Total to Form 990-PF, Part I	I, line 10b	106,48	871	1,060,992		
Form 990-PF Explanation C	oncerning Part VII-A,	Line 8b	State	ement		
Explanation						
	l does not require a - List of Officers, D s and Foundation Mana	oirectors		ement		
Form 990-PF Part VIII	- List of Officers, D	oirectors	State Employee Ben Plan			
Form 990-PF Part VIII Trustee  . Name and Address Elizabeth Moloney 181 Smithtown Blvd	- List of Officers, Des and Foundation Mana Title and	Directors Gers Compen-	State Employee Ben Plan	Expense		
Form 990-PF Part VIII Trustee  Name and Address  Elizabeth Moloney 181 Smithtown Blvd Nesconset, NY 11767  Margaret Moloney 181 Smithtown Blvd	- List of Officers, Des and Foundation Mana  Title and Avrg Hrs/Wk  President	Compensation	State Employee Ben Plan Contrib	Expense		
Form 990-PF Part VIII Trustee  Name and Address Elizabeth Moloney 181 Smithtown Blvd Nesconset, NY 11767 Margaret Moloney	- List of Officers, Des and Foundation Mana  Title and Avrg Hrs/Wk  President 2.00  Vice President	Compensation	Employee Ben Plan Contrib	Expense Account		

Treasurer

1.00

0. 0. 0.

MOLONEY FAMILY FOUNDATION	4 • • •		46-4028	3312
Kevin Moloney 181 Smithtown Blvd Nesconset, NY 11767	Asst Vice President 1.00	0.	0.	0.
Totals included on 990-PF, Page 6,	Part VIII	0.	0.	0.
	XV - Line 1a undation Managers	-	Statement	8

Name of Manager

Elizabeth Moloney Margaret Moloney Denise Moloney Patricia Stewart Kevin Moloney