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Form 990-PF

Return of Private Foundation

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

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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For calendar year 2014, or tax year beginning 01-01-2014, and ending 12-31-2014

Name of foundation: CASSIDY FOUNDATION. A Employer identification number: 64-6035417. B Telephone number: . C If exemption application is pending, check here: . G Check all that apply: . H Check type of organization: Section 501(c)(3) exempt private foundation. I Fair market value of all assets at end of year: \$ 384,690. J Accounting method: Accrual.

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12) and Operating and Administrative Expenses (13-26), leading to Total expenses and disbursements of 58,023 and Excess of revenue over expenses of -19,403.

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

Part II Balance Sheets		Beginning of year			End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	3,597	20,255	20,255		
	2	Savings and temporary cash investments					
	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 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					
	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)	329,857	294,103	364,435		
	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
15	Other assets (describe ▶ _____)						
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	333,454	314,358	384,690			
Liabilities	17	Accounts payable and accrued expenses	462	769			
	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)	462	769				
Net Assets or Fund Balances	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	-91,362	-110,765				
30	Total net assets or fund balances (see instructions)	332,992	313,589				
31	Total liabilities and net assets/fund balances (see instructions)	333,454	314,358				

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	332,992
2	Enter amount from Part I, line 27a	2	-19,403
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	313,589
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	313,589

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 (mo, day, yr)	(d) Date sold (mo, day, yr)
1a See Additional Data Table			
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 See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) 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 See Additional Data Table			
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	29,471
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 instructions) If (loss), enter -0- in Part I, line 8		3	-397

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 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))
2013	67,500	391,472	0.172426
2012	92,470	413,201	0.223789
2011	64,750	465,872	0.138987
2010	78,500	497,326	0.157844
2009	99,000	550,036	0.179988

2 Total of line 1, column (d).	2	0.873035
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	3	0.174607
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.	4	385,336
5 Multiply line 4 by line 3.	5	67,282
6 Enter 1% of net investment income (1% of Part I, line 27b).	6	385
7 Add lines 5 and 6.	7	67,667
8 Enter qualifying distributions from Part XII, line 4.	8	52,750

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

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	769
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2	0
3	Add lines 1 and 2.	3	769
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	769
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d.	7	
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	769
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation .</i>	8b	No
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	No

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 instructions).	11		No		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No		
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ _____	13	Yes			
14	The books are in care of ▶ <u>CLARK GRAEBER</u> Telephone no ▶ <u>(662) 326-2481</u> Located at ▶ <u>W MAIN ST MARKS MS</u> ZIP+4 ▶ <u>38646</u>					
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 ▶ <table border="1" style="display: inline-table;"><tr><td>15</td><td></td></tr></table>	15				
15						
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶ _____	16	Yes	No		

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			
1b	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 instructions)? <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		
1c	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		No
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 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise 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 2014 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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i>)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2014?	4b		No

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

<p>5a During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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 instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/></p> <p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach the statement required by Regulations section 53.4945–5(d).</p> <p>6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" to 6b, file Form 8870.</p> <p>7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	5b		
	6b		No
	7b		

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 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 Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see 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. ▶ 0

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 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	20,000
2 FUNDS SECONDARY EDUCATIONAL SCHOLARSHIPS TO RESIDENTS OF QUITMAN COUNTY	32,750
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions	
3	

Total. Add lines 1 through 3 **▶**

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see 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	380,716
b	Average of monthly cash balances.	1b	1,988
c	Fair market value of all other assets (see instructions).	1c	8,500
d	Total (add lines 1a, b, and c).	1d	391,204
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	391,204
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	5,868
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	385,336
6	Minimum investment return. Enter 5% of line 5.	6	19,267

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

1	Minimum investment return from Part X, line 6.	1	19,267
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	769
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	769
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	18,498
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	18,498
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	18,498

Part XII Qualifying Distributions (see 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	52,750
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	52,750
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	52,750

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 instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				18,498
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2014				
a From 2009.	71,529			
b From 2010.	29,044			
c From 2011.	41,788			
d From 2012.	72,037			
e From 2013.	48,388			
f Total of lines 3a through e.	262,786			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ <u>52,750</u>				
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2014 distributable amount.				18,498
e Remaining amount distributed out of corpus	34,252			
5 Excess distributions carryover applied to 2014 <i>(If an amount appears in column (d), the same amount must be shown in column (a).)</i>				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	297,038			
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.				0
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).	71,529			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a.	225,509			
10 Analysis of line 9				
a Excess from 2010.	29,044			
b Excess from 2011.	41,788			
c Excess from 2012.	72,037			
d Excess from 2013.	48,388			
e Excess from 2014.	34,252			

Part XIV Private Operating Foundations (see 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 2014, enter the date of the ruling.

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

	Tax year	Prior 3 years			(e) Total
	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
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 organization had \$5,000 or more in assets at any time during the year—see 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 instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

- a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
CHRIS HAWKINS
244 EAST MAIN
MARKS, MS 38646
(662) 326-6921

- b** The form in which applications should be submitted and information and materials they should include
SEE ATTACHED COPY OF APPLICATION

- c** Any submission deadlines
NONE

- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
MUST ATTEND QUITMAN COUNTY SCHOOL FOR 10TH, 11TH, & 12TH GRADE

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
a <i>Paid during the year</i> SEE ATTACHED QUITMAN COUNTY Marks, MS 38646	NONE	I	EDUCATIONAL	52,750
Total				3a 52,750
b <i>Approved for future payment</i>				
Total				3b 0

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(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 (mo., day, yr.)	(d) Date sold (mo., day, yr.)
AMERICAN FUNDS	P	2005-01-01	2014-01-01
BLACKROCK STRATEGIC	P	2013-04-01	2014-02-01
EATON VANCE	P	2013-12-01	2014-02-01
RS SMALL CAP	P	2013-10-01	2014-02-01
RS SMALL CAP	P	2013-12-01	2014-02-01
EATON VANCE	P	2012-12-01	2014-02-01
AMERICAN FUNDS	P	2005-01-01	2014-07-01
MAINSTAY MARKET	P	2014-02-01	2014-12-01
DREYFUS	P	2013-04-01	2014-12-01
FIRST EAGLE	P	2012-12-01	2014-12-01

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
34,140		31,160	2,980
2,475		2,475	
24		24	
3,281		3,438	-157
310		294	16
8,522		7,121	1,401
20,000		17,009	2,991
1,840		2,096	-256
648		657	-9
2,346		2,397	-51

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) 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	

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

(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 (mo , day, yr)	(d) Date sold (mo , day, yr)
SUN AMERICA	P	2012-12-01	2014-12-01
TEMPLETON GLOBAL	P	2012-12-01	2014-12-01
VIRTUS	P	2012-12-01	2014-12-01
AMERICAN FUNDS	P	2005-12-01	2014-12-01
CAPITAL GAIN DISTRIBUTIONS	P	2014-01-01	2014-12-31

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
4,751		3,611	1,140
695		745	-50
198		203	-5
20,200		17,209	2,991
18,480			18,480

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(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
JAMES BURGESS 601 ELM MARKS, MS 38646	SECRETARY 0 00	0	0	0
LARRY O LEWIS 200 N THIRD ST MARKS, MS 38646	TRUSTEE 0 00	0	0	0
CLARK GRAEBER W MAIN ST MARKS, MS 38646	TRUSTEE 1 00	0	0	0
GOLY R HENRY 501 WALNUT MARKS, MS 38646	TRUSTEE 0 00	0	0	0
THOMAS CLAYTON 202 BERKLEY DRIVE MARKS, MS 38646	TRUSTEE 0 00	0	0	0
BILL GRAEBER W MAIN ST Marks, MS 38646	TRUSTEE 0 00	0	0	0

TY 2014 Investments - Other Schedule

Name: CASSIDY FOUNDATION

EIN: 64-6035417

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
USB FINANCIAL SERVICES		285,204	335,935
FIRST VALLEY NATIONAL		399	20,000
LOTS		8,500	8,500

TY 2014 Other Expenses Schedule

Name: CASSIDY FOUNDATION

EIN: 64-6035417

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL & PROFESSIONAL	875	0	875	0
OFFICE EXPENSE	250	0	250	0
INVESTMENT EXPENSE	150	150	150	0

TY 2014 Taxes Schedule

Name: CASSIDY FOUNDATION

EIN: 64-6035417

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	229	0	229	0
FEDERAL INCOME TAX	769	0	769	0

THE CASSIDY FOUNDATION
P O BOX 352
MARKS, MISSISSIPPI 38646
64-6035417

2014 FORM 990-PF
PAGE 11 PART XV LINE 3 GRANTS AND CONTRIBUTIONS

	<u>AMOUNT</u>
ETHAN DILLEY - DELTA STATE UNIVERSITY	500 00
MICHAEL PRESTWICH - UNIVERSITY OF MISSISSIPPI	500 00
MARY VAN HAYNES - UNIVERSITY OF MISSISSIPPI	500 00
ANNA SLOAN CLAYTON - MISSISSIPPI STATE UNIVERSITY	500 00
JAMES BEN TEDFORD - UNIVERSITY OF MISSISSIPPI	500 00
JESSICA MORGAN SHOOK - MS DELTA COMMUNITY COLLEGE	500 00
DESIREE ORANGE - ALCORN ST	250 00
BRYCE DANCY - NORTHEAST COMMUNITY COLLEGE	500 00
MARIAHA AMOS - JACKSON STATE UNIVERSITY	500 00
CLAY HARBOUR-WILLIAMS BAPTIST	250 00
CODY HARBOUR-WILLIAMS BAPTIST	250 00
ROBERT BREWER - NORTHWEST COMMUNITY COLLEGE	500 00
AUSTIN JONES - NORTHWEST COMMUNITY COLLEGE	250 00
PAUL GRAYSON WOMBLE - NORTHWEST COMMUNITY COLLEGE	500 00
JAMIRAQUA JONES - COAHOMA COMMUNITY COLLEGE	250 00
SABRIELLE WINDLESS - DELTA STATE UNIVERSITY	500 00
DIANE KELLER - DELTA STATE UNIVERSITY	250 00
ROBERT BREWER - NORTHWEST COMMUNITY COLLEGE	500 00
JARMARKUS WATSON - UNIVERSITY OF MISSISSIPPI	500 00
TONECA PICKEN - JACKSON STATE UNIVERSITY	250 00
CHRISSA DOSS - DELTA STATE UNIVERSITY	500 00
MERCEDES STATEN - JACKSON STATE UNIVERSITY	250 00
TATE COLLUMS - DELTA STATE UNIVERSITY	500 00
BRYCE DANCY - DELTA STATE UNIVERSITY	500 00
KENNON TURNER - MISSISSIPPI STATE UNIVERSITY	250 00
MARIAHA AMOS - JACKSON STATE UNIVERSITY	500 00
ELIZABETH FORESMAN - MISSISSIPPI STATE UNIVERSITY	500 00
MIRANDA CUFF - SOUTHERN ARKANSAS UNIVERSITY	500 00
ELIZABETH PARTAIN - DELTA STATE UNIVERSITY	500 00
PERION GRAEBER - CLEMSON	500 00
TRISTAN WHALEN - EAST MS COMMUNITY COLLEGE	250 00
TAYLOR PANG - MISSISSIPPI STATE UNIVERSITY	500 00
JENNIFER RAY - DELTA STATE UNIVERSITY	500 00
MARLEY SCHIELE - DELTA STATE UNIVERSITY	500 00
MARY HARRIS - DELTA STATE UNIVERSITY	500 00
EMMA HAYNES - UNIVERSITY OF MISSISSIPPI	500 00
CLAIBORNE WHITE - UNIVERSITY OF MISSISSIPPI	250 00
MATT STOVALL - NORTHWEST COMMUNITY COLLEGE	500 00
LAKETRICK WOODS - EAST MS COMMUNITY COLLEGE	250 00
TAYLOR PANG - MISSISSIPPI STATE UNIVERSITY	500 00
ELIZABETH FORESMAN - MISSISSIPPI STATE UNIVERSITY	500 00
MARY ALDEN MILLS - O'MORE COLLEGE OF DESIGN	500 00
BRANDI DOSS - NORTHWEST COMMUNITY COLLEGE	500 00
BENFORD COLLINS - NORTHWEST COMMUNITY COLLEGE	250 00
B J SIMMERMAN - NORTHWEST COMMUNITY COLLEGE	500 00
BRANDI DOSS - NORTHWEST COMMUNITY COLLEGE	500 00
TERRIAN WATTS - JACKSON STATE UNIVERSITY	500 00
HUNTER HAWKINS - NORTHWEST COMMUNITY COLLEGE	500 00
BARRY SIMMERMAN - NORTHWEST COMMUNITY COLLEGE	500 00
EMMA HAYNES - UNIVERSITY OF MISSISSIPPI	500 00
ANNA SLOAN CLAYTON - MISSISSIPPI STATE UNIVERSITY	500 00
HUNTER HAWKINS - NORTHWEST COMMUNITY COLLEGE	500 00
MIRANDA CUFF - SOUTHERN ARKANSAS UNIVERSITY	500 00
SHERMAN LOGAN - UNIVERSITY OF MISSISSIPPI	500 00
ZADAKIAH COLLINS - NORTHEAST COMMUNITY COLLEGE	250 00
LARRY STRICKLAND - JACKSON STATE UNIVERSITY	500 00
JON HADEN FOSTER - COAHOMA COMMUNITY COLLEGE	250 00
MARY VAN HAYNES - UNIVERSITY OF MISSISSIPPI	500 00
RANE RAYBURN - NORTHWEST COMMUNITY COLLEGE	500 00
REMISHA SACKS - COAHOMA CUMMUNITY COLLEGE	500 00
MARY SPENCER ALDRIDGE - UNIVERSITY OF MISSISSIPPI	250 00
LARRY STRICKLAND - JACKSON STATE UNIVERSITY	500 00
JESSICA CAMPBELL - NORTHWEST COMMUNITY COLLEGE	500 00
EMILY GROSSI - DELTA STATE UNIVERSITY	1,000 00
SHERMAN LOGAN - UNIVERSITY OF MISSISSIPPI	500 00
MARY HARRIS - DELTA STATE UNIVERSITY	500 00
EMILY GROSSI - DELTA STATE UNIVERSITY	250 00
SABRINA SMITH - NORTHWEST COMMUNITY COLLEGE	500 00
MATTHEW STOVALL - NORTHWEST COMMUNITY COLLEGE	500 00
CHAKETHA GILLIAM - DELTA STATE UNIVERSITY	250 00
IAN WINDHAM - GRINNEL COLLEGE	500 00
RANE RAYBURN - DELTA STATE UNIVERSITY	500 00
LAURA KATE FORTNER - DELTA STATE UNIVERSITY	250 00
MARLEY ANN SCHIELE - DELTA STATE UNIVERSITY	500 00
QUITMAN COUNTY EDUCATIONAL FOUNDATION	15,000 00
QUITMAN COUNTY EDUCATIONAL FOUNDATION	5,000 00
TOTALS	<u>52,750 00</u>

THE CASSIDY FOUNDATION
POST OFFICE BOX 40
MARKS MISSISSIPPI 38646
PHONE: 662-326-6921
SCHOLARSHIP APPLICATION
(Please type or print)

Section I:

Name: _____ Birth Date: _____

Address: _____ Phone No. _____

(City) (State) (Zip
Code)

Age: _____ Male _____ Female _____ Social Security _____

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)

