# RAGONE, LACATENA, FAIRCHILD & BEPPEL, PC

Certified Public Accountants

# ATTACHED ARE YOUR COPIES

Please retain these copies for your records.

> 76 Euclid Avenue, Suite 200 Haddonfield, NJ 08033 (856) 795-9650 FAX (856) 795-7975

# (Reva 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

If you are filing for an Automatic 3-Month Extension, complete only Part II (on page 2 of this form).  If you are filing for an Automatic (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).  If you are filing for an Automatic 3-month extension on a previously filed Form 8868.  In a complete Part II unless you have already been granted an automatic 3-month automatic standard or filing form (etc.) You can electronically file Form 8868 for a dectronically file Form 990-T), or an additional (not automatic) 3-month automatic standard or filing form).  If you are filing form Automatic 3-month form 300 for a dectronically file Form 8868 for a dectronical file form 990-T), or an additional (not automatic) 3-month automatic standard filing form).  If you compared to the form grows of the form silend in Part or a section of form 8370, information February for file previous and the section of the form 300 form form formatic file file for Charities & Month form 10 form 8970, for more defails on the social will be form 10 form 1	ternal Revenue	Service Information about 1 of the	complete only Pa	art I and check this box		
if you are filing for an Additional (knowledge) and an automatic 3-month extension on a previously filed Form 8868 in professional complete form 8868 in you need a 3-month automatic extension of time. You can electronically file Form 8868 if you need a 3-month automatic extension of time. You can electronically file Form 8868 in you need a 3-month automatic extension of time. You can electronically file Form 8868 in you need a 3-month automatic extension of time. You can electronically file Form 8868 in you need a 3-month automatic of Form 890, information file and file form 8868 in you need a 3-month automatic of Form 890, information file form 8868 in you need a 3-month automatic of Form 890, file formation file form 8868 in you need a 3-month automatic of Form 890, file formation file form 8868 in you need a 3-month automatic of Form 890, file formation file form 8868 in you need a 3-month automatic of Form 890, file formation file form 8868 in you need a 4-month extension of Form 890, file formation file form 8868 in you need a 4-month extension of Form 890 in the formation and file formation fi	If you are	filing for an Automatic 3-Month Extension	Anth Extension	complete only Part II (on page 2 of this f	form).	
**Part of complete Part II unless you have already being granded by you need a 3-month automatic extension of time to file for manish all proportion required to the Form 990-T), or own proportion required to the Form 990-T over 10 personal personal Benefit Contracts, which must be set to the IR3 in proportion (see instructions). For more details on the extension of this form, visit www.vs.govorbifle and click on e-file for Chardres 2 hopprofits.  **Corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only    **Corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only    **Corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only    **Corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only    **Corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only    **Corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only    **The JOSEPH FUND INC***  **The JOSEPH FUND	If you are	filing for an Additional (Not Automatic) 5		a seth autonoion on a previously file	d Form 8868.	
extronic filling (e-file). No can girl O, in or all additional (not automatic) or migration required to the lot file and of the control of th						or a
Automatic 3-Month Extension of Time. Only submit original (in Corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only	Electronic file corporation request an ex Associated V	ing (e-file). You can electrofically file form equired to file Form 990-T), or an additiona tension of time to file any of the forms listed in with Certain Personal Benefit Contracts, while of this form visit www.irs.gov/efile and of the form vis	I (not automatic) 3 Part I or Part II wit ch must be sent to click on e-file for (	8-month extension of tiffle. Too can disdu h the exception of Form 8870, Information R o the IRS in paper format (see instruction Charities & Nonprofits.	aturn for Transfers	ails on the
Corporation required to file Form 990-T and requesting an automatic 6-month extension of time to file of the corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file concerned tax returns.    Partner of exempt organization or other filer, see instructions.   Employer identification number (EM) or THE JOSEPH FUND INC		. (7	" Only cubi	mit Aridinal (III) Cobles liceded).	Jata Bort Loni	v ► □
Manual corporations (including 1120-C filers), partnerships, PEDINCS, and utass into the return concered tax returns.    Same of exempt organization or other filer, see instructions.	- 1 Sept 1 Se		tamatic h-t	month extension - check this box	mplete Part I on	y
Name of exempt organization or other filer, see instructions.  THE JOSEPH FUND INC Number, street, and room or sulte number, if a P.O. box, see instructions.  207 FEDERAL STREET Toy, two or post office, steels, and 2P code. For a foreign address, see instructions.  CAMDEN, NJ 08105  Enter the Return code for the return that this application is for (file a separate application for each return).  101  Return (Code is For 990-8F)  Form 990 or Form 990-EZ  101  Form 990-T (corporation)  102  Form 990-PF  Form 990-PF  Form 990-PF  Form 990-PT (section 401(a) or 408(a) trust)  105  Form 990-T (trust other than above)  116  The books are in the care of MANAGEMENT  Telephone No. * (856) 576-7012  117  Telephone No. * (856) 576-7012  118  Fax No. * and attach a list with the names and EINs of all members the extension is for.  11 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15  The extension is for the organization's return for:    X   Chapter   X   X   X   X   X   X   X   X   X	4 corporatio	required to the Form 300 C filers) partners	hips, REMICs, and	a trusts must use i om i		
Name of exempt organization or other filer, see instructions.	All other coi	returns.	TO POST A STATE OF THE STATE OF	Enter filer's identify	ing number, see	instructions
THE JOSEPH FUND INC  Number, street, and room or sulle number. If a P.O. box, see instructions.  29.07 FEDERAL STREET  City, bown or past offices, state, and 2P code. For a foreign address, see instructions.  CAMDEN, NJ 08105  Enter the Return code for the return that this application is for (file a separate application for each return).  101  Application  107  Application  108  Form 990 or Form 990-EZ  101 Form 990-T (corporation)  108  Form 990-BL  109  Form 4720 (individual)  109  Form 4720 (individual)  109  Form 990-Form 4720 (redividual)  109  Form 990-T (section 401(a) or 408(a) trust)  105  Form 990-T (trust other than above)  116  117  Telephone No. (8.56) 576-7012  128  The books are in the care of MANAGEMENT  Telephone No. (8.56) 576-7012  Text No. (1) Form 990-T (exception 401(a) or 408(a) trust)  119  110  11 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension is for.  11 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15  11 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15  11 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15  11 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15  11 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15  120  13 If the tax year entered in line 1 is for less than 12 months, check reason: initial return Final return  13 If the spelication is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any norrefundable credits. See instructions  13 If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year over payment allowed as a credit.  14 Equancy of the properties of the properties of the properties of the p	moonio ten		ions		Employer identification	number (EIN) or
THE JOSEPH FUND INC  It by the mediate for state in the care of the return that this application is for (file a separate application for each return).  2907 FEDERAL STREET  Campen Population   Code   Code		Name of exempt organization or other filer, see instruct	ions.			
THE JOSEPH FUND INC  It by the mediate for state in the care of the return that this application is for (file a separate application for each return).  2907 FEDERAL STREET  Campen Population   Code   Code	Type or				20-4869278	
2907 FEDERAL STREET   City, town or post office, stells, and ZIP code. For a foreign address, see instructions.   CAMDEN, NJ 08105	print	THE JOSEPH FUND INC	and instructions		Social security number	(SSN)
Section   Sect	File by the	Number, street, and room or suite number. If a P.O. bo	x, see mstructions.	6 (O) B A		
Enter the Return code for the return that this application is for (file a separate application for each return)	due date for	2907 FEDERAL STREET	eign address see instru	ctions.		
Enter the Return code for the return that this application is for (file a separate application for each return)	return. See		eigii addiess, see matta	to the same		
Return   Section   Section   Return   Code   Section	instructions.	CAMDEN, NJ 08105				
Return   Section   Section   Return   Code   Section			i- for (file a cor	parate application for each return)		01
Application   Code Is For   Co	Enter the F	eturn code for the return that this application	on is for (file a sep	datate approachers to		
Application   S For				Audication		
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  I request an automatic 3-month (6 months for a corporation required to file Form 990·T) extension is for the organization's return for:    X calendar year 20 14 or   X 20 15 the tax year entered in line 1 is for less than 12 months, check reason:   Initial return   Final return     S if this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any and so payments made. Include any prior year overpayment allowed as a credit.    Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required, by using   Sc   Sc   Sc   Sc   Sc   Sc   Sc   S	Application	1		Is For		
Form 990 or Form 990-EZ  Form 990-BL  Form 990-BL  Form 990-BC  Form	Is For		01			
Form 990-BL Form 4720 (individual)  Form 990-FF  Form 990-FF  Form 990-T (section 401(a) or 408(a) trust)  Form 990-T (trust other than above)  The books are in the care of ▶ MANAGEMENT  Telephone No. ▶ (856) 576-7012  Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time  until 8/15, 20 15, to file the exempt organization return for the organization named above.  The extension is for the organization's return for:  ▶ ② calendar year 20 14 or  ▶ □ tax year entered in line 1 is for less than 12 months, check reason: □ initial return □ Final return  □ Change in accounting period  3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  CESTON SECTION OF THE ABOVE PROPERS OF THE PROPE						
Form 990-PF Form 990-T (section 401(a) or 408(a) trust)  ■ The books are in the care of ► MANAGEMENT  Telephone No. ► (8.56) 576-7012  ■ If the organization does not have an office or place of business in the United States, check this box						
Form 990-PF Form 990-T (section 401(a) or 408(a) trust)  ■ The books are in the care of ► MANAGEMENT  Telephone No. ► (856) 576-7012 Fax No. ►  ■ If the organization does not have an office or place of business in the United States, check this box ►  ■ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ►  ■ If it is for part of the group, check this box ►  ■ I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time  ■ I request an automatic 3-month (6 months for a corporation return for the organization named above.  The extension is for the organization's return for:  ■ X calendar year 20 15 , to file the exempt organization return for the organization named above.  The extension is for the organization's return for:  ■ X calendar year 20 14 or  ■ Lax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  □ Change in accounting period  3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions  ■ If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit  ■ Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using the subtract line 3b from line 3a. Include your payment with this form, if required, by using the subtract line 3b from line 3a. Include your payment with this form, if required, by using the subtract line 3b from line 3a. Include your payment with this form, if required, by using the subtract line 3b from line 3a. Include your payment with this form, if required, by using the subtract line 3b from line 3a. Include your payment with this form, if required, by using the subtract line 3b from line 3a. Include your payment with this form, if required, by using t						
Form 990-T (frust other than above)  • The books are in the care of ▶ MANAGEMENT  Telephone No. ▶ (856) 576-7012 Fax No. ▶  • If the organization does not have an office or place of business in the United States, check this box	Form 990-	PF (ADD(-) truet)				
The books are in the care of ► MANAGEMENT  Telephone No. ► (856) 576-7012 Fax No. ►  If the organization does not have an office or place of business in the United States, check this box	Form 990-	(section 401(a) or 408(a) trust)		Form 8870		12
Telephone No. ► (856) 576-7012 Fax No. ►  If the organization does not have an office or place of business in the United States, check this box	Form 990-	T (trust other than above)				
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	Teleph  If the control of the extended in the	one No. \( \bigcup \) (856) \( 576-7012 \) organization does not have an office or place is for a Group Return, enter the organization this box \( \times \) \( \bigcup \] . If it is for part of the otension is for.  uest an automatic 3-month (6 months for a corextension is for the organization's return for extension is for the organization's return for tax year beginning \( \bigcup \) . 20  uest ax year entered in line 1 is for less than	Fax Note of business in the properties of the pr	ne United States, check this box	ames and EINs of	nole group, all members
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3a If th	is application is for Forms 990-BL, 990-PF,			3 a \$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using  5c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using  5c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using  5c State of the state o	b If th	is application is for Forms 990-PF, 990-T, 4 payments made. Include any prior year ove	720, or 6069, enterpayment allowed	er any refundable credits and estimated as a credit		0
		- NOTE OFFICE COST OF THE PARTY	1	t with this form, if required, by using ns	3c\$	0

0000	2 (Pay 1 2014)				Page 2
- 16	B (Rev 1-2014) are filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part Hand check this	s box	···· 🗡
Mata Only	ocomplete Part II if you have already been granted	an automat	ic 3-month extension on a previou	sly filed Form 8868.	
e If your	are filing for an Automatic 3-Month Extension, com	plete only P	art (on page 1).		
THE STATE OF THE S	Additional (Not Automatic) 3-Month Exte	ension of	Time. Only file the original (r	no copies needed).	
art II	Additional (Not Automatic) 5-month Exte	JII DIOII OI	Enter filer's	identifying number, see	instructions
	Name of exempt organization or other filer, see instructions.			Employer identification number	(EIN) or
	Name of exempt organization of other mer, see mosacount				
Type or	THE			20-4869278	
print	THE JOSEPH FUND INC Number, street, and room or suite number. If a P.O. box, see inst	ructions.		Social security number (SSN)	
File by the					
extended due date for	RAGONE LACATENA FAIRCHILD BEPPH	EL, PC			
filing your return. See	76 EUCLID AVENUE, SUITE 200 City, town or post office, state, and ZIP code. For a foreign address	ss see instructi	ons.		
instructions.	5363	33, 300 11101111011		- prome 12 17'	
	HADDONFIELD, NJ 08033			11711	
Enter the	Return code for the return that this application is for	or (file a sep	parate application for each return)		01
Application	pplication Return Code Application				Return Code
	or Form 990-EZ	01			
Form 990		02	Form 1041-A		08
A STATE OF STREET	20 (individual)	03	Form 4720 (other than individual	)	09
Form 990		04	Form 5227		10
	0-T (section 401(a) or 408(a) trust)	05	Form 6069		11
	0-T (trust other than above)	06	Form 8870		12
Telep	books are in care of ► <u>MANAGEMENT</u> bhone No. ► (856) <u>576-7012</u> organization does not have an office or place of but is for a Group Return, enter the organization's four poup, check this box ► If it is for part of the	r digit Group	Exemption Number (GEN)	. If thi	s is for the
members	the extension is for.				
4   re	quest an additional 3-month extension of time until	11/15	. 20 14.		
5 For	calendar year 2013 , or other tax year beginning	14/15_	, 20 , and ending	, 20	
G If th	ne tax year entered in line 5 is for less than 12 mon	ths check r	reason:  Initial return	Final return	
6 11 11	Change in accounting period	iais, cricorti			
7 Sto	te in detail why you need the extension ORGA	NITTATTO	N TO AWATTING THIRD P	ARTY INFORMATION	ITN
		WINTTATIO	IN IS AWATITING TITIND I	VIII THI OMMITTOR	
<u>0</u> F	RDER_TO_FILE_A_COMPLETE_RETURN				
8 a If th	nis application is for Forms 990-BL, 990-PF, 990-T, prefundable credits. See instructions	4720, or 60	69, enter the tentative tax, less an	8a\$	
b If th	nis application is for Forms 990-PF, 990-T, 4720, or payments made. Include any prior year overpayme viously with Form 8868	6069, enter	r any refundable credits and estima as a credit and any amount paid		
c Pal	lance due. Subtract line 8b from line 8a. Include you TPS (Electronic Federal Tax Payment System). See	ir payment	with this form, if required, by using	8c \$	
			st be completed for Part II		
Under penalt correct, and	ties of perjury, I declare that I have examined this form, including accompanies of the last I am aluthorized to prepare this form.		s and statements, and to the best of my knowledg		1114
Signature	Title >			Date ► △	(Pay 1 2014)
BAA		FIFZ0502L	12/31/13	rorm 8868	(Rev 1-2014)

# Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

2014, and ending For the 2014 calendar year, or tax year beginning D Employer identification number Check if applicable: 20-4869278 THE JOSEPH FUND INC E Telephone number Address change 2907 FEDERAL STREET (856) 576-7012 Name change CAMDEN, NJ 08105 Initial return Final return/terminated G Gross receipts \$ 791,111 Amended return X No H(a) Is this a group return for subordinates Yes F Name and address of principal officer: No H(b) Are all subordinates included?

If 'No,' attach a list. (see instructions) Application pending SAME AS C ABOVE 4947(a)(1) or ) (insert no.) 501(c) ( X 501(c)(3) Tax-exempt status H(c) Group exemption number JOSEPHFUNDCAMDEN.ORG Website: ► M State of legal domicile: NJ 2012 L Year of formation: Other > Association X Corporation Form of organization: Part I Summary THE FUNDAMENTAL PURPOSE AND MISSION Briefly describe the organization's mission or most significant activities: OF THE JOSEPH FUND IS TO SUPPORT THE MINISTRIES OF THE ST. JOSEPH'S PRO-CATHEDRAL BY RAISING MONEY TO SUPPORT PROGRAM EXPANSION, CAPITAL PROJECTS AND TO UNDERWRITE Activities & Governance ANY OPERATING SHORTFALL EXPERIENCED BY INDIVIDUAL MINISTRIES. Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) ...... Number of independent voting members of the governing body (Part VI, line 1b)..... 17 4 3 Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . . . . . . 5 100 Total number of volunteers (estimate if necessary)..... 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . 7a 0. b Net unrelated business taxable income from Form 990-T, line 34..... **Current Year Prior Year** 505,898. 897,067 Contributions and grants (Part VIII, line 1h)..... Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 250 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 204,791. 38,855 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 936,172 710,694. 449,290 Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 320,984 Benefits paid to or for members (Part IX, column (A), line 4)..... 219,899 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 227,508 16a Professional fundraising fees (Part IX, column (A), line 11e)..... Expenses b Total fundraising expenses (Part IX, column (D), line 25) ▶ 58,585. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 56,351 17 727,774. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).... 604,843 -17,080.Revenue less expenses. Subtract line 18 from line 12..... 331,329 End of Year Beginning of Current Year 537,050. 553,030 1,100. 0 535,950. Net assets or fund balances. Subtract line 21 from line 20..... 553,030 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign Here Type or print name and title. Date Check Preparer's signature Print/Type preparer's name P00294921 self-employed MICHAEL D. LACATENA MICHAEL D. LACATENA Paid ► RAGONE LACATENA FAIRCHILD BEPPEL, Preparer Firm's name Firm's EIN ► 22-2569347 ▶ 76 EUCLID AVENUE, SUITE 200 Use Only Firm's address 795-9650 (856)NJ 08033 HADDONFIELD, May the IRS discuss this return with the preparer shown above? (see instructions)..... Yes

	TOOLDH EIND THE	20-4869278	Page 2
	1 990 (2014) THE JOSEPH FUND INC  #III Statement of Program Service Accomplishments		
Par	Check if Schedule O contains a response or note to any line in this Part III		X
	Check if Schedule O contains a response of note to any mit in the second of the contains a response of note to any mit in the second of the contains a response of note to any mit in the second of the contains a response of note to any mit in the second of the contains a response of note to any mit in the second of the contains a response of note to any mit in the second of the contains a response of note to any mit in the second of the contains a response of note to any mit in the second of the contains a response of note to any mit in the second of the contains a response of note to any mit in the second of the contains a response of note to any mit in the second of the contains a response of note to any mit in the second of the contains a response of note to any mit in the second of the contains a response of note to any mit in the second of the contains a response of th		
1	Briefly describe the organization's mission:  SEE SCHEDULE 0		
	SEE SCHEDULE O		
_	Did the organization undertake any significant program services during the year which were not listed on the price	or	Marine Control
2	Form 990 or 990-EZ?	Yes	X No
	Form 990 or 990-E2 Schodule O		
	If 'Yes,' describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Yes	X No
	C-landula O		
	If 'Yes,' describe these changes on Schedule O.	ices, as measured by	expenses.
4	If 'Yes,' describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program service section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported.	ns to others, the total	expenses,
	the same and including grounts of S ) (F	Revenue \$	)
4	a (Code:) (Expenses \$693,236. including grants of \$) (F	,	
	SEE SCHEDULE O		
			\
4	b (Code:) (Expenses \$including grants of \$) (I	Revenue \$	
_	4c (Code: ) (Expenses \$ including grants of \$ )	Revenue \$	)
-	4 d Other program services. (Describe in Schedule O.)		The second secon
4	(Expenses \$ including grants of \$ ) (Revenue \$	3	)
-	4 e Total program service expenses ► 693,236.		
4	Total program service expenses		orm 000 (2014

Part IV. Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X 1 1 X Schedule A..... 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?.... Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II..... X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III. . . . X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II........ X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III. X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV. X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V..... X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI. X 11 a b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. X 11 b c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII. X 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. X 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.... 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.... X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete 12a X Schedule D, Parts XI, and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional...... X 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E...... 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States?....... b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV. X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV..... X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.... X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). X 17 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. X 19 X 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... 20 b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.... 20 b

Form 990 (2014) THE JOSEPH FUND INC Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II....... X 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III....... X 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a..... X 242 **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I. 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II. Schedule L, Part L..... X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III. X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV..... 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X 28b Schedule L, Part IV.... c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV..... X 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If 'Yes,' complete Schedule M..... 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete X Schedule N, Part IL.... Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I. X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1..... X X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... 35a b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2..... 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2..... X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI..... X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note. All Form 990 filers are required to complete Schedule O.

BAA

Page 5 20-4869278 Form 990 (2014) THE JOSEPH FUND INC Pa .V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V..... Yes No 0 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 1 a 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners?.... 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.... X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3 2 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0...... 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a b If 'Yes,' enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR) X 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5 b 50 c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?.... 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X 6 a solicit any contributions that were not tax deductible as charitable contributions?.... b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b not tax deductible?.... 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X 7 a services provided to the payor?.... 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X 7 c Form 8282? .... X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required?.... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h orm 1098-C?.... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year?.... 9 Sponsoring organizations maintaining donor advised funds. 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 9 b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . 11 Section 501(c)(12) organizations. Enter: 11 a a Gross income from members or shareholders.... b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?... 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year...... 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 132 Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in

which the organization is licensed to issue qualified health plans.

14a Did the organization receive any payments for indoor tanning services during the tax year?.....

14a

14b

X

20-4869278 Form 990 (2014) THE JOSEPH FUND INC Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 17 17 **b** Enter the number of voting members included in line 1a, above, who are independent . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents X since the prior Form 990 was filed?.... Δ Did the organization become aware during the year of a significant diversion of the organization's assets?..... X 5 Did the organization have members or stockholders?.... X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body? ..... 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by X the following: a The governing body?.... 8a **b** Each committee with authority to act on behalf of the governing body?..... X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) X 10 a Did the organization have local chapters, branches, or affiliates?.... 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?..... 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... SEE SCHEDULE .Q X 12c 13 Did the organization have a written whistleblower policy?..... 13 X 14 Did the organization have a written document retention and destruction policy?..... X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official..... 15a X **b** Other officers or key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year?..... b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure \_NJ List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) X Upon request Another's website Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to SEE SCHEDULE O the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: CAMDEN NJ 08105 (856) 576-7012 MANAGEMENT 2907 FEDERAL STREET

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

# Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any rela				(C)						
(A) Name and Title	(B) Average hours		dir	(do no box, an o ector/	truste			(D)  Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) SEE ATTACHED LIST	0							0.	0.	(
(2) MARK HODGES EXECUTIVE DIRECTOR	4 <u>0</u> 0				X			149,375.	0.	(
(3)										
_(4)										
(5)										
(6)										
<u>(7)</u>										
(8)										
(9)										
(10)										
(11)										
(12)		-								
(13)										
(14)										

Partivili Section A. Officers, Directors, 114	(B) (C)							(D)	(E)	(F)
(A) Name and title	Average hours per	box.	unles	heck ss pe	more rson directo	than o is both or/truste	ee)	(D)  Reportable compensation from	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(4.E)						ď	_			
(15)		-								
(16)		-								
(17)										
(18)		-								
(19)										
(20)										
(21)										
(22)										
(23)										
(24)		-								
(25)										
1 b Sub-total.							4 4	149,375.	0.	
c Total from continuation sheets to Part VII, Secti							<b></b>	0. 149,375.	0.	0.
Total number of individuals (including but not limited	to those	listed	abo	ve)	who	recei	ved	more than \$100,00	00 of reportable com	pensation
from the organization 1										Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	ch inaivia	uai								3 X
4 For any individual listed on line 1a, is the sum o the organization and related organizations great such individual	er tnan \$	150,0			····	····				4 X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	ie compe s,' compl	nsatio	on fr	rom dule	any J fo	unre or suc	elate ch p	ed organization or person	r individual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest comper	sated inc	lener	nden	t co	ntra	ctors	tha	at received more	than \$100,000 of	
compensation from the organization. Report comper	nsation for	the c	alen	ndar	yea	endi	ing v	with or within the o	Igariization s tax yee	(C)
(A) Name and business address								Description	of services	Compensation
Total number of independent contractors (including	but not lin	nited	to the	ose	liste	d abo	ove)	who received more	e than	
\$100,000 of compensation from the organization	0	TEEA								Form <b>990</b> (2014)

	Check if Schedule O contain	ns a resp	onse or note to an	v line in this Part V	III		
			dan	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns     b Membership dues     c Fundraising events     d Related organizations     e Government grants (contributions)  f All other contributions, gifts, grants, as similar amounts not included above	. 1b . 1c . 1d . 1e	505 000				
d Oth	g Noncash contributions included in lines	1a-1f: \$	505,898.				
an Co	h Total. Add lines 1a-1f			505,898.			
			Business Code				
Program Service Revenue	b c d e f All other program service reve	 					
oge					ta sea comia torra socia constituitades	Ewick Shirt Make and his total is	ISHADIR HIS SAME SHIP HIS TH
Pr	g Total. Add lines 2a-2f  3 Investment income (including other similar amounts)						5.
	4 Income from investment of tax 5 Royalties	k-exempt	bond proceeds	5.			5.
	6 a Gross rents  b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)						
	[1] P200	Securities	(ii) Other				
	c Gain or (loss)d Net gain or (loss)						
Other Revenue	8 a Gross income from fundraising (not including\$	ne 1c).	a 267,227.				
th	c Net income or (loss) from fund					and the second s	186,810.
0	9 a Gross income from gaming ac See Part IV, line 19	tivities.	а	100,010.			100,010:
	b Less: direct expenses			100000000000000000000000000000000000000			
	c Net income or (loss) from gan				Section of the state of the sta	Programme and the second	ANNALY SEMANTES CONTRACTOR
	10 a Gross sales of inventory, less and allowancesb Less: cost of goods sold						
	c Net income or (loss) from sale						
	Miscellaneous Revenue		Business Code		144-14 A A A A A A A A A A A A A A A A A A A		45344 2-5453
	11a PROJECT MANAGEMENT b	FEE _		17,981.			17,981.
	d All other revenue						
	e Total. Add lines 11a-11d			17,981.			
	12 Total revenue. See instruction			710,694.	0.	0.	204,796.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX..... (D) (A) Total expenses (B) (C) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Fundraising Management and Program service expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. 449,290 449,290 See Part IV, line 21..... Grants and other assistance to domestic individuals. See Part IV, line 22 ..... Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 14,937 0. 134,438 trustees, and key employees ..... 149,375 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described 0 0 0. in section 4958(c)(3)(B)..... 0 30,491 3,388 33,879 Other salaries and wages ..... Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 22,199 2,466. 24,665 Other employee benefits ..... 1,198 10,782 11,980 11 Fees for services (non-employees): 682 76 758 7,436 7,436 c Accounting..... d Lobbying..... e Professional fundraising services. See Part IV, line 17... f Investment management fees ..... g Other. (If line 11g amt exceeds 10% of line 25, column 20 177 197 (A) amount, list line 11g expenses on Schedule 0) . . . . . 328 2,955 3,283. Advertising and promotion..... 2,542 282. 2,824 Information technology..... 14 15 Royalties.... 513 5,131 4,618 16 Occupancy..... 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 4,684 4,216 468. Interest ..... Payments to affiliates..... Depreciation, depletion, and amortization.... Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)..... 2,377 21,399 23,776 a PUBLIC RELATIONS 5,556 617 6,173 b PRINTING AND PUBLICATIONS 187 1,683 1.870 c COMMUNITY SUPPORT 139 1,389 1,250 d DUES & SUBSCRIPTIONS 106 958 1,064. e All other expenses..... 0. 693,236. 34,538 727,774. 25 Total functional expenses. Add lines 1 through 24e. . . . Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720).....

**Balance Sheet** 

Part X

Check if Schedule O contains a response or note to any line in this Part X ...... (B) End of year Beginning of year 107,714 137,050. 1 Cash — non-interest-bearing..... 2 Savings and temporary cash investments..... 4,351 2 Pledges and grants receivable, net..... 440,965. 3 400,000. 3 4 Accounts receivable, net ..... Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L.... Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L..... 6 7 Notes and loans receivable, net..... Assets Inventories for sale or use..... 8 9 Prepaid expenses and deferred charges..... 10 a Land, buildings, and equipment: cost or other basis.

Complete Part VI of Schedule D...... 10 c Investments — publicly traded securities..... 11 11 Investments - other securities. See Part IV, line 11..... 12 13 Investments - program-related. See Part IV, line 11..... 13 Intangible assets..... 14 14 15 15 Other assets. See Part IV, line 11..... Total assets. Add lines 1 through 15 (must equal line 34).... 553,030 16 537,050 16 Accounts payable and accrued expenses..... 17 1.100 18 18 19 19 Deferred revenue ..... 20 Escrow or custodial account liability. Complete Part IV of Schedule D..... Liabilities 21 21 Loans and other payables to current and former officers, directors, trustees, 22 23 24 Unsecured notes and loans payable to unrelated third parties..... Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 Total liabilities. Add lines 17 through 25..... 0 26 1,100. X and complete Organizations that follow SFAS 117 (ASC 958), check here ► Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets..... 27 534,844. 509,173 Temporarily restricted net assets..... 43,857 28 1,106. Permanently restricted net assets..... 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds..... 30 31 Paid-in or capital surplus, or land, building, or equipment fund..... Retained earnings, endowment, accumulated income, or other funds..... 32 Total net assets or fund balances..... 553,030. 33 535,950. Total liabilities and net assets/fund balances..... 34 537,050. 553,030 Form 990 (2014) BAA

TEEA0112L 05/28/14

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

-	JOSEPH FUND INC					20-486927				
Pari	Reason for Public Cl	narity Status (All	organizations must	comple	ete this	part.) See instruc	tions.			
The c	rganization is not a private fou	ndation because it is:	(For lines 1 through 11	, check	only one	box.)				
1	A church, convention of chur	ches, or association of	churches described in sec	ction 170	(b)(1)(A)	(i).				
2	A school described in sect	ion 170(b)(1)(A)(ii). (A	ttach Schedule E.)							
3	A hospital or a cooperative	hospital service orga	nization described in se	ction 17	70(b)(1)(	A)(iii).				
4	A medical research organiz						Inter the hospital's			
	name, city, and state:	e canadana suecon a como de como en estado en estado en estado en estado en entre entre en entre en	Contraction of the Contraction o			, , , , , , ,				
5	An organization operated for 170(b)(1)(A)(iv). (Complete	the benefit of a college e Part II.)	or university owned or or	perated b	y a gove	rnmental unit described i	n section			
6	A federal, state, or local go									
7	An organization that normally in section 170(b)(1)(A)(vi).	(Complete Part II.)			nental un	it or from the general pul	olic described			
8	A community trust describe	ed in section 170(b)(1)	)(A)(vi). (Complete Part	11.)						
9	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10	An organization organized									
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.									
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.									
b	Type II. A supporting organ management of the supportin must complete Part IV, Sec	nization supervised or ng organization vested in ctions A and C.	controlled in connection the same persons that of	with its	suppor	ted organization(s), by the supported organizat	having control or ion(s). You			
С	Type III functionally integrate organization(s) (see instruc	ed. A supporting organizations). You must con	ation operated in connection plete Part IV, Sections	n with, a	nd function	onally integrated with, its	supported			
d	Type III non-functionally inte functionally integrated. The instructions). You must con	grated. A supporting or corganization general mplete Part IV, Sectio	ganization operated in co ly must satisfy a distribuns A and D, and Part V.	nnection ution req	with its s uiremen	supported organization(s) t and an attentiveness	that is not requirement (see			
е	Check this box if the organ integrated, or Type III non-	ization received a writ functionally integrated	tten determination from I supporting organization	the IRS						
	Enter the number of supported									
g	Provide the following informati	on about the supporte	ed organization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza in your o	Is the tion listed governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
(B)										
(C)										
(D)										
(E)										
Total										
BAA	or Paperwork Reduction Act I	Notice, see the Instru	ctions for Form 990 or 9	990-EZ.		Schedule A (Form	990 or 990-EZ) 2014			

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
begi	endar year (or fiscal year inning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').			311,540.	897,067.	505,898.	1,714,505.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	0.	0.	311,540.	897,067.	505,898.	1,714,505.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						989,176.
6	Public support. Subtract line 5 from line 4						725,329.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
7	Amounts from line 4	0.	0.	311,540.	897,067.	505,898.	1,714,505.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			10.	250.	5.	265.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			20.	2001	ÿ.	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						1,714,770.
12	Gross receipts from related activ	ities, etc (see inst	ructions)				0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	<b>&gt;</b> X
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20					e creative contract and	%
	Public support percentage from 2						%
	<b>33-1/3% support test — 2014.</b> If and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			
b	<b>33-1/3% support test</b> — <b>2013.</b> If the and <b>stop here.</b> The organization	he organization di qualifies as a pub	d not check a box licly supported or	on line 13 or 16a ganization	a, and line 15 is 3	33-1/3% or more,	check this box
17a	10%-facts-and-circumstances te or more, and if the organization rete the organization meets the 'facts'	st — 2014. If the o meets the 'facts-ar -and-circumstance	rganization did no nd-circumstances es' test. The organ	ot check a box on test, check this b dization qualifies a	line 13, 16a, or 1 box and <b>stop her</b> as a publicly supp	6b, and line 14 is e. Explain in Part ported organizatio	10% VI how n▶
	10%-facts-and-circumstances teror more, and if the organization rorganization meets the 'facts-and	meets the 'facts-ard-circumstances' to	nd-circumstances est. The organizat	' test, check this b tion qualifies as a	oox and <b>stop her</b> publicly supporte	e. Explain in Part ed organization	VI how the
	Private foundation. If the organiz	ation did not chec	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see ins	tructions
BAA					C - L-	adula A /Fam OO	0 000 EZ 0014

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the	ne box on line 9 of Part I	or if the organization	failed to qualify	under Pa	art II. If the o	roanization fails
to qualify under the tests lister	d below, please comple	ete Part II.)				3

	ction A. Public Support						
Cale:	ndar year (or fiscal yr beginning in) Sifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	(a) 2010	(b) 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	any 'unusual grants.')						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	The state of the s						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						_
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7 a	Total. Add lines 1 through 5  a Amounts included on lines 1, 2, and 3 received from disqualified persons						
	and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
C	Add lines 7a and 7b						
8	7c from line 6.)						- Til
	tion B. Total Support						
	dar year (or fiscal yr beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
b	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11 and 12.)						The same of the sa
14	First five years. If the Form 990 is organization, check this box and	s for the organiza	tion's first, secon	d, third, fourth, or	fifth tax year as	a section 501(c)(3)	▶ □
Sect	tion C. Computation of Pub	lic Support Po	ercentage				
15	Public support percentage for 201	14 (line 8, column	(f) divided by lin	e 13, column (f)).		15	%
16	Public support percentage from 2	013 Schedule A,	Part III, line 15			16	%
Sect	tion D. Computation of Inve	estment Incom	e Percentage				
17	Investment income percentage fo	r 2014 (line 10c,	column (f) divided	by line 13, colum	nn (f))	17	%
18	Investment income neverters (	om 2012 Cahadul	A Part III line	17	*************		%
	investment income percentage fro	on Zuis Schedule	or in the title title				
19a	Investment income percentage fro 33-1/3% support tests — 2014. If is not more than 33-1/3%, check	the organization of	lid not check the	box on line 14, ar	nd line 15 is more	than 33-1/3% and	d line 17
b		the organization of this box and <b>stop</b> the organization of check this box ar	lid not check the here. The organi lid not check a bond stop here. The	box on line 14, ar zation qualifies as ox on line 14 or lir organization qua	nd line 15 is more is a publicly suppo ne 19a, and line 1 difies as a publicly	than 33-1/3%, and rted organization. 6 is more than 33-7 supported organization.	1/3%, and zation

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sec	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c		
4:	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
1	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
• (	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 8	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ŀ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
(	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c	de di Carl	
10 a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below.	10a		
b	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Pa	rt IV Supporting Organizations (continued)	0		- 90
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
	ction B. Type I Supporting Organizations			
	21 11 3 3		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		-	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	The organization satisfied the Activities Test. Complete line 2 below.			
1	The organization is the parent of each of its supported organizations. Complete line 3 below.			
(	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
ě	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ł	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Pa	rttV Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	ations	
1		ovem	ner 20 1970 See instruction	ons. All
Sec	ction A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2		2		
3		3		
4		4		
5		5		
6		6		
7	Other expenses (see instructions).	7		
8		8		
Sec	ction B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	a Average monthly value of securities	1a		201-11
	b Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
(	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3		3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	, , , , , , , , , , , , , , , , , , , ,	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally-integer (see instructions).	grate	d Type III supporting orga	anization
BAA			Schedule A (Form	990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	tions (continued)							
Section D - Distributions			Current Year						
1 Amounts paid to supported organizations to accomplish exempt p	urposes								
2 Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity.	of supported organizations	5.							
3 Administrative expenses paid to accomplish exempt purposes of s									
5 Qualified set-aside amounts (prior IRS approval required)									
6 Other distributions (describe in Part VI). See instructions									
7 Total annual distributions. Add lines 1 through 6									
Distributions to attentive supported organizations to which the organization Part VI). See instructions	tion is responsive (provide	details							
9 Distributable amount for 2014 from Section C, line 6									
10 Line 8 amount divided by Line 9 amount									
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014						
1 Distributable amount for 2014 from Section C, line 6									
Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)									
3 Excess distributions carryover, if any, to 2014:									
a with the same and									
b 224			<b>对加州蒙古和特</b> 特						
c the same to the same that the same to		3400年付款的計算機	群 医侧侧 医视性神经 医						
d all the same of			計算的發展的可求。						
e From 2013		Section 1 Laboratory							
f Total of lines 3a through e									
g Applied to underdistributions of prior years									
h Applied to 2014 distributable amount									
i Carryover from 2009 not applied (see instructions)									
j Remainder. Subtract lines 3g, 3h, and 3i from 3f									
4 Distributions for 2014 from Section D, line 7: \$									
a Applied to underdistributions of prior years			2000年1月2日						
b Applied to 2014 distributable amount	在被制度是"加速								
c Remainder. Subtract lines 4a and 4b from 4		<b>以以外的海洋型流</b> 线	Marca Marca (Marca)						
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)									
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)									
7 Excess distributions carryover to 2015. Add lines 3j and 4c									
8 Breakdown of line 7:			(6) 在特别的政治社会						
a distribution of the second o	Battan Straft	TO A STANSON AND							
b and the second of the second			4.203.41.00						
c	<b>经租赁的现在分词</b>								
d Excess from 2013		(1) (1) (1) (1)	<b>以外的种类</b>						
e Excess from 2014									
BAA		Schedule A (Form	1 990 or 990-EZ) 2014						

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

# Sch dule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

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

2014

OMB No. 1545-0047

Name of the organization		Employer identification number				
THE JOSEPH FUND INC		20-4869278				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	private foundation				
	527 political organization	private foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a privi	ata farindatian				
		ate foundation				
	501(c)(3) taxable private foundation					
Check if your organization is covered by the Ge	anaval Dula as a Smarial Dula					
	NATIONAL SECURITION OF THE SECURITIES OF THE SECURITION OF THE SEC					
<b>Note.</b> Only a section 501(c)(/), (8), or (10) orga	anization can check boxes for both the General Rule and a S	pecial Rule. See instructions.				
General Rule						
X For an organization filing Form 990, 990-EZ	Z, or 990-PF that received, during the year, contributions tota ete Parts I and II. See instructions for determining a contribu	lling \$5,000 or more (in money or				
property) from any one contributor. Comple	ete Parts I and II. See instructions for determining a contribu	or's total contributions.				
Special Rules						
For an organization described in section 50	P1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, the year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II.	ort test of the regulations				
received from any one contributor, during the	that checked scriedule A (10111 990 of 990-62), Part II, life 13, the year, total contributions of the greater of (1) \$5,000 or (2)	2% of the amount on (i)				
Form 990, Part VIII, line 1h, or (ii) Form 99	0-EZ, line 1. Complete Parts I and II.					
For an organization described in section 50	1(c)(7) (8) or (10) filing Form 990 or 990-F7 that received f	rom any ana contributor				
during the year, total contributions of more	(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f than \$1,000 exclusively for religious, charitable, scientific, lit o children or animals. Complete Parts I, II, and III.	erary, or educational				
purposes, or for the prevention of cruelty to	children or animals. Complete Parts I, II, and III.					
Π-						
For an organization described in section 50	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f	rom any one contributor,				
\$1,000. If this box is checked, enter here the	r religious, charitable, etc., purposes, but no such contribution to total contributions that were received during the year for a	ons totaled more than				
charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because						
it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$						
990-PF), but it must answer 'No' on Part IV lin	the General Rule and/or the Special Rules does not file Sch	edule B (Form 990, 990-EZ, or				
Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

1 of

5 of Part 1

THE JOSEPH FUND INC

Employer identification number 20-4869278

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HOLMAN FOUNDATION  244 EAST KINGS HIGHWAY  MAPLE SHADE, NJ 08052	\$20,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HARRY R. HALLORAN, JR. FUND  1234 MARKET STREET, SUITE 1800  PHILADELPHIA, PA 19107	\$243,195.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARK & ANN BAIADA  2907 FEDERAL STREET  CAMDEN, NJ 08105	\$ <u>5,000</u> .	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	RHONDA COSTELLO 2907 FEDERAL STREET CAMDEN, NJ 08105	\$ <u>5,150.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	RICHARD HAYDINGER  2907 FEDERAL STREET  CAMDEN, NJ 08105	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	PARIS BUSINESS PRODUCTS  800 HIGHLAND DR.  WESTAMPTON, NJ 08060	\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Schedule	В	(Form	990.	990-F7	or 990-PF)	(2014)
Concadio		(I OIIII	220,	220-12	01 230-111	(2014)

Page 2 of Employer identification number

5 of Part 1

Name of organization

THE JOSEPH FUND INC

20-4869278

T altie	Contributors (see instructions). Use duplicate copies of Part I if additional space	is needed.	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PROCACCI CHARITABLE FOUNDATION  925 S. FEDERAL HWY, STE 400  BOCA RATON, FL 33432	\$20,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	REPUBLIC BANK  50 S. 16TH STREET, STE 2400  PHILADELPHIA, PA 19102	\$ <u>11,250.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MIKE & MARYANN CAMARDO FOUNDATION  55 S. HINCHMAN AVE.  HADDONFIELD, NJ 08033	\$ <u>7,000</u> .	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	AMERICAN REFINING GROUP  2907 FEDERAL STREET  CAMDEN, NJ 08105	\$6,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	COMMUNITY FOUNDATION OF NEW JERSEY  35 KNOX HILL ROAD  MORRISTOWN, NJ 07963	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	COOPERS FERRY DEVELOPMENT  2907 FEDERAL STREET  CAMDEN, NJ 08105	\$5,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Schedul	e B (Form 990, 990-EZ, or 990-PF) (2014)	Pa	age	3 of	5 of Par
4	rganization TOSEPH FUND INC		3 5	r identification n 869278	umber
	Contributors (see instructions). Use duplicate copies of Part I if additional space		20-40	009270	
(a) Number	r Name, address, and ZIP + 4	(c) Total contributions	S	Type of	(d) contribution
13_	ERICSON FAMILY FUND			Person Payroll	X
	2907 FEDERAL STREET  CAMDEN, NJ 08105	_ \$ <u>50,</u> (	000.	Noncash (Complete I noncash co	Part II for ntributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	5	Type of	(d) contribution
14_	EXXON MOBIL FOUNDATION  2907 FEDERAL STREET  CAMDEN, NJ 08105	- - - -	000.	Person Payroll Noncash (Complete F	Part II for ntributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions		Type of o	(d) contribution
<u>15</u> _	MICHAEL HAYDINGER  2907 FEDERAL STREET  CAMDEN, NJ 08105	\$ <u>7,5</u>		Person Payroll Noncash (Complete F noncash cor	Z Part II for ntributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions		Type of c	(d) contribution
16_	HEISMAN TROPHY TRUST  2907 FEDERAL STREET  CAMDEN, NJ 08105	\$ <u>20,0</u>		Person Payroll Noncash (Complete P	art II for otributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions		Type of c	(d) ontribution
17_	HILL INTERNATIONAL  2907 FEDERAL STREET  CAMDEN, NJ 08105	\$5,00		Person Payroll Noncash (Complete P	X art II for tributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions		Type of c	(d) ontribution
	JOHNSON & JOHNSON  2907 FEDERAL STREET  CAMDEN, NJ 08105	\$5,00		Person Payroll Noncash (Complete Payroncash contash co	

4 of

5 of Part 1

Employer identification number Name of organization 20-4869278 THE JOSEPH FUND INC Part | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) Type of contribution (b) Name, address, and ZIP + 4 (c) Total contributions (a) Number X Person ROBERT & EILEEN KENNEDY JR 19 Payroll 13,250. Noncash 2907 FEDERAL STREET (Complete Part II for CAMDEN, NJ 08105 noncash contributions.) (d) Type of contribution (b) Name, address, and ZIP + 4 (c) Total (a) Number contributions X Person NICOLSON LAW GROUP LLC 20 Payroll 10,000. Noncash 2907 FEDERAL STREET (Complete Part II for CAMDEN, NJ 08105 noncash contributions.) (d) Type of contribution (c) Total (b) Name, address, and ZIP + 4 (a) Number contributions X Person JOAN AND BERNARD SPAIN\_\_\_\_\_\_ 21 Payroll 5,000. Noncash 2907 FEDERAL STREET (Complete Part II for CAMDEN, NJ 08105 noncash contributions.) (d) Type of contribution (b) Name, address, and ZIP + 4 (c) Total (a) Number contributions Person TOM NEWTON 22 Payroll 5,000. Noncash 2907 FEDERAL STREET (Complete Part II for CAMDEN, NJ 08105 noncash contributions.) (c) Total contributions (d) Type of contribution (a) (b) Name, address, and ZIP + 4 Number Person X 23 OUR LADY OF LOURDES HOSPITAL Payroll 2907 FEDERAL STREET 15,000. Noncash (Complete Part II for CAMDEN, NJ 08105 noncash contributions.) (b) Name, address, and ZIP + 4 (d) Type of contribution (c) Total (a) Number contributions Person X

2907 FEDERAL STREET

24

THE DOMENICA FOUNDATION

CAMDEN, NJ 08105 \_\_\_\_\_\_

15,000.

Payroll

Noncash

(Complete Part II for

noncash contributions.)

Schedule	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2014)	Page	identification number
Name of orga	inization	20-48	
THE JO	SEPH FUND INC  Contributors (see instructions). Use duplicate copies of Part I if additional space i	s needed.	
Part I (a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25_	ANONYMOUS	\$15,000.	Person X Payroll Noncash
	2907 FEDERAL STREETCAMDEN, NJ 08105		(Complete Part II for noncash contributions.)
(a) Number	(6)	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Numbe	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$s	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Numbe	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ _\$	Person Payroll Complete Part II for noncash contributions.)
(a) Numb	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) Numb	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Oncash Complete Part II for noncash contributions.)
	TFFA0702L 07/17/14	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2014)

5 of Part 1

Page

1 to

1 of Part III

Name of organization
THE JOSEPH FUND INC
Part III Exclusively religious, charitable, etc.

Employer identification number 20-4869278

HEARTH	Exclusively religious, charitable, e						
	or (10) that total more than \$1,000 for the following line entry. For organizations of	the year from any one contribution Part III, enter the total	utor. Comple	ete columns (a) through (e) and			
	contributions of \$1,000 or less for the year.	(Enter this information once. Se	e instruction	ns.)			
	Use duplicate copies of Part III if additional						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	N/A						
		(e) Transfer of gift		-			
	Transferee's name, addres	ss, and ZIP + 4	Rela	tionship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	<u> </u>						
		(e) Transfer of gift					
	Transferee's name, addres	Rela	Relationship of transferor to transferee				
(2)	(12)	(-)		(1)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(0)					
		(e) Transfer of gift					
	Transferee's name, addres	s, and ZIP + 4	Rela	tionship of transferor to transferee			
(a)	(b)	(c)		(d)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
			+				
ŀ							
1		(e) Transfer of gift					
	Transferee's name, address	s, and ZIP + 4	Relat	tionship of transferor to transferee			
ŀ							
-							

## SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014

m990. Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	THE JOSEPH FUND INC			20-4869278				
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.							
	Complete if the organization ansv	(a) Donor advise		(b) Funds and other accounts				
1	Total number at end of year	(a) Donor advise	u lulius	(b) I dilus and other accounts				
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
_								
5	Did the organization inform all donors and don are the organization's property, subject to the	organization's exclusive lega	al control?	Yes No				
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in wri of the donor or donor advis	ting that grant funds can lor, or for any other purpos	be used only se conferring Yes No				
Pa	Conservation Easements. Complete if the organization answ	wared 'Vas' to Form 99	N Part IV line 7					
1								
Ė	Preservation of land for public use (e.g., re	PRINCE SENSE BOOKS - SENSE BOOKS - SENSE SENSE SENSE	The second secon	torically important land area				
	Protection of natural habitat	screation of education,		tified historic structure				
	Preservation of open space		1 reservation of a con-	and motorie structure				
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation co	entribution in the form of a co	onservation easement on the				
	last day of the tax year.			onservation casement on the				
				Held at the End of the Tax Year				
	a Total number of conservation easements							
	b Total acreage restricted by conservation easen		The same of the sa					
	c Number of conservation easements on a certifi		1.50.50	С				
	d Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06,	and not on a historic 2	d				
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguished	l, or terminated by the organ	nization during the				
4	Number of states where property subject to conser	vation easement is located >						
5	Does the organization have a written policy reg and enforcement of the conservation easement	parding the periodic monitorits it holds?	ng, inspection, handling o	of violations,				
6	Staff and volunteer hours devoted to monitoring, in							
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservati	on easements during the ye	ar				
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the r	equirements of section 17	70(h)(4)(B)(i)				
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to	conservation easements in its	revenue and expense state	ment, and balance sheet, and				
Par	conservation easements.  † III Organizations Maintaining Collect							
	Complete if the organization answ	vered 'Yes' to Form 990	), Part IV, line 8.					
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its finance	d for public exhibition, education	on or research in furtherance	tement and balance sheet works of ce of public service, provide,				
ł	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	public exhibition, education, o	or research in furtherance of	f public service, provide the				
	(i) Revenue included in Form 990, Part VIII, lir							
	(ii) Assets included in Form 990, Part X			Contract party dates and the contract of the c				
	If the organization received or held works of art, his amounts required to be reported under SFAS 1							
a	Revenue included in Form 990, Part VIII, line 1							
H	Assets included in Form 990, Part X			▶ Ś				

Schedule D (Form 990) 2014 THE JO	SEPH FU	ND INC					20-4869		Page 2
Paulli Organizations Maintair	ning Colle	ctions o	f Art, Histo	orical	Treasures, or	Other	Similar Asse	ets (contin	ued)
Using the organization's acquisition, items (check all that apply):	accession, ar	nd other red	_			e a signif	icant use of its c	ollection	
a Public exhibition					hange programs				
b Scholarly research			e Other						
c Preservation for future genera									
4 Provide a description of the organiza Part XIII.									
5 During the year, did the organizati to be sold to raise funds rather that	on solicit or an to be mai	ntained as	part of the	rganiz	zation's collection?		iiiliai assets	Yes	No
Part IV Escrow and Custodial line 9, or reported an a	Arrangem	ents. Co	omplete if	the o	rganization ans	wered	'Yes' to Form	n 990, Pa	rt IV,
1 a Is the organization an agent, trust on Form 990, Part X?						er asset	s not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement i	n Part XIII a	nd comple	ete the follow	ing tat	ole:		1	Amount	
c Beginning balance						10		Amount	
d Additions during the year									
e Distributions during the year									
f Ending balance									
2a Did the organization include an an							liability?	Yes	No
b If 'Yes,' explain the arrangement i	n Part XIII. (	Check here	e if the expla	nation	has been provided	d in Part	XIII		
Daw Endowner France Co	manlata if	the erec	nization or	251101	rad 'Vas' to Far	m 000	Part IV/ line	10	
Part V Endowment Funds. Co			(b) Prior year		(c) Two years back		Three years back	(e) Four ye	ars hack
1 a Beginning of year balance	(a) Current	year	(b) Filol yea		(C) TWO years back	(u)	Tillee years back	(e) rour ye	ars back
b Contributions						_			
c Net investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage		nt year en	d balance (lir	ne 1g,	column (a)) held a	as:			
a Board designated or quasi-endowme	nt 🟲		%						
b Permanent endowment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		9						
c Temporarily restricted endowment			0						
The percentages in lines 2a, 2b, a	na 2c should	equal 10	0%.						
3 a Are there endowment funds not in the organization by:	e possession	of the orga	nization that a	are hel	d and administered	for the		Yes	No
(i) unrelated organizations								3a(i)	110
(ii) related organizations								3a(ii)	
b If 'Yes' to 3a(ii), are the related or									
4 Describe in Part XIII the intended									
Part VI Land, Buildings, and E	quipment			7.00.00					
Complete if the organiz	ation ansv	wered 'Y	es' to Forr	n 990	), Part IV, line	11a. S	ee Form 990	, Part X, I	ine 10.
Description of property			other basis stment)		Cost or other pasis (other)	dep	ccumulated reciation	(d) Book	value
1 a Land	-								
<b>b</b> Buildings	1								
c Leasehold improvements									
d Equipment									
e Other		-,-	000 5 : ::		(5) // (5)				
Total. Add lines 1a through 1e. (Column	(d) must eq	ual Form	990, Part X,	colum	n (B), line 10c.)			le <b>D</b> (Form 9	0.
BAA							Juliedu	0 0 0 0 0 0	10/2014

	Part VIII Investments - Other Securities.		N/A	00 5 1 7 11 10
(a) Consel/y-feld equity interests. (b) Coscly-feld equity interests. (c) Coscly-feld equity interests. (d) Coscly-feld equity interests. (e) Coscly-feld equity interests. (f) Cosclete (file or 2004) (		Control of the contro		
(2) Other (A) (B) (C) (C) (D) (C) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financial derivatives			
(A) (B) (C) (C) (D) (C) (C) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely-held equity interests			
(G) (G) (G) (Total, (Column (p), must equal From \$90, Part X, column (B) line 12, \rightarrow  (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(3) Other			
(G) (G) (G) (Total, (Column (p), must equal From \$90, Part X, column (B) line 12, \rightarrow  (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(A)			
(G) (G) (G) (Total, (Column (p), must equal From \$90, Part X, column (B) line 12, \rightarrow  (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(B)			
(5) (6) (7) (8) (8) (9) (9) (9) (9) (10) (10) (10) (10) (11) (11) (11) (11				
(F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(G) (G) (G) (F) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G				
(6) (7) (8) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (11) (11	(F)			
Total.   Column (b) must equal Form 990, Part X, column (3) line 12)	(G)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)				
Total, **Column (b) must equal Form 990, Part X, column (B) line 12.)	(l)			
Part IVIII    Investments - Program Related.   Complete if the organization answered   Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, Line 13.				
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment type  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (l)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	Part VIII Investments - Program Related.			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 999, Part X, column (B) line 13).    (a) Description   (b) Book value (c) (d) (d) (e) (f) (f) (g) (g) (li) (g) (li) (g) (li) (h) (h) (h) (h) (li) (li) (li) (li) (li) (li) (li) (li	Complete if the organization answered			
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)    Part IX   Other Assets.   Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)    Part X   Other Liabilities.   Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (10) (10) (11)	(1)			
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)  (a) Description (b) Book value  (c) (3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (11) (10) (11) (10) (10	(2)			
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)  (a) Description (b) Book value  (c) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	(3)			
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13	(4)			
(7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, column (B) line 13) ►  (a) Description (b) Book value  (b) Book value  (c) (3) (4) (5) (6) (7) (8) (9) (10) Total, (Column (b) must equal Form 990, Part X, column (B), line 15,) ►  Part XX Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  (a) Description (b) Book value  (b) Book value  (c) (a) Description of liability (b) Book value  (c) (d) (d) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(5)			
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	(6)			
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).				
Total, (Column (b) must equal Form 990, Part X, column (B) line 13.)     Part IX   Other Assets.   N/A				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).    Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (b) Book value  (c) (a) (b) Book value  (d) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d				
Part IX   Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    (a) Description   (b) Book value				
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (b) Book value  (c)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)		37./3		ELECTRICAL STATE OF THE STATE O
(a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes  (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Complete if the organization answered	'Yes' to Form 990	Part IV line 11d See Form 90	0 Part X line 15
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)			, raitiv, into tra. occironii 3.	
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	(3)			
(6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15.).  Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)		NAME OF THE OWNER O		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)  Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				
(9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 15.).  Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.).  Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (11)				
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.).  Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)				
Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)		) line 15.)	<b>•</b>	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)		y, iiile 13.)		
(a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (11)	Complete if the organization answered 'Yes' to Fo	rm 990 Part IV line 11	e or 11f See Form 990 Part X line 25	
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	(a) Description of liability		5 of 1711 coo 1 of 111 coo, 1 are X, 1110 20	
(3) (4) (5) (6) (7) (8) (9) (10) (11)				
(4) (5) (6) (7) (8) (9) (10)	(2)			
(5) (6) (7) (8) (9) (10) (11)				
(6) (7) (8) (9) (10) (11)				
(7) (8) (9) (10) (11)				
(8) (9) (10) (11)				
(9) (10) (11)				
(10) (11)				
(11)				
	\'''/			<b>17. 具有规模型特别的企业企业等。</b> 18. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Design De								
Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.								
1 Total revenue, gains, and other support per audited financial statements	1	710,694.						
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
a Net unrealized gains (losses) on investments								
b Donated services and use of facilities								
c Recoveries of prior year grants								
d Other (Describe in Part XIII.)								
e Add lines 2a through 2d.	2 e							
3 Subtract line 2e from line 1	3	710,694.						
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	13561	710,034.						
a Investment expenses not included on Form 990, Part VIII, line 7b								
b Other (Describe in Part XIII.)								
c Add lines 4a and 4b.	4 c							
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		710 604						
		710,694.						
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retui	n.						
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.								
1 Total expenses and losses per audited financial statements	1	727,774.						
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:								
a Donated services and use of facilities								
b Prior year adjustments								
c Other losses								
d Other (Describe in Part XIII.)	<b>新疆</b>							
e Add lines 2a through 2d.	2e							
3 Subtract line 2e from line 1	3	727,774.						
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		121,114.						
a Investment expenses not included on Form 990, Part VIII, line 7b								
b Other (Describe in Part XIII.)								
c Add lines 4a and 4b.	4 c							
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	727,774.						
Part XIII Supplemental Information.		The second secon						

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART X - FIN 48 FOOTNOTE

THE ORGANIZATION HAS ADOPTED THE RECOGNITION REQUIREMENTS FOR UNCERTAIN INCOME TAX POSITIONS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, FIN48 (ASC740). INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE-LIKELY-THAN NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE ORGANIZATION BELIEVES THAT INCOME TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION

AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE

Schedule D (Form 990) 2014

Par. XIII Supplemental Information (continued)

## PART X - FIN 48 FOOTNOTE (CONTINUED)

AFFECT ON THE ORGANIZATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2014.

### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

THE JOSEPH FUND INC					20-486927	8		
Part I Fundraising Activities. Comp	lete if the orga	nization a lete this p	nswered '` art.	Yes' to Form 990, Part	IV, line 17.			
1 Indicate whether the organization r	raised funds thr	rough any	of the foll	owing activities. Check	all that apply.			
a Mail solicitations e Solicitation of non-government grants								
b Internet and email solicitations								
<b>日</b> 。								
	c Phone solicitations g Special fundraising events							
d In-person solicitations					1 1 1			
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?								
b If 'Yes,' list the ten highest paid indiv								
compensated at least \$5,000 by th	e organization.	(Turiuraise	ors) pursua	Tit to agreements under v	VIIICIT LITE TUTICITATION TO LO			
(i) Name and address of individual	(ii) Activity			(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to		
or entity (fundraiser)	(.,,	have custo	dy or control		(or retained by)	(or retained by)		
		of contributions?			fundraiser listed in column (i)	organization		
		Yes	No		(7			
1								
2								
3								
3								
4								
5								
6								
7								
8								
9								
10								
T. 1.1						0		
Total  3 List all states in which the organization	on is registered of	or licensed	to solicit c	ontributions or has been	I notified it is exempt from	registration 0.		
or licensing.								
	TO SECURE LANGE AND ADDRESS OF THE PARTY OF		The state of the s	The second secon				

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (b) Event #2 (c) Other events (a) Event #1 (add column (a) GOLF OUTING NONE HANDS UP GALA through column (c)) (total number) (event type) (event type) REVENUE 267,227. Gross receipts..... 194,194. 73,033. 2 Less: Contributions..... 267,227. 73,033. 194, 194. 3 Gross income (line 1 minus line 2)..... Cash prizes..... DIRECT 6 Rent/facility costs..... 7 Food and beverages ..... EXPENSES Entertainment ..... 50,771. 29,646. 80,417. Other direct expenses..... 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 80,417. 186,810. Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (b) Pull tabs/Instant (c) Other gaming (a) Bingo (add column (a) through column (c)) bingo/progressive bingo REVENUE 1 Gross revenue..... Cash prizes..... DIRECT Rent/facility costs..... Other direct expenses..... Yes Yes No No No Direct expense summary. Add lines 2 through 5 in column (d)..... Net gaming income summary. Subtract line 7 from line 1, column (d)..... 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?..... No b If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?..... b If 'Yes,' explain:

Sche	edule G (Form 990 or 990-EZ) 2014 THE JOSEPH FUND INC	20-4869278	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	No
12		I to	No
a l	Indicate the percentage of gaming activity conducted in:  a The organization's facility.  b An outside facility.	13ь	010
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reconstruction.		
	Address •		
Ŀ	a Does the organization have a contact with a third party from whom the organization receives gaming revenue if 'Yes,' enter the amount of gaming revenue received by the organization   of gaming revenue retained by the third party   the 'Yes,' enter name and address of the third party:		No
	Name •		
	Address ►		i
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	he Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the	
Par	organization's own exempt activities during the tax year ► \$  **EXIVALE Supplemental Information.* Provide the explanations required by Part I, line 2b, and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information (see instructions).	columns (iii) and ( any additional	(V),
	morniador (coo moradoro).		

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2014

OMB No. 1545-0047

Open to Public Inspection

Employer identification number	97.78	Yes X No	l'Yes' to ded.	f (h) Purpose of grant or assistance	SOCIAL SEBUICES	CHURCH/SOCIAL SERVICES	SOCIAL SERVICES	OCCUPANT OF THE PROPERTY OF TH				0		VA 1000 VOOD
Employer idea	70-48692		tion answered space is need	(g) Description of non-cash assistance										- HOO
8		or assistance, and	Complete if the organization answered 'Yes' to e duplicated if additional space is needed.	(f) Method of valuation (book, FMV, appraisal, other)										
		eligibility for the grants		(e) Amount of non-cash assistance	0	0	o d							
		the grants or assistance, the grantees' eligibility for the grants or assistance, and se of grant funds in the United States.	nd Domestic Gove ore than \$5,000. Pa	(d) Amount of cash grant	191,500	172,790	85,000					the line 1 table		
	nce	unt of the grants or a e? the use of grant fund	Organizations and that received mo	(c) IRC section if applicable								ganizations listed in	1 table	for Form 000
	ants and Assista	substantiate the amo grants or assistance cedures for monitoring	ce to Domestic Cor any recipient t	(b) EIN	27-4417979	21-0635021	22-2756708					and government or	ns listed in the line	see the Instructions
Name of the organization THE TOSEDH FILMD INC	General Info	<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees</li> <li>bescribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>	<b>Eartile Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> Complete if the organization answered 'Ye Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	1 (a) Name and address of organization or government	(1) JOSEPH'S HOUSE OF CAMDEN	(2) ST_JOSEPH PRO CATHEDRAL	(3) ST_JOSEPH'S CARPENTRY SOCIETY - 20_CHURSH STREET - CAMDEN, NJ 08105	(4)	(5)	 ( <i>d</i> )	(8)		3 Enter total number of other organizations listed in the line 1 table	BAA For Paperwork Reduction Act Notice see the Instructions for Form 990

THE JOSEPH FUND INC

Partill Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 20-4869278

(e) Method of valuation (book, FrMV, appraisal, other)								
(d) Amount of non-cash assistance								
(c) Amount of cash grant								Sail I tacd ai boring
(b) Number of recipients								e the information re
(a) Type of grant or assistance	1	2	3	4	5	9	7	Part IV Supplemental Information. Provide the information required in Bart I ling 2 Bart III all man (1) and a line in the information required in Bart I ling 2 Bart III all man (1) and a line in the information required in Bart III all man (1) and a line in the information required in Bart III all man (1) and a line information required in Bart III all man (1) and a line information required in Bart III all man (1) and a line information required in Bart II line 2 Bart III all man (1) and a line information required in Bart II line 2 Bart III all man (1) and a line information required in Bart II line 2 Bart III all man (1) and a line information required in Bart II line 2 Bart III all man (1) and a line information required in Bart II line 2 Bart III all man (1) and a line information required in Bart II line 2 Bart III all man (1) and a line information required in Bart II line 2 Bart III all man (1) and a line information required in Bart II line 3 Bart III all man (1) and a line information required in Bart II line 3 Bart III all man (1) and a line information required in Bart II line 3 Bart III all man (1) and a line information required in Bart II line 3 Bart III all man (1) and a line information required in Bart II line 3 Bart III all man (1) and a line information required in Bart III all man (1) and a line information required in Bart II line 3 Bart II

Schedule I (Form 990) (2014)

### SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2014

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
THE JOSEPH FUND INC

Employer identification number 20-4869278

### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE FUNDAMENTAL PURPOSE AND MISSION OF THE JOSEPH FUND IS TO SUPPORT THE MINISTRIES OF THE ST. JOSEPH'S PRO-CATHEDRAL BY RAISING MONEY TO SUPPORT PROGRAM EXPANSION, CAPITAL PROJECTS AND TO UNDERWRITE ANY OPERATING SHORTFALL EXPERIENCED BY INDIVIDUAL MINISTRIES.

### FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

THE FUNDAMENTAL PURPOSE AND MISSION OF THE JOSEPH FUND IS:

- A. TO SOLICIT AND RECEIVE GIFTS OF MONEY, SECURITIES AND OTHER PROPERTY; AND
- B. TO PROVIDE FUNDS FOR EDUCATIONAL INITIATIVES, SOCIAL WELFARE PROJECTS AND ALL OTHER CHARITABLE PROGRAMS AND/OR MINISTRIES OF OR SUPPORTED BY THE ST. JOSEPH'S CATHOLIC CHURCH, EAST CAMDEN, A NEW JERSEY RELIGIOUS CORPORATION; AND
- C. TO PROVIDE FUNDS FOR EDUCATIONAL INITIATIVES, SOCIAL WELFARE PROJECTS OR OTHER CHARITABLE PROGRAMS IN WHICH A CHARITABLE ORGANIZATION OPERATING WITHIN THE GEOGRAPHICAL SCOPE OF THE DIOCESE OF CAMDEN IS INVOLVED.

PRIMARY ACTIVITIES OF THE FUND AND ITS BOARD OF TRUSTEES WILL INCLUDE SEEKING PRIVATE CONTRIBUTIONS, CORPORATE INVESTMENT BY AREA BUSINESSES AND GRANTS FROM PUBLIC AND PRIVATE FOUNDATIONS. THE FUND IS ALSO DEVOTED TO PROMOTING GREATER AWARENESS OF THE MINISTRIES IN THE COMMUNITY.

FINALLY, THE JOSEPH FUND BOARD OF TRUSTEES WILL PROVIDE OVERSIGHT AND CONSULTATIVE ASSISTANCE IN THE MOST EFFECTIVE USE OF THE FINANCIAL RESOURCES IT PROVIDES TO THE MINISTRIES.

Employer identification number

### 20-4869278

### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A COMPLETE COPY OF THE 990 WILL BE PROVIDED TO THE BOARD OF TRUSTEES. THE BOARD WILL BE ASKED TO REVIEW THE 990 AND SUBMIT ANY COMMENTS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL BOARD MEMBERS AND THEY ARE

ASKED TO EXECUTE THE DISCLAIMER ACCOMPANYING THE POLICY. THIS PROCESS WILL HAPPEN

ANNUALLY.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

THE JOSEPH FUND INC

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20-4869278

Partil Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.	Complete if the organiza	ation answered 'Yes	on Form 990,	Part IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Total income En	(e) End-of-year assets	(f) Direct controlling entity	gui
(i)							
(3)							
	rganizations Complete rations during the tax y	if the organization ear.	answered 'Yes'	on Form 990, Pa	Irt IV, line 34 bed	cause it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	birect controlling entity	(g) Sec 512(b)(13) controlled entity?	(13) intity?
						Yes	No
	SOCIAL SERVICES	N.T	501 (C) (3)	170 (B) (1) (A) (	( V V V		>
ST 239 CA	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	ſΝ	501 (C) (3)	CHIRCH			< >
	SOCIAL SERVICES	ŊΝ	501 (C) (3)	170 (B) (1) (A) (			< >
(4)							
BAA For Paperwork Reduction Act Notice, see the Instructions for Form	tions for Form 990.		TEEA5001L 08/22/14		Schedule	Schedule R (Form 990) 2014	1014

Schedule R (Form 990) 2014 THE JOSEPH FUND INC

Partill Indentification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(k) Percentage				W							art IV,	Sec 512(b)(13) controlled entity?	Yes No				1						Schedule R (Form 990) 2014
General or	managing partner?	No									00, P.		_				+						(Forn
Gene	man	Yes									rm 99	(h) Percentage ownership											edule F
	amount in box 20 of Schedule K-1 (Form	1065)									as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, nizations treated as a corporation or trust during the tax year.	(g) Share of end-of- Pyear assets						-	- H				Sch
(h) Dispropor-	tionate allocations?	No									nswer ear.	- S											-
		Yes						-			zation al	(f) Share of total income											
Share of	end-or-year assets										organi Iring t												
Sh	end-				_						if the criminal trust du	Type of entity (C corp, S corp, or trust)	(acpa										
f total	<u>=</u>										mpletion or	Type (C cor	5										
Share of total	HICOLIE										<b>Frust</b> Co	(d) Direct controlling entity											08/22/14
income	m tax										on or												TEEA5002L 08/22/14
Predominant income	excluded from tax under sections	512-514									as a Corporation or Trust Complete if the organization answerizations treated as a corporation or trust during the tax year.	Legal domicile (state or foreign	16 100										TEE/
1	5 /										as a C	Lega (state	1										
(d) Direct	entity											(b) Primary activity											
(c) Legal	(state or foreign	country)									zations ore relat			-	1	1		-		-	+	1	
(b) Primary activity											Identification of Related Organizations Taxable line 34 because it had one or more related organ	f related organization		1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
(a) Name, address, and EIN of related organization			(1)		6	(7)		(3)			Part IV Identification of Ine 34 because	(a) Name, address, and EIN of related organization		(I)			(2)			(3)			ВАА

# Schedule R (Form 990) 2014 THE JOSEPH FUND INC

36
_
0
5b
3
4
3
Je
Ξ
>
1
ā
O.
99
E
110
F
L
-
es
>
O
9
Ve
15
a
L
ţ.
Za
=
g
Orc
a)
7
<u>+</u>
te
<u>e</u>
D
0
0
15
ō
ati
N
an
5
ō
D
te
<u>e</u>
ď
_
N.
>
ns
0
T
Sa
an
7
10000
IT V
Pa

Note. Complete line 1 if any entity is listed in Parts III, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	d in Parts II-IV?			CENT
rom			1a	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1 p	×
c Gift, grant, or capital contribution from related organization(s)			10	×
d Loans or loan guarantees to or for related organization(s)			10	×
e Loans or loan guarantees by related organization(s)			0	×
			1f	×
			19	×
			1h	X
			11	×
j Lease of facilities, equipment, or other assets to related organization(s)			1.	×
k Lease of facilities, equipment, or other assets from related organization(s)			1 k	×
Performance of services or membership or fundraising solicitations for related organization(s)				×
m Performance of services or membership or fundraising solicitations by related organization(s)			1m	X
			1 n	X
o Sharing of paid employees with related organization(s)			10	X
p Keimbursement paid to related organization(s) for expenses.			1p	×
q Keimbursement paid by related organization(s) for expenses			1q	×
Other transfer of each or grant from the second of the sec				×
S Outlet transfer of cash of property from related organization(s)			1s	×
ion on who must complete this line,	including covered relationships and transaction thresholds.	saction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	etermining nvolved
(1) JOSEPH'S HOUSE OF CAMDEN	В	191,500.	AMOUNT	DONATED
(2) ST JOSEPH PRO CATHERDRAL	В	172,790.	AMOUNT	DONATED
(3) ST JOSEPH'S CARPENTRY SOCIETY	В	85,000.	AMOUNT	DONATED
(4)				
(5)				
(9)				
BAA TEEA5003L 08/22/14		Schedule	~	(Form 990) 201

Schedule R (Form 990) 2014

20-4869278

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Percentage ownership Schedule R (Form 990) 2014 General or managing partner? No Yes Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. Code V-UBI amount in box 20 of Schedule K-1 Form (1065) (h)
Disproportionate
allocations? No Yes (g) Share of end-of-year assets Share of total income (e)
Are all partners section 501(c)(3) organizations? No Yes Predominant A income (related, unrelated, cacluded of from tax under section 512-514) (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of entity E BAA (2) (3) 4 (5) (9) 0 8

Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).

# THE SEE JOSEPH FUND

### Board of Trustees

Monsignor Robert McDermott, Board Chairman - 1 year Pastor, St. Joseph's Pro-Cathedral

Robert A. Kennedy, Board President - 3 year President and CEO, The Kennedy Companies

Angelo Alberto, AIA, PPNJ- 2 year (LUCY Advocate) Principal and Owner, Alberto & Associates

Susan Barrett - 1 year Financial Advisor

Edward Borden - 1 year Earp Cohn P.C., Attorneys at Law

Sean Closkey - 3 year President, TRF Development Partners

Rhonda S. Costello- 2 year (LUCY Advocate) Executive Vice President, Chief Retail Officer, Republic Bank

Robert Dale- 3 year Founder, Managing Partner, Buckingham Partners

Gene S. DiMedio- 2 year President and CEO, DuBell Lumber Company

J. Michael Farrell - 2 year Attorney at Law

Douglas Heppe - 3 year Vice President, Toll Brothers, Inc.

Robert Hoey- 3 year (LUCY Advocate) First Vice President, Janney Montgomery Scott

Edward Hutchinson-3 year President, Hutchinson Group of Companies

> 2907 Federal Street Camden, New Jersey 08105 www.josephfundcamden.org

Gene R. Mariano, Esquire- 2 year Shareholder, Parker McCay P.A.

Cindy Margraf - 2 year (LUCY Mentor) President, NexGen Marketing

Dr. Vincent McLaughlin - 2 year Gastroentology Group of South Jersey

Dr. Pat Procacci, M.D.- 2 year

2907 Federal Street Camden, New Jersey 08105 www.josephfundcamden.org





### New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

## Form CRI-400 (Revised April 2008)

### Application for an Extension of Time to File the Annual Renewal Registration Statement and Financial Report for a Charitable Organization

All questions must be answered.

Important: Effective July 9, 2006, changes were made to the Charitable Registration and Investigation Act.

Carefully review the attached instructions before completing and submitting this form.

file their renewal registr fiscal years ending Janu 12	ration, pursuant to cha pary 31, 2006, and afte <del>/31/2014</del>	nges in the Charitable r. Please Note: Extens	e Registration and Invious of time to file can	reger be granted an extension of time to restigation Act effective July 9, 2006, for anot be granted for Initial Registrations.
Date fiscal year ends:	//_ Date of this ap	pplication: 6/1/2/2015	N.J. Charities Regist	ration Number: CH-
Charity's Full Legal Na	me:THE JOSE	PH FUND INC		
Other Names Used (d.b.a.)				
Mailing Address:	2907 FEDERAL	STREET CAMDEN	NNJ 08105	
In care of:	Address	City	State	ZIP Code
Street Address:	2907 FEDER	RAL STREET CAM	DEN NJ 08105	
Street addres	ss	City	State	ZIP Code
□ Ch	eck this box to flag a c	hange of address or o	ther vital information	1.
Contact Person:JIM	CATRAMBONE		Phone Numb	er:856-576-7012
E-mail:	ONE@JOSEPHFUN	IDCAMDEN.ORG Feder	al Tax ID (EIN):	er:856-576-701220-4869278 (include area code)
Web site:WWW.JO	SEPHFUNDCAMDE	N.ORG F	ax Number:	
				(include area code)
requested for the fol AW	lowing reason(s):	RTY INFORMATION		the fiscal year-end shown above, is hereb

2.	page of this application?  If "No," please stop: if any		the fiscal year ending on the date shown on the first  Yes No request will be denied. Please bring the renewal for an extension on a more current year.
3.	Has the organization submitte the Division of Consumer Aff		alties owed to the Charities Registration Section of Yes
4.	-	ly filed an initial registration with the Charities Rest immediately file an initial registration for which	
5.	Final Check List - please revi	ew and check off each of the five items below as t	hey are confirmed and accomplished.
paid	☐ All of the questions on th☐ The charity has filed all p☐ The charity has paid all p☐ Payment of the registration to the "New Jersey Divise the hereby certify that all of the about all fines and penalties owed to the "New Jersey Divise the hereby certify that all of the about all fines and penalties owed to the "New Jersey Divise the hereby certify that all of the about all fines and penalties owed to the "New Jersey Divise the hereby certify that all of the about all fines and penalties owed to the "New Jersey Divise the hereby certify that all of the about all fines and penalties owed to the "New Jersey Divise the hereby certify that all of the about all fines and penalties owed to the "New Jersey Divise the hereby certify that all of the about all fines and penalties owed to the "New Jersey Divise the hereby certify that all of the about all fines and penalties owed to the "New Jersey Divise the hereby certify that all of the about all fines and penalties owed to the "New Jersey Divise the hereby certify that all of the about all fines and penalties owed to the "New Jersey Divise the hereby certify that all of the about all fines and penalties owed to the "New Jersey Divise the hereby certify that all of the about all fines and penalties owed to the "New Jersey Divise the hereby certify that all of the about all fines and penalties owed to the "New Jersey Divise the hereby certify that all of the about all fines and penalties owed to the "New Jersey Divise the "New	ove statements are true. I further certify that the oo the Division, and that this extension request con	ents.
		are willfully false, we are subject to punishment.	Dete
0.000		Title	
Sig	gnature	Title	Date
		This form must be signed by at least one (1) office	er of the charity.

Should you have questions regarding charities registration in New Jersey, please visit our Web site at <a href="http://www.njconsumeraffairs.gov/ocp/charities.htm">http://www.njconsumeraffairs.gov/ocp/charities.htm</a> where registration information, instructions, forms and a fee schedule may be viewed and/or downloaded. After reading through all of the information on our Web site, if you have further questions, please contact the Charities Registration Section at our hotline number (973)-504-6215 during regular business hours.



### New Jersey Office of the Attorney General

Division of Consumer Affairs Office of Consumer Protection Charities Registration Section 124 Halsey Street, 7<sup>th</sup> Floor, P.O. Box 45021 Newark, NJ 07101 (973) 504-6215

### Form CRI-300R

### Long-Form Renewal Registration/Verification Statement

(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1.	This statement con	tains the fac	cts and	financial info	rmation	or the fisc	al year ending		12/ 31		014	-	
2.	Federal ID Numbe	r (EIN) _20-	-4869	9278	2a. N.J	Charities	Registration N	mo Number			00		
3.	Full legal name of In care of: (if neces					seph Fu	nd Inc						
4.	Mailing Address:	2907 Fe	deral	Street, Can	nden, N	J 08105					Cha	nge (	of Address
NO	TE: If " in care of," o		Street Ad	dress		City	State used, the stre	et addre	ZIP Code	:			
5.	The principal street						,		as of the		, ,,,,,,,		went betow.
	Same as Mailin	g Address		sistering organ	mzatron_		Street Address		City		State		ZIP Code
6.	Does the organizati If "Yes," attach a li	on have any ist giving the	office e stree	es in New Jers et address and	ey in add	ition to the	one listed ab	ove? n New	Jersey.			Yes	X No
6a.	If the street address office in New Jersey records, and to who	y, indicate the	e nam	e, full address,	phone ar	a's official ad fax num	records are ke ber of the pers	pt, or if on havi	the organ	ization y of th	n does e of th	not r	naintain an anization's
	N/A												
		Contact person			Stree	address	(	City		State		ZIP Co	ode
	Telephone number	(include area code)			Fax n	mber (include ar	a code)	-					
7.	Organization's cont 856-576-7012	act informat	ion:										
	Telephone number ( jcatrambone@jo E-mail ad	sephfundc	amde	en.org jos		ber (include area dicamden Web site		_					
8.	Type of organization	n (check one	e):										

9	Where and when was the organization legally established? Date: 4/25/2012 State: New	Jersey	
	As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organizationstrument of organization (that is, the organization's charter, articles of incorporation or organization, agree instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year between the constitution of trust, or constitution only if the document has been issued or amended during the fiscal year between the constitution of trust.	zation's l	association
10.	Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? If "Yes," indicate all of the other names used:	□Yes	■No
11.	Does the organization intend to solicit contributions from the general public?	Yes	□No
12.	Is the organization authorized by any other state or jurisdiction to solicit contributions?  If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.	□Yes	No
13.	Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number	☐ Yes	XNo h one.
14.	What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separ registration.	ate stater	nent to this
	To provide funds for the educational initiatives, social welfare projects and all charitable prograministries of or supported by St Joseph's Catholic Church, East Camden, a New Jersey religion corporation: to provide funds for educational initiatives, social welfare projects or other charitates which a charitable organization opertating within the geographical scope of the Diocese of Catholic Church, East Camden, a New Jersey religion.	ous able prod	arams in
14a.	What are the specific programs and charitable purposes for which contributions are used? For each program already exists or is planned. Only major program categories need be listed. If necessary, attach a separate registration.  Same as #14 above	im, state te statem	whether it ent to this
15.	Does the organization use an independent paid fund-raiser or fund-raising counsel? If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their ful number, fax number, registration number in New Jersey, and a contact person's name.	□ Yes	₩No , telephone
15a.	Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's If "Yes," please describe the situation.		□No
	N/A 1		
	Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co- fiscal year-end being reported?  If "Yes," please explain:		-
17.	Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3) a. If "No," has an application been filed which is still pending? If so, please attach a copy of the	? <b>X</b> Yes	□No
	<ul><li>I.R.S. 1023 form filed.</li><li>b. Has a tax exemption been granted under another I.R.S. code?</li><li>If "Yes," advise which one:</li></ul>	□ Yes	No No
	c. Has an I.R.S. tax exemption been refused, changed or revoked?  If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. dete notification and provide a detailed explanation of the circumstances on a separate sheet of paper.	☐ Yes erminatio	XNo n letter of

18.	organization ever entered If "Yes," attach to this re	had its authority to conduct charital d into any voluntary agreement of c egistration a copy of the denial, sus ain the reasons for the denial, sus	liscontinuance with any gover spension, revocation or volunt	nmental entity? ary agreement of	☐ Yes 【XNo discontinuance. If the
19.	not limited to, a settleme jurisdiction, state or fede	untarily entered into an assurance on ent of an administrative investigation ral agency or officer? this registration the relevant docur	on or proceeding, with or with		
20.	unlawful practices in the contributions, or are such If "Yes," attach to this re	any of its present officers, directors a solicitation of contributions or an proceedings pending in this or any gistration photocopies of any and a written assurance or other documents.	administration of charitable a y other jurisdiction? all written documentation (suc	elssets or been enjoyens	oined from soliciting  ☐ Yes No administrative order
21.	convicted of any criminal criminal or civil offense fitness to perform activ	any of its present officers, director al offense committed in connection involving untruthfulness or disho ities regulated by this Act? A pla ty shall be deemed a conviction.	n with the performance of aconesty or any criminal offens	tivities regulated se relating adverse	under this act or any
22.	in any administrative or c of liability in an administration in an unlawful practice in	ny of its officers, directors, trustees ivil action involving theft, fraud, or rative or civil action shall include, but relation to the solicitation of control vidual(s) below and attach to this reference.	deceptive business practices? at is not limited to, any finding ributions or the administration	For purposes of thi or admission that the of charitable asse	s question a judgment he individual engaged ts. $\square$ Yes $\nearrow$ No
23.	Provide the following is employees:	nformation for each officer, direc	tor, trustee and the five mo	st-highly compens	sated executive staff
	Name	Business address	Telephone number (include area code)	Title	Salary
	See attached list.				
	,				

# CRI-300R Long-Form Registration Renewal Financial Statement

Note: If the financial value of a line item = 0, place a zero in the space provided.

Please report all figures as GROSS, not NET.

1 telise report and is a second
Full legal name and street address of the organization
Full legal name: The Joseph Fund, Inc
Fiscal year-end being reported: 12 / 31 /2014 Federal ID Number (EIN) 20-4869278
Mailing address:
2907 Federal Street, Camden, NJ 08105  Mailing Address P.O. Box Number or Suite City State ZIP code
Street address of the registering organization:  Street Address  City  State  ZIP Code
050 570 7040
New Jersey Charities Registration number: CH 3631400 -00 Telephone number: 850-576-7012  (include area code)  Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those
forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. Note: If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.  In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end
indicated above.  A. Receipts  Line A1a. Direct Public Support received from the following sources:  (1) Direct mail
(6) Corporations and other businesses
Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11)
Line A1c. Indirect Public Support received from the following sources:  (1) Federated fund-raising organization
Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3))  Line A1e. Total Gross Contributions (add lines A1b and A1d)