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## Form 990-PF

**Return of Private Foundation** 

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

OMB No 1545-0052

2014

Department of the Treasury

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

inter	nai Kevei	nue Service       Information about Form 990-PF and its se	parate instructions is	at www.i	rs.gov/torms	990pt.   Open	to Public Inspection
		dar year 2014 or tax year beginning	, 2014, a	and endin	Ť		, 20
N	ame of f	foundation JAMES & MARIE MCCURDY FAMILY			A Employer	identification number	
		aka LARRY MCCURDY		42-6468	384		
N	umber a	and street (or P O box number if mail is not delivered to street address)	Ro	oom/suite	B Telephone	number (see instructions)	
6	729 2	AUGUSTINE CT			(641)77	7-1667	
С	ity or tov	wn, state or province, country, and ZIP or foreign postal code			C If exempti	on application is pending,	check here
J	OHNS	FON, IA 50131	4		1		_
G	Check a	all that apply Initial return Initial return	of a former public chari	ity	D 1. Foreigi	n organizations, check her	e ▶
		Final return Amended re	turn		2 Foreign	n organizations meeting th	a 85% test
		Address change Name chang				here and attach computati	
H_ (	Check 1	type of organization X Section 501(c)(3) exempt priv	ate foundation		E If private t	foundation status was term	ninated under
	Secti	on 4947(a)(1) nonexempt charitable trust Other t	taxable private foundati	ion		07(b)(1)(A), check here .	
1 1	Faır ma	rket value of all assets at J Accounting method	Cash X	Accrual	F If the four	idation is in a 60-month tei	mination
(	end of y	year (from Part II, col (c), Other (specify)				tion 507(b)(1)(B), check h	
	line 16)	► \$ 2,525,168 (Part I, column (d) must be	e on cash basıs )				
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		investment come	(c) Adjusted net	for charitable purposes
		the amounts in column (a) (see instructions))	books			income	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	425,000				
	2	Check ► I If the foundation is <b>not</b> required to attach Sch B					
	3	Interest on savings and temporary cash investments	30		30	30	
	4	Dividends and interest from securities	83,032	:	83,032	83,032	
	5a	Gross rents					
	ь	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10 . STM139	30,870				
	b	Gross sales price for all assets on line 6a 296,627					
Š	7 Capital gain net income (from Part IV, line 2)				28,470		***************************************
8	8	Net short-term capital gain				12,457	
	9	Income modifications		<u> </u>			***************************************
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					***************************************
	С	Gross profit or (loss) (attach schedule)	1				
	11	Other income (attach schedule)	015				***************************************
	12	Other income (attach schedule)	538,932		111,532	95,519	······································
_	13		117				
S	14	Other employee salaries and wages O.G.	<u> </u>				
، Expenses	15	Pension plans, employee benefits					
e D	16a	Legal fees (attach schedule)					
дŭ	b	Accounting fees (attach schedule) STM108	1,000		1,000	1,000	
ANNED AUG 2 2013 Operating and Administrative E	С	Other professional fees (attach schedule) STM109	18,128		18,128		
rati	17	Interest					
istr	18	Taxes (attach schedule) (see instructions) STM110	1,661		494	494	
o iii	19	Depreciation (attach schedule) and depletion				· ·	······
AUG A Adm	20	Occupancy					
₹ ₽	21	Travel, conferences, and meetings			41.		
J Ę	22	Printing and publications			•		<u> </u>
ANNTIC Operating an	23	Other expenses (attach schedule) STM103	479		479	479	
三葉	24	Total operating and administrative expenses.					
<b>/</b>		Add lines 13 through 23	21,268		20,101	20,101	0
ठŏ	25	Contributions, gifts, grants paid	107,368	<del> </del>		20,202	90,661
ပ္တဲ့	26	Total expenses and disbursements. Add lines 24 and 25 .	128,636	<del>+</del>	20,101	20,101	90,661
	27	Subtract line 26 from line 12:		<del> </del>	,	20,201	20,001
	a	Excess of revenue over expenses and disbursements .	410,296				
	b	Net investment income (if negative, enter -0-)			91,431		
	C	Adjusted net income (if negative, enter -0-)		<u> </u>	,	75,418	***************************************
		· · · · · · · · · · · · · · · · · · ·	· '	1	1	- ,	

P	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
	***	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	222,659	492,474	492,474
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less. allowance for doubtful accounts ▶			
	4	Pledges receivable ▶	<b>1</b>		
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			<del></del>
	6	Receivables due from officers, directors, trustees, and other		·	
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts	•		
ţ	8	Inventories for sale or use			· · · · · · · · · · · · · · · · · · ·
Assets	9	Prepaid expenses and deferred charges		·-··	
Š	10a	Investments - U.S and state government obligations (attach schedule)			
	1	Investments - corporate stock (attach schedule) STM137	1,616,401	1 772 242	2 020 026
	1	Investments - corporate stock (attach schedule)	1,010,401	1,773,242	2,030,826
	l	` ` ` ` <i>`</i>			
	11	Investments - land, buildings, and equipment basis		1	
	4.2	Less accumulated depreciation (attach schedule)	\		
	12	Investments - mortgage loans			<del>.</del>
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis		1	
	4.5	Less accumulated depreciation (attach schedule)			
	15	Other assets (describe STM120	1,521	1,868	1,868
	16	Total assets (to be completed by all filers - see the			
	<del>  </del>	ınstructions. Also, see page 1, item l)	1,840,581	2,267,584	2,525,168
	17	Accounts payable and accrued expenses			
Ş	18	Grants payable	90,661	107,368	
Liabilities	19	Deferred revenue			
豆	20	Loans from officers, directors, trustees, and other disqualified persons			
Ë	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe >)			
	23	Total liabilities (add lines 17 through 22)	90,661	107,368	
es		Foundations that follow SFAS 117, check here · · · · · · ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.			
alances	24	Unrestricted			
ala	25	Temporarily restricted			
8	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here   X		11.	
or Fund B		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	1,749,920	2,160,216	
Assets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
SSI	29	Retained earnings, accumulated income, endowment, or other funds			
۲۵	30	Total net assets or fund balances (see instructions)	1,749,920	2,160,216	
Net	31	Total liabilities and net assets/fund balances (see			
		ınstructions)	1,840,581	2,267,584	
P	art III	Analysis of Changes in Net Assets or Fund Balance	es		
		net assets or fund balances at beginning of year - Part II, column (a), line 3	, -		
		f-year figure reported on prior year's return)			1,749,920
		amount from Part I, line 27a $\dots \dots \dots \dots \dots \dots \dots$		2	410,296
		increases not included in line 2 (itemize)		3	
4	Add I	nes 1, 2, and 3		4	2,160,216
		eases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30	6	2,160,216
EEA					Form 990-PF (2014)

	the kind(s) of property sold (e.g., real estat ouse, or common stock, 200 shs MLC Co	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )			
1a See STM~134							
b							
С							
d							
e					<u> </u>		
(e) Gross sales price	(e) Gross sales price (f) Depreciation allowed (g) Cost of (or allowable) plus exp				ain or (loss) s (f) minus (g)		
a 294,227			265,757		28,470		
b							
С							
d		-,					
е					<del></del>		
Complete only for assets shown	ng gain in column (h) and owned by the	e foundation on 12	2/31/69	(I) Gains (	Col (h) gain minus		
(i) F M V as of 12/31/69	(i) F M V as of 12/31/69 (j) Adjusted basis as of 12/31/69			col (k), but r	ot less than -0-) or (from col (h))		
a					28,470		
b							
С							
d							
е							
2 Capital gain net income or (net o		enter in Part I, line er -0- in Part I, line		2	28,470		
3 Net short-term capital gain or (lo	ess) as defined in sections 1222(5) and	d (6):					
If gain, also enter in Part I, line 8	s, column (c) (see instructions). If (loss	), enter -0- ın					
Part I, line 8			<b>3</b>	3	12,457		
Part V Qualification Un	der Section 4940(e) for Redu	uced Tax on	Net Investme	ent Income			
If "Yes," the foundation does not qua	his part blank.  Stion 4942 tax on the distributable amore  Alify under section 4940(e) Do not come  each column for each year, see the in-	plete this part	•		Yes X No		
(a)		Su douono Boloro		(d)			
Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying distributions	Net value of ne	(c) oncharitable-use as	Distribution ratio (col (b) divided by col (c))			
2013	84,704	1	1,813,2	<u></u>			
2012	75,645	<del></del>	1,694,0		0.044652		
2011	69,146		1,512,8		0.045704		
2010	65,581	L	1,382,9	18 (	.047422		
2009	32,767	,	1,311,6		.024982		
* *					.209476		
•	5-year base period - divide the total or has been in existence if less than 5 ye	• •	y the · · · · · · · · · ·	. 3 (	.041895		
4 Enter the net value of nonchant	able-use assets for 2014 from Part X, I	ine 5		. 4	2,147,369		
5 Multiply line 4 by line 3				. 5	. 5 89,964		
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)			. 6	914		
7 Add lines 5 and 6			· · · · · · · · · · · ·	. 7	90,878		
8 Enter qualifying distributions fro					90,661		
If line 8 is equal to or greater that Part VI instructions.	an line 7, check the box in Part VI, line	1b, and complete	that part using a	1% tax rate See th	е		

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	t 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 instructions)	11	ļ	<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	į		
	person had advisory privileges? If "Yes," attach statement (see instructions)	12	<u> </u>	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address N/A			
14	The books are in care of LARRY MCCURDY  Telephone no 641-		.667	
4 5	Located at ► 6729 AUGUSTINE CT, JOHNSTON, IA ZIP+4 ► 5013	Τ		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here			▶ ∟
16	and enter the amount of tax-exempt interest received or accrued during the year   At any time during colonder year 2014, did the foundation have an interest to account to a city of the cuttors.		V	T NI=
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority	1 40	Yes	No v
	over a bank, securities, or other financial account in a foreign country?	16	1	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90 22 1). If "Yes," enter the name of the foreign country			
Dat	t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	<u> </u>		<u> </u>
r ai	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)		res	INO
ıa	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes $X$ No		1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		Ī	
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		ŧ	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		Ī	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		Į.	
	the benefit or use of a disqualified person)?		1	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		1	
	foundation agreed to make a grant to or to employ the official for a period after		Ī	
	termination of government service, if terminating within 90 days ) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		ŀ	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	,	JIΔ
	Organizations relying on a current notice regarding disaster assistance check here		<del>                                     </del>	<i>W</i> 1
С	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 2014?	1c	1	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)):		1	
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and		1	
	6e, Part XIII) for tax year(s) beginning before 2014?		1	
	If "Yes," list the years		ŧ	
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)		1	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		1	
	all years listed, answer "No" and attach statement - see instructions )	2b	1 4	14
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	•		1	-
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		1	
	at any time during the year?		1	
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or		1	
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		1	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		1	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		1	
	foundation had excess business holdings in 2014 )	3b	N	A
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
4a				
4a b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			

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•••••	t VII-B Statements Regarding Activitie		vnich For	n 4/20	i way Be	Requi	red (continued)	<u> </u>			
5a	During the year did the foundation pay or incur any am					_					
	(1) Carry on propaganda, or otherwise attempt to influ	7	,	•	• •	[	Yes X No				
	(2) Influence the outcome of any specific public electric	-			•	Г					
	directly or indirectly, any voter registration drive?										
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No										
	(4) Provide a grant to an organization other than a charitable, etc., organization described in										
	section 4945(d)(4)(A)? (see instructions)										
(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 X 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 reg	-		•	,		· · · · · · · <del>· ·</del>	5b	N A		
	Organizations relying on a current notice regarding dis						▶ 📋				
С	If the answer is "Yes" to question 5a(4), does the foun		•	from the	e tax	_					
	because it maintained expenditure responsibility for th	•				· · ·   [	Yes No				
	If "Yes," attach the statement required by Regulations										
6a	Did the foundation, during the year, receive any funds		=			_					
	on a personal benefit contract?					_	Yes X No	1			
b	Did the foundation, during the year, pay premiums, dir	ectly or i	ndirectly, on a	persona	I benefit conf	ract?		6b	X		
	If "Yes" to 6b, file Form 8870					r					
	At any time during the tax year, was the foundation a	-	•			. [	Yes X No				
	If "Yes," did the foundation receive any proceeds or ha							7b	MA		
Pa	rt VIII Information About Officers, Dire	ectors,	Trustees,	Found	dation Ma	nager	s, Highly Paid	Empl	oyees,		
	and Contractors										
1 1	ist all officers, directors, trustees, foundation mana					<del></del>					
	(a) Name and address		e, and average rs per week				Contributions to byee benefit plans		nse account, allowances		
			ed to position				and deferred compensation		illowarices		
	ICE ESPY	TRUST	EE								
	BOX 820, FAIRFIELD, IA 52556		0.00	0		0		0			
	THEW CARRIKER	TRUST	EE								
	FOX RUN DRIVE, IA 52577	<u> </u>	0.00		0		0		0		
		TRUST	EE								
672	9 AUGUSTINE CT, JOHNSTON, IA 50131		0.50	0			0		0		
		1									
							·				
2 (	Compensation of five highest-paid employees (other NONE."	r than th	ose included	on line	1 - see instr	uctions)	. If none, enter				
							(d) Contributions to				
	(a) Name and address of each employee paid more than \$50	.000	(b) Title, and hours per v		(c) Comper	sation	employee benefit		nse account,		
			devoted to p		(o) compe	Jacon	plans and deferred compensation	otner a	llowances		
NON	E										
	_										
				<del></del>					<del></del>		
		-									
Tota	I number of other employees paid over \$50,000						<del></del> <b>&gt;</b>		0		

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Part VIII Information About Officers, Directors, Trustees, Foundand Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see instr	uctions). 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 statistic organizations and other beneficiaries served, conferences convened, research papers produced, et		Expenses
1 SEE PART XV FOR CONTRIBUTIONS PAID		
CONTRIBUTIONS MADE ONLY TO NON PROFIT		
EDUCATIONAL AND CHARITABLE ORGANIZATIONS		0
2		
3		-
4		
Part IX-B   Summary of Program-Related Investments (see instru	actions)	
Describe the two largest program-related investments made by the foundation during the tax year or		Amount
1		, and an
2		
All other program-related investments See instructions		
3		

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EEA

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. Foreign	found	ations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	2,032,001
b	Average of monthly cash balances	1b	148,069
¢	Fair market value of all other assets (see instructions)	1c	00
d	Total (add lines 1a, b, and c)	1d	2,180,070
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,180,070
4	Cash deemed held for chantable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	32,701
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,147,369
6	Minimum investment return. Enter 5% of line 5	6	107,368
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for	oundat	ions
	and certain foreign organizations check here ▶ and do not complete this part.)		<del></del>
1	Minimum investment return from Part X, line 6	1	107,368
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	1,829
3	Distributable amount before adjustments Subtract line 2c from line 1	3	105,539
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	105,539
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,	_	
	line 1	7	105,539
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		·
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	90,661
b	Program-related investments - total from Part IX-B	1b	, <del></del>
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		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 .	4	90,661
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	90,661
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	founda	tion
	qualifies for the section 4940(e) reduction of tax in those years		<u></u>

1 Distributable amount for 2014 from Part XI,	(d) 2014
2 Undistributed income, if any, as of the end of 2014: a Enter amount for 2013 only	105,539
a Enter amount for 2013 only	
b Total for prior years: , , , , , , , , , , , , , , , , , , ,	
3 Excess distributions carryover, if any, to 2014:  a From 2009	
a From 2009	
b From 2010	
c From 2011	
d From 2012	
e From 2013	
f Total of lines 3a through e	
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 90,661  a Applied to 2013, but not more than line 2a  b Applied to undistributed income of prior years (Election required - see instructions)	
Inne 4	
a Applied to 2013, but not more than line 2a 89,494 b Applied to undistributed income of prior years (Election required - see instructions)	
b Applied to undistributed income of prior years (Election required - see instructions)	
(Election required - see instructions)	······
· · · · · · · · · · · · · · · · · · ·	
c Treated as distributions out of corpus (Election	***************************************
required - see instructions)	
d Applied to 2014 distributable amount	
e Remaining amount distributed out of corpus	
5 Excess distributions carryover applied to 2014 .	<del></del>
(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 .	
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 instructions	
e Undistributed income for 2013 Subtract line	
4a from line 2a Taxable amount - see	
Instructions	
f Undistributed income for 2014. Subtract lines	
4d and 5 from line 1. This amount must be	
distributed in 2015	105,539
7 Amounts treated as distributions out of corpus	
to satisfy requirements imposed by section	
170(b)(1)(F) or 4942(g)(3) (Election may be	
required - see instructions)	
8 Excess distributions carryover from 2009 not	~~~~
applied on line 5 or line 7 (see instructions)	
9 Excess distributions carryover to 2015.	
Subtract lines 7 and 8 from line 6a	
10 Analysis of line 9	
a Excess from 2010	
b Excess from 2011	
c Excess from 2012	
d Excess from 2013	
e Excess from 2014	

Part	XIV Private Operating Foun	dations (see inst	ructions and Part	VII-A, question 9)							
1a	If the foundation has received a ruling or	determination letter tha	t it is a private operatir	ng							
	foundation, and the ruling is effective for 2014, enter the date of the ruling ▶										
b	Check box to indicate whether the foundate	ition is a private operat	ing foundation describ	ed in section	4942(J)(3) or 4	942(J)(5)					
2a	Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years	1 12 12 9/1-7 2: 1 1						
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total					
	investment return from Part X for each year listed	(a) 2014	(0) 2013	(0) 2012	(0) 2011						
L	85% of line 2a		<del></del>	<del> </del>							
ь	85% Of life 2a		NA								
С	Qualifying distributions from Part XII, line 4 for each year listed		/* V4								
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.										
а	"Assets" alternative test - enter.  (1) Value of all assets										
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		ı								
b	"Endowment" alternative test - enter 2/3	······································									
	of minimum investment return shown in Part X, line 6 for each year listed										
С	"Support" alternative test - enter										
	(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		_		<u> </u>						
Part	XV Supplementary Informa			he foundation had	d \$5,000 or more	in assets at					
	any time during the yea	<u>r - see instructio</u>	ns.)								
1	Information Regarding Foundation M	_									
а	List any managers of the foundation who										
	before the close of any tax year (but only	y ir triey have contribut	ed more than \$5,000)	(See Section 507(d)(2)	)						
	NONE,										
b	List any managers of the foundation who				portion of the						
	ownership of a partnership or other entit	y) of which the foundat	on has a 10% or grea	iter interest							
	NONE,		<u>-</u>								
2	Information Regarding Contribution,	Grant, Gift, Loan, Scl	nolarship, etc., Progr	ams:		-					
	Check here ▶ X if the foundation only	makes contributions t	o preselected chantab	ole organizations and do	es not accept						
	unsolicited requests for funds If the four										
	other conditions, complete items 2a, b, o	c, and d									
а	The name, address, and telephone num	ber or e-mail address of	of the person to whom	applications should be	addressed						
	<b>√</b> A										
	"A										
b	The form in which applications should be	e submitted and inform	ation and materials the	ey should include	<del></del>						
	NA			•							
	<b>/√ /</b> √										
С	Any submission deadlines			<del> </del>							
	MA										
d	Any restrictions or limitations on awards	, such as by geograph	ical areas, charitable f	fields, kinds of institution	s, or other						
	factors.										

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Desired	If recipient is an individual,		<u>-</u>	
Recipient	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SEE ATTACHED				
			SEE ATTACHED	00 661
			SEE ATTACHED	90,661
		1		
		ļ		
Total			▶ 3a	90,661
b Approved for future payment				
SEE ATTACHED				
			SEE ATTACHED	107,368
			SEE ATTACRED	107,366
Total				
Total	<u> </u>	<u> </u>	▶ 3b	107,368

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by se	(e)		
Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)	
a	3333		-			
b						
С	1	****				
d		-				
е	I I					
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments		<u></u> .				
3 Interest on savings and temporary cash investments			14	30		
4 Dividends and interest from securities	· -		14	83,032	· · · · · · · · · · · · · · · · · · ·	
5 Net rental income or (loss) from real estate					· · · · · · · · · · · · · · · · · · ·	
a Debt-financed property						
<b>b</b> Not debt-financed property						
6 Net rental income or (loss) from personal property			ļ			
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory	<del></del>					
9 Net income or (loss) from special events		<u>-</u>				
10 Gross profit or (loss) from sales of inventory				_		
11 Other revenue a						
b			<u> </u>			
d		<del>-</del>				
- · · · · · · · · · · · · · · · · · · ·					<del></del>	
e	_			93 063		
<b>13 Total.</b> Add line 12, columns (b), (d), and (e)	1			83,062	02.06	
(See worksheet in line 13 instructions to verify calculations				13	83,062	
Part XVI-B Relationship of Activities to t		ishment of Ex	empt Purpo	202		
Explain below how each activity for which					<del></del> -	
Line No. accomplishment of the foundation's exemp						
<b>V</b>		, р		a.peooo, (eoo meado)	iono ,	
NA					· .	
					,	
		- ··· · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
		<u>.                                      </u>			·····	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
					-	
	_				<del>-</del>	
				4		
			, ,			
		<u> </u>			. <u> </u>	
					- <u>-</u>	

Par	t XV		n Regarding T	ransfers T	o and T	ransact	ions an	d Relatio	nships	s Wit	h Non	charit	able	go it
			rganizations									· · · · · · · · · · · · · · · · · · ·		
		the organization dire	· -	-			•						Yes	No
		ection 501(c) of the C	Code (other than sec	tion 501(c)(3)	) organizatio	ons) or in s	section 52	7, relating to	political					ĺ
	•	nizations?												ĺ
а		sfers from the report												
		Cash										1a(1)		_X_
	(2)	Other assets						• • • • •				1a(2)		X
b	Othe	er transactions												
		Sales of assets to a	•	-								1b(1)		X
	(2)	Purchases of assets	from a noncharitable	e exempt org	anızatıon							1b(2)		X
	(3)	Rental of facilities, ed	quipment, or other as	ssets								1b(3)		X
		Reimbursement arra										1b(4)		X
	(5)	Loans or loan guarar	ntees									1b(5)	ļi	X
		Performance of servi	•	•	-							1b(6)		X
		ring of facilities, equi				-						1c		_X_
d		e answer to any of th												
		e of the goods, other												
	valu	e in any transaction	or sharing arrangem	ent, show in o	column (d) 1	he value o	of the good	ds, other ass	ets, or se	ervices	receive	d		
(a) Lın	e no	(b) Amount involved	(c) Name of no	ncharitable exe	empt organiza	tion	(d) Des	cription of tran	sfers, trar	saction	s, and sh	aring arra	angeme	ents
			N/A											
					<del></del>									
				-										
								_						
											_			
	desc	e foundation directly cribed in section 501 es," complete the fol	(c) of the Code (other				•	organization	s 			Ye	s X	No
		(a) Name of organ	nization	(	<b>b)</b> Type of or	ganızatıon			(c) De	scription	of relation	nship		
		<i>N</i>	<i>I</i> A											
								ļ						
								J						
	10	Inder penalties of perjury, I orrect, and complete Decl	I declare that I have exami laration of preparer (other t	ned this retum, ir	ncluding accom based on all in	panying sch	edules and s	tatements, and t	o the best o	of my kno	wledge an	d belief, it	is true,	
Sig	n		t Mr. M		7/11	1/1			9-	ſ	May the IF	RS discuss	this reti	<u></u>
Her	e	LARRY MCCURI	ox wy 11/4	- Wh	0/1	1/19	TRUSTE	E		[	with the pr	eparer sh	own belo	w
		Signature of officer or tr	rustee		Date		Title			[	(see inst )	<u>′X</u>	Yes	No
<u> </u>	_	Pnnt/Type prepar	rer's name	Preparer	's signature	ι		Date		Check	ıf	PTIN		
Pai		сниск с с	ONVERSE	Chi	ich C.	Convers	<u> </u>	8-13-	2015	self-em	ployed	20002	6443	
Pre	pai	rer Firm's name	► HIINT & AS	SOCTATES	PC				Sim's Ell	<u> </u>	И-	1200	-001	

Use Only Firm's address ► 1201 HIGH AVE WEST

OSKALOOSA IA 52577

641-672-2541

Phone no

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

Internal Revenue Service Name of the organization

JAMES & MARIE MCCURDY FAMILY

Department of the Treasury

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Employer identification number

42-6468384

Organi	zation type (check one).				
Filers o	of:	Se	ction:		
Form 9	90 or 990-EZ		501(c)(	) (enter number) organization	
			4947(a)(1) n	onexempt charitable trust not treated as a private foundation	
			527 political	organization	
Form 9	90-PF	X	501(c)(3) ex	empt private foundation	
			4947(a)(1) n	onexempt charitable trust treated as a private foundation	
			501(c)(3) tax	cable private foundation	
Chook	f. cour organization to cour		h. the Canas	Al Dula er a Crasial Dula	_
	Only a section 501(c)(7), (8		·	al Rule or a Special Rule.  tion can check boxes for both the General Rule and a Special Rule See	
Genera	ıl Rule				
X		perty	) from any one	, or 990-PF that received, during the year, contributions totaling \$5,000 e contributor. Complete Parts I and II. See instructions for determining a	
Specia	l Rules				
	regulations under section 13, 16a, or 16b, and that	s 509 rece	9(a)(1) and 17 ved from any	1(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the (0(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line one contributor, during the year, total contributions of the greater of (1) 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.	
	contributor, during the year	ar, to	tal contribution	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ns of more than \$1,000 exclusively for religious, charitable, scientific, prevention of cruelty to children or animals Complete Parts I, II, and III	
	contributor, during the year contributions totaled more during the year for an exc General Rule applies to t	ar, co e tha clusiv this c	ontributions ex n \$1,000. If thi rely religious, or organization be	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one collisions, charitable, etc., purposes, but no such is box is checked, enter here the total contributions that were received charitable, etc., purpose Do not complete any of the parts unless the ecause it received nonexclusively religious, charitable, etc., contributions	
990-EZ	, or 990-PF), but it <b>must</b> a	nswe	er "No" on Par	General Rule and/or the Special Rules does not file Schedule B (Form 990, t IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Name of organization Employer identification number JAMES & MARIE MCCURDY FAMILY 42-6468384 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 LARRY MCCURDY Person X **Payroll** 6729 AUGUSTINE CT 425,000 Noncash П (Complete Part II for JOHNSTON, IA 50131 noncash contributions) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (b) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash

(Complete Part II for noncash contributions)

# Federal Supporting Statements 2014 PG 01 Name(s) as shown on return JAMES & MARIE MCCURDY FAMILY 42-6468384

FORM 990PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS SCHEDULE

STATEMENT #114

NAME ADDRESS LARRY MCCURDY 6729 AUGUSTINE CT JOHNSTON, IA 50131

> FORM 990PF, PART II, LINE 15 OTHER ASSETS SCHEDULE

PG 01 STATEMENT #120

<u>DESCRIPTION</u>	BOY BOOK	EOY BOOK	<u>FMV</u>
CORP DIVIDEND RECEIVABLE	1,521	1,868	1,868
TOTAL	1,521	1,868	1,868

FORM 990PF, PART II, LINE 10(B)
INVESTMENTS: CORPORATE STOCK SCHEDULE

PG 01 STATEMENT #137

CATEGORY	BOY	BOOK VALUE	EOY FMV
MORGAN STANLEY MUTUAL FUNDS EDWARD JONES STOCK MUT FDS	623,72 <b>4</b> 992,677	641,794 1,131,448	735,623 1,295,203
TOTALS	1,616,401	1,773,242	2,030,826

#### **Federal Supporting Statements**

2014 PG 01

Name(s) as shown on return

JAMES & MARIE MCCURDY FAMILY

42-6468384

#### FORM 990PF, PART I, LINE 6(A) GAIN (LOSS) FROM SALE OF OTHER ASSETS SCHEDULE

STATEMENT #139

NAME

TERM

DATE ACQUIRED

HOW ACQUIRED

DATE SOLD

**PURCHASER** 

GROSS SALES

BASIS

ACCUMULATED DEPRECIATION

SALES EXPENSE

TOTAL NET

KINDER MORGAN ENERGY PTRS LP

Short-Term

2014-02

PURCHASE

2014-11

KINDER MORGAN INC

\$ 2,400

\$ 2,400

		Federal St	Federal Supporting Statements	ments	2014 PG 01	
Name(s) as shown on return JAMES & MARIE MCCURDY FAMILY					Your Social Security N 42-6468384	umber
	FORM 990PF, PART I,	:, PART 1, LINE 23 -	LINE 23 - OTHER EXPENSES SCHEDULE	ULE	STATEMENT #103	
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME 479	CHARITABLE PURPOSE		
TOTALS	627	627	627	0		_
	FORM 990PF,	PART I, LINE 16(B) -	FORM 990PF, PART I, LINE 16(B) - ACCOUNTING FEES SCHEDULE	EDULE	PG 01 STATEMENT #108	
DESCRIPTION ACCOUNTING FEES	REVENUE AND EXPENSES 1,000	NET INVESTMENT 1,000	ADJUSTED NET INCOME 1,000	CHARITABLE PURPOSE 0		
TOTALS	1,000	1,000	1,000	0		
	,					

		Federal Su	Federal Supporting Statements	ments	2014 PG	20
Name(s) as shown on return JAMES & MARIE MCCURDY FAMILY					Your Social Security Number 42-6468384	unty Number
	FORM 990PF, PART I, LINE		16(C) - OTHER PROFESSIONAL FEES SCHEDULE	SCHEDULE	STATEMENT #109	#109
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE		
INVESTMENT FEES TOTALS	18,128	18,128	18,128	0		
	FORM	FORM 990PF, PART I, LINE 18 - TAXES SCHEDULE	18 – TAXES SCHEDULE		PG 01 STATEMENT #110	PG 01 VT #110
DESCRIPTION US TREAS FED TAX FOREIGN TAX TOTALS	REVENUE AND EXPENSES 1,167 494	NET INVESTMENT 0 494	ADJUSTED NET INCOME 0 494	CHARITABLE PURPOSE 0 0 0		
STM-LD						

		Federal	Supporting	Federal Supporting Statements	Ş		2014 PG 01	PG 01
Name(s) as shown on return							Your Social	Your Social Security Number
JAMES & MARIE MCCURDY FAMILY							45-6468384	384
FORM	1 990-PF, PART	FORM 990-PF, PART IV, CAPITAL GAINS AND LOSSES INFORMATION (OVERFLOW)	S AND LOSSES IN	FORMATION (OVER	FLOW)		STATEME	STATEMENT #134
	P-PURCHASE					COST OR		GAINS MINUS
DESCRIPTION	D-DONATION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPRECIATION	OTHER BASIS	GAIN OR LOSS	EXCESS OR LOSSES
ED JONES PUBLICLY TRADED SECURITIES	۵	06-05-2013	06-02-2014	5,727		5,245	787	785
ED JONES PUBLICLY TRADED SECURITIES	۵	01-07-2010	06-02-2014	29,555		20,579	8,976	8,976
ED JONES PUBLICLY TRADED SECURITIES	۵	10-11-2012	06-02-2014	12,718		10,230	2,488	2,488
ED JONES PUBLICLY TRADED SECURITIES	۵	02-20-2014	04-30-2014	80,599		80,029	570	570
ED JONES PUBLICLY TRADED SECURITIES	۵	02-20-2014	11-26-2014	51,313		39,480	11,833	11,833
MG STAN PUBLICLY TRADED SECURITIES	۵	03-01-2013	01-27-2014	6,328		952'9	(428)	(458)
MG STAN PUBLICLY TRADED SECURITIES	۵	03-02-2012	05-22-2014	54,186		53,880	306	306
MG STAN PUBLICLY TRADED SECURITIES	۵	01-14-2010	05-22-2014	53,801		49,558	4,243	4,243
TOTAL				294,227		265,757	28,470	28,470

990 · Overflow Statement Page 1

Name(s) as shown on return

JAMES & MARIE MCCURDY FAMILY 42-6468384

#### FORM 990PF PART 1 LINE 1 CONTRIBUTIONS

Description	on						 Amount
LARRY MCC	JRDY 6729	AUGUSTINE	CT	JOHNSTON	ΙA	50131	\$ 425,000
						Total:	\$ 425,000

## James & Marie McCurdy Family Charitable Trust 42-6468384

Form 990-PF,Part XV,Line 3 (a): Paid During Year

		\$90,661 To Distribute	 Dollars to Each Entity
(1)	Bidwell Riverside Center 1203 Heartford Avenue Des Moines, IA 50315		\$ 2,000
	Purpose: Individual & family ministries		
(2)	MUMM's (Mobile United Methodist Missionaries) Attn. Ritanna Seaton 1670 220th Street Batavia, IA 52533		\$ 5,000
	Purpose: Children missionary work		
(3)	Iowa Wesleyan College Attn: Office of Institutional Relations 601 N Main Street Mt. Pleasant, IA 52641-1398		\$ 2,500
	Purpose: Campus Ministry		
(4)	Samaritan's Purse PO Box 3000 Boone, NC 28607		\$ 10,000
	Purpose <sup>-</sup> Christian Humanitarian Work		
(5)	The Salvation Army PO Box 249 Ottumwa, IA 52501-0249		\$ 3,500
	Purpose: Local Christian outreach work		
(6)	LOVE, Inc 500 High Avenue West Oskaloosa, IA 52577		\$ 1,500
	Purpose: Local missions		
(7)	Ecumenical Cupboard 205 South D Street Oskaloosa, IA 52577		\$ 2,000

Purpose: Food relief

(8) God's Kids 12925 Marlay Ave Fontana, CA 92337	\$ 3,000
Purpose: Orphanage(s) with greatest need	
(9) Habitat for Humanity PO Box 583 Oskaloosa, IA 52577	\$ 3,000
Purpose: Local project	
(10) Child Evangelism Fellowship PO Box 652 Oskaloosa, IA 52577	\$ 2,000
Purpose: Children ministries	
(11) Food for the Hungry 1224 East Washington Street Phoenix, AZ 85034	\$ 5,000
Purpose: Feeding programs	
(12) Prison Fellowship PO Box 1550 Merrifield, VA 22116-1550	\$ 4,000
Purpose <sup>-</sup> Prison ministries	
(13) RBC Ministries Box 2222 Grand Rapids, MI 49501-2222	\$ 2,500
Purpose: Christian ministries	
(14) Crisis Intervention Services 500 High Ave West Oskaloosa, IA 52577	\$ 500
Purpose: Women's/Children's Shelter	
(15) Doctors Without Boarders 333 Seventh Ave, 2nd Floor New York, NY 10001	\$ 2,500
Purpose: Medical Projects	

(16) The Smile Train 41 Madison Ave, 28th Floor New York, NY 10010	\$ 3,000
Purpose: Children Medical Surgeries	
(17) Hope Ministries PO Box 862 Des Moines, IA 50304-0862	\$ 3,000
Purpose Christian Outreach Programs	
(18) Alzheimer's Association Greater Iowa Chapter 1730 28th Street West Des Moines, IA 50266-1436	\$ 1,000
Purpose: Research work	
(19) National Parkinson Foundation, Inc. Office of Development 1501 NW 9th Ave/Bob Hope Road Miami, FL 33136-1494	\$ 1,000
Purpose: Research work	
(20) Hopewell Church 10400 Echo Avenue Blakesburg, IA 52536	\$ 4,000
Purpose <sup>-</sup> Christian ministries	
(21) Christain Appalachian Project PO Box 55911 Lexington, KY 40555-5911	\$ 1,000
Purpose: Care for the Poor	
(22) Blank Children's Hospital 1200 Pleasant Street Des Moines, IA 50309	\$ 1,661
Purpose: Children's Hospital Care	
(23) Billy Graham Evangelistic Association Attn: Planned Giving Admin 1 Billy Graham Parkway Charlotte, NC 28201-0001	\$ 7,500
Purpose: Christian Ministries	

(24) Food Bank of Southern Iowa, Inc. PO Box 1294 705 West Main Ottumwa, IA 52501	\$ 2,000
Purpose: Food Relief	
(25) The Salvation Army PO Box 487 Oskaloosa, IA 52577	\$ 1,000
Purpose: Christian Outreach Work	
(26) Christian Broad Casting Network (CBN) 977 Centerville Turnpike Virginia Beach, VA 23463	\$ 2,000
Purpose: Christian Ministries	
(27) Gospel For Asia 1800 golden Trail Court Carrollton, TX 75010-4649	\$ 2,500
Purpose: Asian Missinonary Outreach	
(28) World Christian Broadcasting 605 Bradley Ct. Franklin, TN 37067-8200	\$ 3,000
Purpose <sup>·</sup> Broadcasting Christian The Good News of Jesus Christ	
(29) The Salvation Army 10755 Burr Street Omaha, NE 68114-2065	\$ 2,000
Purpose: Area Christian outreach work Western Division	
(30) University of Iowa Foundation Levitt Center for University Advancement One West Park Raod, PO Box 4550 Iowa City, IA 52244-4550	\$ 1,000
Purpose: Holden Comprehensive Cancer Center	
(31) Zion Lutheran Church 4300 Beaver Avenue Des Moines, IA 50310	\$ 4,000

Purpose: Local Outreach Ministries

(32) Hour of Pwer P.O. Box 100 Garden Grove, CA 92842

\$ 2,000

Purpose: General Ministries

Totals \$\_\_\_90,661

# James & Marie McCurdy Family Charitable Trust 42-6468384

### Form 990-PF,Part XV,Line 3 (b): Approved for Future Payment

		\$107,368 To Distribute	 Dollars to Each Entity
(1)	Bidwell Riverside Center 1203 Heartford Avenue Des Moines, IA 50315		\$ 2,000
	Purpose. Individual & family ministries		
(2)	MUMM's (Mobile United Methodist Missionaries) Attn: Ritanna Seaton 1670 220th Street Batavia, IA 52533		\$ 5,000
	Purpose: Children missionary work		
(3)	Iowa Wesleyan College Attn: Office of Institutional Relations 601 N Main Street Mt. Pleasant, IA 52641-1398		\$ 2,500
	Purpose <sup>-</sup> Campus Ministry		
(4)	Samaritan's Purse PO Box 3000 Boone, NC 28607		\$ 12,500
	Purpose: Christian Humanitarian Work		
(5)	Lord's Cupboard 202 East 4th Street Ottumwa, IA 52501		\$ 3,500
	Purpose: Food Relief		
(6)	LOVE, Inc 500 High Avenue West Oskaloosa, IA 52577		\$ 2,000
	Purpose: Local missions		
(7)	Ecumenical Cupboard 205 South D Street Oskaloosa, IA 52577		\$ 2,000
	D = 1 11 f		

Purpose. Food relief

(8) God's Kids 11700 Industry Avenue Fontana, CA 92337-6934	\$ 3,000
Purpose: Orphanage(s) with greatest need	
(9) Habitat for Humanity PO Box 583 Oskaloosa, IA 52577	\$ 3,000
Purpose: Local project	
(10) Child Evangelism Fellowship PO Box 652 Oskaloosa, IA 52577	\$ 2,500
Purpose: Children ministries	
(11) Food for the Hungry 1224 East Washington Street Phoenix, AZ 85034-1102	\$ 7,500
Purpose: Feeding programs	
(12) Prison Fellowship PO Box 1550 Merrifield, VA 22116-1550	\$ 4,000
Purpose: Prison ministries	
(13) RBC Ministries Box 2222 Grand Rapids, MI 49501-2222	\$ 2,500
Purpose: Christian ministries	
(14) Crisis Intervention Services 500 High Ave West Oskaloosa, IA 52577	\$ 1,000
Purpose: Women's/Children's Shelter	
(15) Doctors Without Boarders 333 Seventh Ave, 2nd Floor New York, NY 10001	\$ 3,000
Purpose: Medical Projects	
(16) The Smile Train 41 Madison Ave, 28th Floor New York, NY 10010	\$ 3,500

Purpose: Children Medical Surgeries

(17) Hope Ministries PO Box 862 Des Moines, IA 50304-0862	\$ 3,000
Purpose: Christian Outreach Programs	
(18) Alzheimer's Association Greater Iowa Chapter 1730 28th Street West Des Moines, IA 50266-1436	\$ 1,000
Purpose: Research work	
(19) National Parkinson Foundation, Inc. Office of Development 1501 NW 9th Ave/Bob Hope Road Miami, FL 33136-1494	\$ 1,000
Purpose: Research work	
(20) Hopewell Church 10400 Echo Avenue Blakesburg, IA 52536	\$ 4,000
Purpose: Christian ministries	
(21) Christain Appalachian Project PO Box 55911 Lexington, KY 40555-5911	\$ 1,000
Purpose: Care for the Poor	
(22) Blank Children's Hospital 1200 Pleasant Street Des Moines, IA 50309	\$ 2,368
Purpose: Children's Hospital Care	
(23) Billy Graham Evangelistic Association Attn: Planned Giving Admin 1 Billy Graham Parkway Charlotte, NC 28201-0001	\$ 10,000
Purpose: Christian Ministries	
(24) Food Bank of Southern Iowa, Inc. PO Box 1294 705 West Main Ottumwa, IA 52501	\$ 3,500
Purpose: Food Relief	

(25) The Salvation Army Service Extension Unit PO Box 487 Oskaloosa, IA 52577	\$ 1,000
Purpose: Christian Outreach Work	
(26) Christian Broad Casting Network (CBN) 977 Centerville Turnpike Virginia Beach, VA 23463	\$ 2,000
Purpose: Christian Ministries	
(27) Gospel For Asia 1116 St Thomas Way Wills Point, TX 75169	\$ 4,000
Purpose: Asian Missinonary Outreach	
(28) World Christian Broadcasting 605 Bradley Ct. Franklin, TN 37067-8200	\$ 4,000
Purpose. Broadcasting Christian The Good News of Jesus Christ	
(29) Fremont Baptist Church PO Box 196 Fremont, IA 52561	\$ 2,000
Purpose: Local Christian Ministries	
(30) University of Iowa Foundation Levitt Center for University Advancement One West Park Road, PO Box 4550 Iowa City, IA 52244-4550	\$ 1,000
Purpose: Holden Comprehensive Cancer Center	
(31) Zion Lutheran Church 4300 Beaver Avenue Des Moines, IA 50310	\$ 4,000
Purpose: Local Outreach Ministries	
(32) Hour of Power P.O. Box 100 Garden Grove, CA 92842	\$ 2,000
Purpose: TV Ministries	
(33) Mayo Clinic Attn: Development 200 1st Street S.W. Rochester, MN 55905	\$ 2,000

Purpose: Research in Lewy Body Dementia @ UDALL Center for Excellence

Totals \$\_\_107,368

#### Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

<ul> <li>If you are f</li> </ul>	filing for an Automatic 3-Month Extension, com	plete only F	Part I and check this box				▶ 🏻
	filing for an Additional (Not Automatic) 3-Month	-		age 2 of this form).			
-	elete Part II unless you have already been grante		, , ,		8868		
a corporation 8868 to reque Return for Tra	ing (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not est an extension of time to file any of the forms lis ansfers Associated With Certain Personal Benefit For more details on the electronic filing of this for	automatic) ( ted in Part I Contracts, v	3-month extension of time Yo or Part II with the exception of which must be sent to the IRS	u can electronically Form 8870, Inform in paper format (se	file Fation	orm	
Part I	Automatic 3-Month Extension of T	i <b>me.</b> Only	submit original (no cop	ies needed).			<del></del> -
[. <u></u>	required to file Form 990-T and requesting an au			<del></del>			
-				· · · · · · · · · ·			▶ □
All other corp	orations (including 1120-C filers), partnerships, R	EMICs, and	trusts must use Form 7004 to	request an extensi	on of	tıme	_
to file income	tax returns.			•			
			Ente	r filer's identifying	num	ber, see	instructions
Type or	Name of exempt organization or other filer, se	e instruction		Employer identific			
print	JAMES & MARIE MCCURDY FAMILY			42-6468			• •
File by the	Number, street, and room or suite no. If a P.O.	box, see in	structions.	Social security nu	ımber	(SSN)	
due date for	6729 AUGUSTINE CT			•		` ,	
filing your return See	City, town or post office, state, and ZIP code	For a foreign	address, see instructions				
instructions	JOHNSTON, IA 50131	•	•				
Enter the Ret	urn code for the return that this application is for (	file a separa	te application for each return)				0 4
Application	n	Return	Application				Return
ls For		Code	Is For				Code
-	r Form 990-EZ	01	Form 990-T (corporation)				07
Form 990-E		02	Form 1041-A				08
Form 4720		03	Form 4720 (other than indiv	vidual)			09
Form 990-F		04	Form 5227			10	
	(sec 401(a) or 408(a) trust)	05				11	
	(trust other than above)	06	Form 8870				12
	are in the care of  LARRY MCCURDY, 6	729 AUG	USTINE CT, IA 50131				
<ul><li>If the orga</li><li>If this is fo</li></ul>	e No   641-777-1667  nization does not have an office or place of busin r a Group Return, enter the organization's four digroup, check this box	ess in the Ui	emption Number (GEN)	If the			▶ 🗀
	names and EINs of all members the extension is		of the group, check this box	P 🔲 and a	uacn		
	st an automatic 3-month (6 months for a corporat		to file Form 990-T) extension	of time			
until	08-17 , 20 15 , to file the exempt of		•		neion	ı ie	
_	organization's return for	garnzadorri	etain for the organization han	ed above The exte	1131011	113	
	calendar year 20 14 or						
▶ 🗌	tax year beginning	, 20	, and ending		20_		
_	ax year entered in line 1 is for less than 12 months	s, check reas	son:	Final return			
Cha	inge in accounting period						
3a If this a	pplication is for Forms 990-BL, 990-PF, 990-T, 4	720, or 6069	, enter the tentative tax, less a	any			
	undable credits. See instructions				3a	\$	0
<b>b</b> If this a	pplication is for Forms 990-PF, 990-T, 4720, or 6	069, enter a	ny refundable credits and				
estimat	ted tax payments made Include any prior year o	verpayment	allowed as a credit.		3b	\$	0
c Balanc	e due. Subtract line 3b from line 3a. Include your	payment wi	th this form, if required, by usi	ng			
EFTPS	(Electronic Federal Tax Payment System). See	instructions			3с	\$	0
Caution. If yo	ou are going to make an electronic funds withdray	val (direct de	ebit) with this Form 8868, see	Form 8453-EO and	Form	8879-E	O for
payment instr	ructions						