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**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation**

Department of the Treasury
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year **2009**, or tax year beginning _____, **2009**, and ending _____, **20**

G Check all that apply: Initial return Initial return of a former public charity Final return
 Amended return Address change Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation CASSIDY FOUNDATION		A Employer identification number 64 - 6035417
	Number and street (or P O box number if mail is not delivered to street address) Room/suite		B Telephone number (see page 10 of the instructions) (662) 326 - 2481
	P.O. BOX 40		C If exemption application is pending, check here <input type="checkbox"/>
	City or town, state, and ZIP code MARKS, MS 38646		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 524,053		J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	
E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>			
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>			

Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)				
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch B . . .				
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities	3,058	3,058	3,058	
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)				
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	Total. Add lines 1 through 11	3,058	3,058	3,058	
13	Compensation of officers, directors, trustees, etc.				
14	Other employee salaries and wages	3,000		3,000	
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)				
c	Other professional fees (attach schedule)				
17	Interest				
18	Taxes (attach schedule) (see page 14 of the instructions)	261		261	
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (attach schedule)	875		875	
24	Total operating and administrative expenses. Add lines 13 through 23	4,136	0	4,136	0
25	Contributions, gifts, grants paid	99,000			99,000
26	Total expenses and disbursements. Add lines 24 and 25	103,136	0	4,136	99,000
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	(100,078)			
b	Net investment income (if negative, enter -0-)		3,058		
c	Adjusted net income (if negative, enter -0-)			0	

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
A s s e t s	1	Cash - non-interest-bearing	(21,193)	9,907	9,907
	2	Savings and temporary cash investments	108,279		
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	404	373	373
	10a	Investments - U S and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule)			
	c	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule) STM118	595,154	565,678	505,273
	14	Land, buildings, and equipment basis ▶ _____ 8,500 Less accumulated depreciation (attach schedule) ▶ _____	8,500	8,500	8,500
15	Other assets (describe ▶ _____ STM120)	770			
16	Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)	691,914	584,458	524,053	
L i a b i l i t i e s	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)		0	
N e t F u n d A s s e t B a l a n c e s	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund	424,354	424,354	
29	Retained earnings, accumulated income, endowment, or other funds	267,560	160,104		
30	Total net assets or fund balances (see page 17 of the instructions)	691,914	584,458		
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	691,914	584,458		

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1 691,914
2	Enter amount from Part I, line 27a	2 (100,078)
3	Other increases not included in line 2 (itemize) ▶ _____	3
4	Add lines 1, 2, and 3	4 591,836
5	Decreases not included in line 2 (itemize) ▶ _____ STM116	5 7,378
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6 584,458

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P-Purchase D-Donation	(c) Date acquired (yr, mo, day)	(d) Date sold (yr, mo, day)
1a	AMERICAN FUNDS INCOME FUND OF AMERI	P	2004-01-27	2009-07-27
b				
c				
d				
e				
(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	25,000		32,378	(7,378)
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				(7,378)
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2 (7,378)
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)		{ If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) . . . If (loss), enter -0- in Part I, line 8 }		3

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2008	111,448	656,018	0.169886
2007	96,077	852,674	0.112677
2006	76,990	864,308	0.089077
2005			
2004			
2	Total of line 1, column (d)		0.37164
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		0.09291
4	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5		550,036
5	Multiply line 4 by line 3		51,104
6	Enter 1% of net investment income (1% of Part I, line 27b)		31
7	Add lines 5 and 6		51,135
8	Enter qualifying distributions from Part XII, line 4		99,000

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

Table with 11 rows for excise tax calculations. Includes sub-sections 1a through 11, with a sub-table for credits/payments (6a-6d). Total tax due is 373, and amount overpaid is 373.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Includes questions 1a through 10 regarding political activities, IRS reporting, and state registration.

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	13	X	
14	The books are in care of ▶ CLARK GRAEBER Telephone no ▶ 662-326-2481 Located at ▶ W MAIN ST MARKS, MS ZIP+4 ▶ 38646			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			

Part 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>	1b	
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 before the first day of the tax year beginning in 2009?	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))		
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ _____, _____, _____, _____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see page 20 of the instructions)	2b	X
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ _____, _____, _____, _____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Yes No
Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See 990 OFOV				
JAMES BURGESS 601 ELM MARKS, MS 38646	SECRETARY 0	0	0	0
LARRY O LEWIS 200 N THIRD ST MARKS, MS 38646	TRUSTEE 0	0	0	0
CLARK GRAEBER W MAIN ST MARKS, MS 38646	TRUSTEE 1	0	0	0
GOLY R HENRY 501 WALNUT MARKS, MS 38646	TRUSTEE 0	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).

If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000.

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

	Expenses
1 FUNDS GRANTS TO QUITMAN COUNTY EDUCATIONAL FOUNDATION	40,000
2 FUNDS SECONDARY EDUCATIONAL SCHOLARSHIPS TO RESIDENTS OF QUITMAN COUNTY	59,000
3	
4	

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1	
2	
3 All other program-related investments See page 24 of the instructions	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	509,915
b	Average of monthly cash balances	1b	48,497
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	558,412
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	558,412
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions)	4	8,376
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	550,036
6	Minimum investment return. Enter 5% of line 5	6	27,502

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	27,502
2a	Tax on investment income for 2009 from Part VI, line 5	2a	31
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	31
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	27,471
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	27,471
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	27,471

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	99,000
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	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	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	99,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	31
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	98,969

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 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				27,471
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only				
b Total for prior years _____, _____				
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
c From 2006			34,850	
d From 2007			54,689	
e From 2008				
f Total of lines 3a through e	89,539			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 99,000				
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d Applied to 2009 distributable amount				27,471
e Remaining amount distributed out of corpus	71,529			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 .	161,068			
b Prior years' undistributed income Subtract line 4b from line 2b				
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				
d Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount - see page 27 of the instructions				
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	161,068			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006			34,850	
c Excess from 2007			54,689	
d Excess from 2008				
e Excess from 2009			71,529	

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
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 alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets.					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
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					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see page 28 of the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed
990APP

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical 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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p>a Paid during the year SEE ATTACHED LIST QUITMAN COUNTY Marks MS 38646</p>	<p>NONE</p>		<p>EDUCATION</p>	<p>99,000</p>
<p>Total ▶ 3a</p>				<p>99,000</p>
<p>b Approved for future payment</p>				
<p>Total ▶ 3b</p>				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, and (e) Related or exempt function income. Rows include categories like Program service revenue, Membership dues, Interest on savings, Dividends, Net rental income, etc.

(See worksheet in line 13 instructions on page 28 to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes.

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code... a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other assets b Other transactions (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule...

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge

Signature section containing fields for Signature of officer or trustee, Date, Title, Preparer's signature, Date, Firm's name, Address, EIN, and Phone no.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2009

Name of the organization

Employer identification number

CASSIDY FOUNDATION

64-6035417

Organization type (check 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

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 is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or Form 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

CASSIDY FOUNDATION

Employer identification number

64-6035417

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SELF FOUNDATION 235 EAST MAIN STREET MARKS, MS 38646	\$ 0	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Federal Supporting Statements

2009 PG 01

Name(s) as shown on return

FEIN

CASSIDY FOUNDATION

64-6035417

**Form 990PF, Part III, Line 5
Other Decreases Schedule**

Statement #116

CAPITAL LOSSES	7,378
Total	<u>7,378</u>

**Form 990PF, Part II, Line 13
Investments: Other Schedule**

PG 01
Statement #118

<u>Category</u>	<u>Book value (BOY)</u>	<u>Book value (EOY)</u>	<u>FMV (EOY)</u>
USB FINANCIAL SERVICES	594,755	565,279	504,874
FIRST VALLEY NATIONAL	<u>399</u>	<u>399</u>	<u>399</u>
Total	<u>595,154</u>	<u>565,678</u>	<u>505,273</u>

**Form 990PF, Part II, Line 15
Other Assets Schedule**

PG 01
Statement #120

<u>Description</u>	<u>BOY Book</u>	<u>EOY Book</u>	<u>FMV</u>
INTEREST RECEIVABLE	<u>770</u>		
Total	<u>770</u>		

Federal Supporting Statements

2009 PG 01

Your Social Security Number

64-6035417

Name(s) as shown on return

CASSIDY FOUNDATION

Statement #103

Form 990PF, Part I, Line 23 - Other Expenses Schedule

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
LEGAL & PROFESSIONAL	875	0	875	0
Totals	<u>875</u>	<u>0</u>	<u>875</u>	<u>0</u>

PG 01

Statement #110

Form 990PF, Part I, Line 18 - Taxes Schedule

Description	Revenue and expenses	Net investment	Adjusted net income	Charitable purpose
PAYROLL TAXES	230	0	230	0
FEDERAL INCOME TAX	31	0	31	0
Totals	<u>261</u>	<u>0</u>	<u>261</u>	<u>0</u>

Federal Supporting Statements

2009 PG 01

Name(s) as shown on return

CASSIDY FOUNDATION

Your Social Security Number

64-6035417

**Form 990PF, Part XV, Line 2
Application Submission Information**

990APP

Grant Program

SCHOLARSHIP

Applicant Name

HELEN WALLER

Address

310 SIXTH STREET

MARKS

MS 38646

Telephone

662-326-3091

Form & Content

SEE ATTACHED COPY OF APPLICATION

Submission Deadline

None

Restrictions on Award

MUST ATTEND QUITMAN COUNTY SCHOOL FOR 10TH, 11TH, & 12TH GRADE

THE CASSIDY FOUNDATION
POST OFFICE BOX 40
MARKS MISSISSIPPI 38646
PHONE: 662-326-3091

SCHOLARSHIP APPLICATION
(Please type or print)

Section I:

Name: _____ Birth Date: _____

Address: _____ Phone No: _____

(City) (State) (Zip Code)

Age: _____ Male _____ Female _____ Social Security No. _____

High School Attended: _____

(Name) (Address)

Year graduated/or graduating: _____ Attach Grade Transcript

Section: II

College attending or planning to attend: _____

(Address) (City) (State) (Zip Code)

What will you be studying in college? _____

Cassidy Scholarship sought for academic year from: _____ to _____

Have you applied for or received any scholarships: _____ yes _____ no

If yes, please List: _____

Expected date of graduation: _____ Score on ACT or SAT College entry test _____

Already a college student, please circle status: Freshman Sophomore Junior Senior

Accumulated hours: _____ Accumulated G.P.A.: _____ Previous Semester G.P.A.: _____

ATTACH COLLEGE GRADE TRANSCRIPT

Section: III

INFORMATION REGARDING APPLICANT'S FAMILY

Name: _____ Name: _____
(Father and/or Guardian) (Mother and/or Guardian)

Address _____ Address: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

(City) (State) (Zip Code) (City) (State) (Zip Code)

Position: _____ Position: _____

Section: .IV

References: (List three references with complete address - two MUST be school teachers)

- 1. _____ Address: _____

- 2. _____ Address: _____

- 3. _____ Address: _____

Section: V

- 1. If you have ever been charged with a felony offense related to alcohol and drugs, please state when and where the disposition of that charge. If not, write "not applicable" and move on.

- 2. If you have ever been convicted of misdemeanor offenses related to drugs or alcohol or a felony offense related to drugs or alcohol, please state the name of the Court, date of conviction and the disposition of the case. This does not include matters handled in Youth Court which are not considered a part of your record.

- 3. Have you been suspended or expelled from any state or private educational institution for any reasons relating to drugs or alcohol? If so, please explain.

- 4. Have you been advised and do you understand that if you fail to tell the truth on this application or any re-application for the scholarship grant through Cassidy Foundation, that you will be ineligible to receive any further Scholarship grants? _____ yes

Dated: _____

(Signature of Applicant)

(Signature of Father and/or Guardian)

(Signature of Mother and/or Guardian)

Comments: _____

THE CASSIDY FOUNDATION
POST OFFICE BOX 40
MARKS MISSISSIPPI 38646
PHONE: 662-326-3091

SCHOLARSHIP APPLICATION
(Please type or print)

Section I:

Name: _____ Birth Date: _____

Address: _____ Phone No: _____

(City) (State) (Zip Code)

Age: _____ Male _____ Female _____ Social Security No. _____

High School Attended: _____

(Name) (Address)

Year graduated/or graduating: _____ Attach Grade Transcript

Section: II

College attending or planning to attend: _____

(Address) (City) (State) (Zip Code)

What will you be studying in college? _____

Cassidy Scholarship sought for academic year from: _____ to _____

Have you applied for or received any scholarships: _____ yes _____ no

If yes, please List: _____

Expected date of graduation: _____ Score on ACT or SAT College entry test _____

Already a college student, please circle status: Freshman Sophomore Junior Senior

Accumulated hours: _____ Accumulated G.P.A.: _____ Previous Semester G.P.A.: _____

ATTACH COLLEGE GRADE TRANSCRIPT

Section: III

INFORMATION REGARDING APPLICANT'S FAMILY

Name: _____ Name: _____
(Father and/or Guardian) (Mother and/or Guardian)

Address _____ Address: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

(City) (State) (Zip Code) (City) (State) (Zip Code)

Position: _____ Position: _____

Section: IV

References: (List three references with complete address - two MUST be school teachers)

1. _____ Address: _____

2. _____ Address: _____

3. _____ Address: _____

Section: V

1. If you have ever been charged with a felony offense related to alcohol and drugs, please state when and where the disposition of that charge. If not, write "not applicable" and move on.

2. If you have ever been convicted of misdemeanor offenses related to drugs or alcohol or a felony offense related to drugs or alcohol, please state the name of the Court, date of conviction and the disposition of the case. This does not include matters handled in Youth Court which are not considered a part of your record.

3. Have you been suspended or expelled from any state or private educational institution for any reasons relating to drugs or alcohol? If so, please explain.

4. Have you been advised and do you understand that if you fail to tell the truth on this application or any re-application for the scholarship grant through Cassidy Foundation, that you will be ineligible to receive any further Scholarship grants? _____ yes

Dated: _____

(Signature of Applicant)

(Signature of Father and/or Guardian)

(Signature of Mother and/or Guardian)

Comments: _____

	<u>AMOUNT</u>
KAYLA DANCY - UNIVERSITY OF SOUTHERN MISSISSIPPI	1,000 00
ZACHARY LAMBERT - NORTHWEST COMMUNITY COLLEGE	1,000 00
MCCARLEY HAYNES - UNIVERSITY OF MISSISSIPPI	1,000 00
MEGAN GREEN - MISSISSIPPI STATE UNIVERSITY	1,000 00
JULIANNE JONES - UNIVERSITY OF MISSISSIPPI	1,000 00
CHRISSI KEEL - UNIVERSITY OF MISSISSIPPI	1,000 00
BRENT MOORE - UNIVERSITY OF MISSISSIPPI	500 00
WILLIAM GRAEBER - FURMAN UNIVERSITY	1,000 00
LEE THOMPSON - UNIVERSITY OF MISSISSIPPI	1,000 00
ELIZABETH BILLINGSLEY - MS DELTA COMMUNITY COLLEGE	500 00
JAMES J MOORE - UNIVERSITY OF MISSISSIPPI	500 00
KATHERINE RUSHING - NORTHWEST COMMUNITY COLLEGE	500 00
VALARIE BANKSTON - DELTA STATE UNIVERSITY	500 00
TRENT SINQUEFIELD - NORTHWEST COMMUNITY COLLEGE	500 00
HILARY BARRINGER - AUBURN UNIVERSITY	1,000 00
HALLYE SKILLON - NORTHWEST COMMUNITY COLLEGE	500 00
KEOSHA SPEARS - UNIVERSITY OF MISSISSIPPI	500 00
KAYLN COLE - NORTHWEST COMMUNITY COLLEGE	500 00
TAYLOR BAILEY - MISSISSIPPI STATE UNIVERSITY	1,000 00
WILLIAM GRAEBER - FURMAN UNIVERSITY	1,000 00
TAYLOR CLAYTON - MISSISSIPPI STATE UNIVERSITY	500 00
ALYSSA MITCHELL - NORTHWEST COMMUNITY COLLEGE	500 00
MCCARLEY HAYNES - UNIVERSITY OF MISSISSIPPI	1,000 00
LINDSAY CORBIN - UNIVERSITY OF MISSISSIPPI	1,000 00
GRAHAM SBRAVATI - DELTA STATE UNIVERSITY	1,000 00
HILARY BARRINGER - AUBURN UNIVERSITY	1,000 00
MARLIE LAWRENCE - MISSISSIPPI COLLEGE	1,000 00
JOHN C CORBIN - NORTHWEST COMMUNITY COLLEGE	500 00
CHRISSI KEEL - UNIVERSITY OF MISSISSIPPI	1,000 00
JULIANNE JONES - UNIVERSITY OF MISSISSIPPI	1,000 00
QUITMAN COUNTY EDUCATIONAL FOUNDATION	25,000 00
CHRISTOPHER PANG - MERCER	1,000 00
JANE PENNINGTON - NORTHWEST COMMUNITY COLLEGE	1,000 00
RACHEL MCGIBBONEY - MISSISSIPPI STATE UNIVERSITY	1,000 00
DAVID THOMPSON - UNIVERSITY OF MISSISSIPPI	1,000 00
BROOKE BOLEN - MISSISSIPPI STATE UNIVERSITY	1,000 00
KAYLA DANCY - UNIVERSITY OF SOUTHERN MISSISSIPPI	1,000 00
KYLE CORBIN - MISSISSIPPI STATE UNIVERSITY	1,000 00
GRAHAM SBRAVATI - DELTA STATE UNIVERSITY	1,000 00
BENJAMIN TACKETT - UNIVERSITY OF MISSISSIPPI	1,000 00
CRYSTAL MEEKS - NORTHWEST COMMUNITY COLLEGE	500 00
CATHERINE COX - NORTHWEST COMMUNITY COLLEGE	500 00
JAMILAH VAUGHN - JACKSON STATE UNIVERSITY	1,000 00
JESSICA ASHBY - NORTHWEST COMMUNITY COLLEGE	500 00
JASPER COBB - MISSISSIPPI STATE UNIVERSITY	1,000 00
BLISS GURLEY - MISSISSIPPI STATE UNIVERSITY	500 00
GRIFFIN COLLUMS - MILLSAPS	1,000 00
REBECCA HARDY - NORTHWEST COMMUNITY COLLEGE	500 00
LINDSEY CORBIN - MISSISSIPPI STATE UNIVERSITY	1,000 00
HANNAH ALDERSON - MS DELTA COMMUNITY COLLEGE	500 00
LEE THOMPSON - UNIVERSITY OF MISSISSIPPI	1,000 00
JAMES JACO - NORTHWEST COMMUNITY COLLEGE	1,000 00
ZACHARY LAMBERT - UNIVERSITY OF MISSISSIPPI	1,000 00
MARLIE LAWRENCE - MISSISSIPPI COLLEGE	1,000 00
JAMES W LOTT - NORTHWEST COMMUNITY COLLEGE	1,000 00
BROOKE BOLEN - HOLMES COMMUNITY COLLEGE	1,000 00
JASCUDIA PRESLEY - NORTHWEST COMMUNITY COLLEGE	1,000 00
CAMERON SCIPPER - MILLSAPS	1,000 00
RACHEL MCGIBBONY - MISSISSIPPI STATE UNIVERSITY	1,000 00
EMILY HESTER - NORTHWEST COMMUNITY COLLEGE	500 00
TAYLOR BAILEY - MISSISSIPPI STATE UNIVERSITY	1,000 00
JACOB COBB - DELTA STATE UNIVERSITY	1,000 00
GRIFFIN COLLUMS - MILLSAPS	1,000 00
BENJAMIN TACKETT - UNIVERSITY OF MISSISSIPPI	1,000 00
DAVID THOMPSON - UNIVERSITY OF MISSISSIPPI	1,000 00
JAMILAH VAUGHN - JACKSON STATE UNIVERSITY	1,000 00
RANDY JONES - MISSISSIPPI STATE UNIVERSITY	500 00
ADYN DANCY - UNIVERSITY OF MISSISSIPPI	500 00
JESSICA ELLIS - UNIVERSITY OF MISSISSIPPI	500 00
RAY MAYS - UNIVERSITY OF MISSISSIPPI	500 00
JESSICA STEWART - NORTHWEST COMMUNITY COLLEGE	500 00
BRENT MOORE - UNIVERSITY OF MISSISSIPPI	750 00
MARY ALDEN MILLS - UNIVERSITY OF MISSISSIPPI	250 00
QUITMAN COUNTY EDUCATIONAL FOUNDATION	15,000 00

TOTALS

99,000 00