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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 2015, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
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	NOT	APPLICABLE			
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

Carmela J. Currier

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.

NONE

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

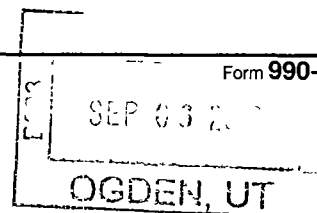
Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

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

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:



OGDEN UT 84201-0034

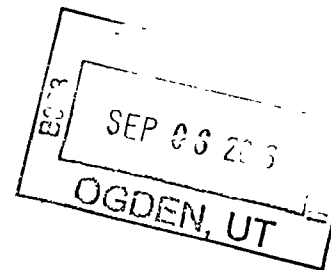
OMB Clearance No: 1545-0052

In reply refer to: 0425876270
Aug. 17, 2016 LTR 2697C 0 R
46-5762461 201512 44
Input Op: 0425876270 00026027
BODC: TE

JOSEPH RICHARD CURRIER FOUNDATION
INC
151 MARIETTA AVE
PASSAIC NJ 07055

REC'D REJECT CORR SEP 07 2016

Taxpayer Identification Number: 46-5762461
Form: 990-PF
Tax Period: Dec. 31, 2015
29491-205-01601-6



Dear Taxpayer:

We received the Form 990-PF you filed for the tax period shown above and find we need additional information. When responding please send only the requested information. Do not send a complete copy of your return unless the requested information changes your original return.

You need to complete line 2a through d, Part XV. If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited applications for funds, check the box on line 2, Part XV. In the future, if the foundation only makes contributions to preselected charitable organizations, check the box on line 2, Part XV. If Part XV lines 2a through d are completed and there is an amount on Part I, line 25 you need to state the purpose of the grant or contribution in Part XV line 3.

Schedule B is either missing or incomplete. Schedule B, Schedule of Contributors, is a required attachment for all organizations that file a Form 990, 990-EZ, or 990-PF. You need to complete and attach Schedule B or certify you do not meet the requirements of Schedule B. Guidelines for filing Schedule B can be found in Form 990, Form 990-EZ, or Form 990-PF instructions. These instructions can be obtained through our website at www.irs.gov.

☒ Check here if the organization is not required to attach Schedule B. You must also sign the declaration at the end of this letter.

If you need additional forms or schedules, you may obtain them by calling 1-800-TAX-FORM (1-800-829-3676) or download electronically fillable forms at www.irs.gov.

Using the enclosed envelope, please provide the information within 30 days from the date of this letter. To avoid delays in processing:

1. Attach a copy of this letter to the front of your reply,
2. Do not send a copy of your original return because it doesn't

JOSEPH RICHARD CURRIER FOUNDATION
INC
151 MARIETTA AVE
PASSAIC NJ 07055

- have the information we need.
3. Write your Employer Identification Number on the top of each form you send to us.
 4. Sign the declaration at the end of this letter and send it to us with the information we have requested.

If you aren't able to send us some of the information, please send us a written explanation.

We do not consider your tax return filed until we have all the information we need to process it. The date when we receive the information requested by this letter is the date we consider your return filed. The law provides a penalty of \$20 a day for filing an incomplete return. The maximum penalty may be as much as \$10,000 or five percent of the gross receipts for the year, whichever is less. If your organization has gross receipts exceeding \$1,000,000, the law provides a penalty of \$100 a day for filing an incomplete return. The maximum penalty may be as much as \$50,000.

If you wish to send the information by fax, our fax number is 801-620-6607. We will not be able to acknowledge receipt of your fax due to the high volume of faxes we receive. Do not send an additional copy by mail. Doing so could delay the processing of your return. Please include a cover sheet containing the following information:

Date: _____
Attention: Reject Unit - Mail Stop 6121
Control Number: 29491-205-01601-6

Your Name: _____
Your Employer Identification Number: _____
Tax Period: _____
Number of Pages of Faxed Material (including the cover sheet): _____

If you have any questions, please call us toll free at 1-877-829-5500. If you prefer, you may write us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and your telephone number with the hours we can reach you. Also, you should keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

0425876270
Aug. 17, 2016 LTR 2697C 0 R
46-5762461 201512 44
Input Op: 0425876270 00026029

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Thank you for your cooperation.

002667

Sincerely yours,

A handwritten signature in black ink, appearing to read "Brent R. Wadsworth". The signature is fluid and cursive, with a large initial "B" and a stylized "W".

Brent R. Wadsworth
Dept. Manager, ICO ERS/Rejects

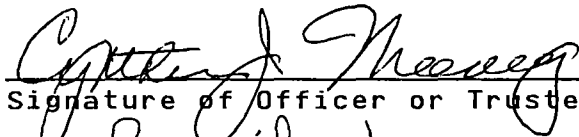
Enclosures:
Copy of this letter
Envelope

0425876270
Aug. 17, 2016 LTR 2697C 0 R
46-5762461 201512 44
Input Op: 0425876270 00026030

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INC
151 MARIETTA AVE
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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.



Signature of Officer or Trustee
President

Title



Date

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