Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2015

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.

For the 2015 calendar year, or tax year beginning 2015, and ending D Employer Identification number Check if applicable: Address change THE JOSEPH FUND INC 20-4869278 2907 FEDERAL STREET Name change Telephone number CAMDEN, NJ 08105 Initial return (856) 576-7012 Final return/terminated G Gross receipts \$ Amended return 565,124. H(a) Is this a group return for subordinates? F Name and address of principal officer: Application pending Yes H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) No Yes SAME AS C ABOVE Tax-exempt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 Website: ► JOSEPHFUNDCAMDEN.ORG H(c) Group exemption number > X Corporation Other > L Year of formation: 2012 Form of organization: Association M State of legal domicile: NJ Part I Summary Briefly describe the organization's mission or most significant activities: THE FUNDAMENTAL PURPOSE AND MISSION OF THE JOSEPH FUND IS TO SUPPORT THE MINISTRIES OF THE ST. JOSEPH'S PRO-CATHEDRAL Activities & Governance BY RAISING MONEY TO SUPPORT PROGRAM EXPANSION, CAPITAL PROJECTS AND TO UNDERWRITE 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)..... 18 Number of independent voting members of the governing body (Part VI, line 1b)..... 18 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 2 Total number of volunteers (estimate if necessary). 6 00 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. 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... 505,898 491,683. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 204,791 14,471 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 710,694. 506, 154. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 449,290 362,285. Benefits paid to or for members (Part IX, column (A), line 4). Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 219,899 161,024. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 58,585 31,622. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 727,774. 554,931. 19 Revenue less expenses. Subtract line 18 from line 12..... -17,080-48,777.Beginning of Current Year End of Year Assets 20 Total assets (Part X, line 16)..... 537,050 610,041. 21 Total liabilities (Part X, line 26) ,100 122,868. 22 Net assets or fund balances. Subtract line 21 from line 20..... 535,950 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. Signature of officer Sign Here JAMES CATRAMBONE EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check MICHAEL D. LACATENA Paid MICHAEL D. LACATENA P00294921 Preparer RAGONE LACATENA FAIRCHILD BEPPEL. Use Only 76 EUCLID AVENUE, SUITE 200 Firm's EIN > 22-2569347 HADDONFIELD, NJ 08033 (856) 795-9650 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X 1 Schedule A.... X 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..... 4 X 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, 6 X Part I..... 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 Il....... X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes, complete Schedule D, Part III. 8 X 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, VII, VII, 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 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. 11 b X 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 Schedule D, Parts XI, and XII. X 12a 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...... 12b X X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 14a Did the organization maintain an office, employees, or agents outside of the United States?...... 14a X 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. 14b X 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. 15 X 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)..... 17 X 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.... 19 X

Form	990 (2015) THE JOSEPH FUND INC 20-48692	78	F	Page 4
Par	tiv Checklist of Required Schedules (continued)		Yes	No
00	Dillium in the state of the sta	20a	162	X
	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H			
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	. 21	X	
22	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.	. 22		X
23	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? <i>If 'Yes,' complete Schedule J.</i>	. 23		Х
24 a	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	. 24a		X
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 any tax-exempt bonds?	. 24c		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	. 25a		Х
ь	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 Schedule L, Part I	. 25b		X
26	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.	. 26		X
27	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.	27		Х
28	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):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	. 28a	NAV DE MESSE	X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	. 28b		X
	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	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	. 32		X
33	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.	. 33		X
	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	. 34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		X
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		
36	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.	. 36		X
37	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	. 37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		Х	
BAA		Form	990	(2015)

Form 990 (2015) THE JOSEPH FUND INC	20-4869278	Pa	age 5
Part 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
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable (gambling) winnings to prize winners?	gaming 1 c		
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 2a	2		
b If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns? 2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.			
4 - At any time during the calendar year, did the greanization have an interest in or a signature or other authority	v over, a		
financial account in a foreign country (such as a bank account, securities account, or other financial a b If 'Yes,' enter the name of the foreign country:	account)?4a		X
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts.	(FBAR)		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	5a	15.000 FEB.	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the dax year.	oction? 5 b	-	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	-	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did th solicit any contributions that were not tax deductible as charitable contributions?			X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or git not tax deductible?.	fts were 6 b		SUSTAIN
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 services provided to the payor?	goods and 7 a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require Form 8282?		:	Χ
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		9	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ract? 7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	9 7 <u>c</u>	3	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization 1098-C?	7 ł	1	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponganization have excess business holdings at any time during the year?		2.33.4	and a const
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	3	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:			
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.)	Sec. 1		in an
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041? 12 8	3	47866.04766
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			7. V
a Is the organization licensed to issue qualified health plans in more than one state?		а	
Note. See the instructions for additional information the organization must report on Schedule O.			
			A second
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			
c Enter the amount of reserves on hand			5
14a Did the organization receive any payments for indoor tanning services during the tax year?		-	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule			(0015
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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 Schedule O. See instructions. 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..... 1 a 18 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. b Enter the number of voting members included in line 1a, above, who are independent 18 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?... 5 X X 6 Did the organization have members or stockholders? 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? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8 a X X b Each committee with authority to act on behalf of the governing body?..... 86 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..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10 a Did the organization have local chapters, branches, or affiliates?..... 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 X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDIJLE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X to conflicts?.... 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. 12c X 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 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? a The organization's CEO, Executive Director, or top management official..... X 15 a b Other officers or key employees of the organization..... X 15 b 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 taxable entity during the year?.... 16 a 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 List the states with which a copy of this Form 990 is required to be filed ▶ NJ 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. X Upon request Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O 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 VII 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 related organization compensated any current officer, director, or trustee. Position (do not check more (F) (B) (D) (E) (A) than one box, unless person is both an officer and a director/trustee) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from Estimated amount of other Name and Title Average hours per related organizations (W-2/1099-MISC) compensation from the Key employee employee Individual week Highest compensated -ormer nstitutional (list any hours for related director and related organizations organizatrustee I trustee below (1) SEE ATTACHED LIST 0 0. 0 0. 0 JAMES CATRAMBONE 40 0 0. EXECUTIVE DIRECTOR 0 X 73,800 (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)

Form 990 (2015) THE JOSEPH FUND INC		16	_					III: 1 1 C	20-486927	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Em								loyees (continued)		
(A) Name and title	Average hours per week	verage (do not check more than one box, unless person is both an officer and a director/trustee)				is both or/trus	tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	Tormer Tighest compens employee Expressional trust Individual trustee or director Expressions Express			Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations		
(15)						ď				
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total							A	73,800.	0.	0.
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)						11.0	-	73,800.	0.	0.
2 Total number of individuals (including but not limited from the organization ► 0							ved			The same of the sa
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	tor, or tru	stee,	key	/ em	nploy	/ee,	or h	nighest compensa	ted employee	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportab	le co 50.00	mpe	nsa If '}	tion	and	oth	er compensation		4 X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes									individual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compen compensation from the organization. Report compensation	sated ind	epen	dent	cor	ntrac	ctors	tha	at received more t	han \$100,000 of	
(A) Name and business add		THE C	alelio	ual	year	eriuli	ng v	(B)		(C) Compensation
Total number of independent contractors (including b \$100,000 of compensation from the organization)		ted to	tho	se li	isted	abov	ve)	who received more	than	
RAA	U						-			E 000 (0015)

	Check if Schedule O contains a resp	onse or note to an	v line in this Part V	III		
7			(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 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e	264,687.				
ontribution nd Other Si	f All other contributions, gifts, grants, and similar amounts not included above 1 f g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f	226,996.	401 602			
	2a b	Business Code	491,683.			
Program Service Revenue	d e f All other program service revenue g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividend other similar amounts). 4 Income from investment of tax-exempt Royalties.	bond proceeds				
	(i) Real 6 a Gross rents	(ii) Personal	Here is a second of the second			
	8 a Gross income from fundraising events (not including\$ 264,687. of contributions reported on line 1c). See Part IV, line 18. b Less: direct expenses. c Net income or (loss) from fundraising of the see Part IV, line 19. b Less: direct expenses. c Net income or (loss) from gaming activities. See Part IV, line 19. b Less: direct expenses. c Net income or (loss) from gaming activities.	73,441. b 58,970. events	14,471.			14,471.
	10 a Gross sales of inventory, less returns and allowances	b				
	d All other revenue		506.154	n	0	14.471

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 re	esponse or note to any	y line in this Part IX						
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. (A) (B) (C) (D) Fundraising expenses general expenses expenses									
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	362,285.	362,285.						
2	Grants and other assistance to domestic individuals. See Part IV, line 22								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	73,800.	66,420.	7,380.	0.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.				
7		55,000.	49,500.	5,500.					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,000.	43,300.	3,300.					
9	Other employee benefits	22,443.	20,199.	2,244.					
10	Payroll taxes	9,781.	8,803.	978.					
11									
	a Management								
	b Legal	1,699.	1,529.	170.					
	c Accounting	6,525.	1,323.	6,525.					
		0,323.		0,323.					
	d Lobbying								
	f Investment management fees								
Ç	3 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	250.	225.	25.					
12	Advertising and promotion.	293.	264.	29.					
13	Office expenses	2,409.	2,168.	241.					
14	Information technology								
15	Royalties.								
16	Occupancy	6,593.	5,934.	659.					
17	Travel	0,000.	0,754.	005.					
5707.	Payments of travel or entertainment expenses for any federal, state, or local public officials.								
19	Conferences, conventions, and meetings	792.	713.	79.					
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance	***************************************							
24	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.).								
ō	PUBLIC RELATIONS	11,525.	10,373.	1,152.					
	DUES & SUBSCRIPTIONS	749.	674.	75.					
	PRINTING AND PUBLICATIONS	479.	431.	48.					
	POSTAGE AND SHIPPING	213.	192.	21.					
	a All other expenses.	95.	86.	9.					
	Total functional expenses. Add lines 1 through 24e	554,931.	529,796.	25,135.	0.				
	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).	304,331.	323,130.	23,133.	0.				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X..... (A) End of year Beginning of year 406,952. 137,050 Cash - non-interest-bearing. 2 Savings and temporary cash investments..... 400,000 3 203,089. Pledges and grants receivable, net..... 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net..... 7 8 Inventories for sale or use..... 9 Prepaid expenses and deferred charges..... 10 c 11 12 Investments - other securities. See Part IV, line 11..... 12 13 Investments - program-related. See Part IV, line 11..... 13 14 14 Intangible assets. Other assets. See Part IV, line 11..... 15 15 Total assets. Add lines 1 through 15 (must equal line 34).... 537,050 16 610,041 16 Accounts payable and accrued expenses..... 1,100 17 6.478 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Liabilities 21 Loans and other payables to current and former officers, directors, trustees, 22 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties..... 24 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. 116,390. Total liabilities. Add lines 17 through 25..... 26 1,100 122,868. 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..... 534,844. 467,189. Temporarily restricted net assets..... 1,106. 28 19,984. 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 Paid-in or capital surplus, or land, building, or equipment fund..... 31 Retained earnings, endowment, accumulated income, or other funds..... 32 Total net assets or fund balances..... 33 487,173. 535,950 Total liabilities and net assets/fund balances. 34 537,050. 610,041. BAA Form 990 (2015)

	1 990 (2015) THE JOSEPH FUND INC	1003270			
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		06,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	54,9	31.
3	Revenue less expenses. Subtract line 2 from line 1	3	_	48,7	77.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	35,9	50.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	1	87,1	73
78	column (B))	10	4	01,1	. 13.
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			75.00	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	ed on a			
	b Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	ate			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BA			Form	990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2015

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2015

Name	of the organization					Employer identifica	ation number
THE	THE JOSEPH FUND INC 20-4869278						
Par	t I Reason for Public Cha	arity Status (All o	rganizations must	comple	ete this	part.) See instruc	tions.
	organization is not a private found						
1	A church, convention of church	nes, or association of c	hurches described in sec	tion 170	(b)(1)(A)(i).	
2	A school described in section						
3	A hospital or a cooperative h		and the same of th		TO STATE OF THE PARTY OF THE PA	(Viii)	
4	A medical research organiza	and the same and the same			(40) 2012 (2) (40)	The state of the s	inter the hospital's
80.00	name, city, and state:	ation operated in conj	anction with a nospital	deserioe	500	(1) (1) ((b)(1)(A)(11). C	inter the hospitars
5	An organization operated for the	ne henefit of a college	or university owned or or	perated h	v a gover	romental unit described i	n section
3	170(b)(1)(A)(iv). (Complete I	Part II.)	or driversity owned or op	orated b	y a gover	Tilliontal unit acscribed i	TI SCOUOTI
6	A federal, state, or local gov	ernment or governme	ental unit described in s	section '	170(b)(1)	(A)(v).	
7	An organization that normally in section 170(b)(1)(A)(vi).	(Complete Part II.)			ental uni	t or from the general put	olic described
8	A community trust described	in section 170(b)(1)(A)(vi). (Complete Part	11.)			
9	An organization that normally in from activities related to its exitinvestment income and unre June 30, 1975. See section	empt functions — subje lated business taxabl 509(a)(2). (Complete	ct to certain exceptions, e income (less section Part III.)	and (2) r 511 tax)	no more t) from bi	than 33-1/3% of its supply usinesses acquired by	ort from aross
10	An organization organized a			_			
11	An organization organized and or more publicly supported or lines 11a through 11d that do	organizations describe	ed in section 509(a)(1)	or section	on 509(a)	(2). See section 509(a	ut the purposes of one (3). Check the box in
a		on operated, supervise	d, or controlled by its su	pported o	organizati	ion(s), typically by giving	the supported on. You must
b		zation supervised or o	controlled in connection the same persons that o	with its	support	ed organization(s), by the supported organizat	having control or ion(s). You
С	Type III functionally integrated organization(s) (see instruction	. A supporting organizations). You must com	tion operated in connection plete Part IV, Sections	n with, a	nd functio	onally integrated with, its	supported
d	Type III non-functionally integ functionally integrated. The cinstructions). You must com	prognization generally	must satisfy a distribu	ition rea	with its s uiremen	supported organization(s) t and an attentiveness) that is not requirement (see
е		ation received a writt	en determination from	the IRS	that it is	a Type I, Type II, Type	e III functionally
f	Enter the number of supported	organizations					
g	Provide the following information	n about the supported	d organization(s).				- Laurence
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	organiza in your o	s the tion listed poverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)				-			
(E)							
Total							

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

Part II 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	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.').		311,540.	897,067.	505,898.	491,683.	2,206,188.
2	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.	311,540.	897,067.	505,898.	491,683.	2,206,188.
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)						943,775.
6	Public support. Subtract line 5 from line 4						1,262,413.
Sec	tion B. Total Support	***************************************					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	0.	311,540.	897,067.	505,898.	491,683.	2,206,188.
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						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						2,206,453.
12	Gross receipts from related activ	ities, etc. (see ins	structions)				0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	► <u>X</u>
	tion C. Computation of Pu						
	Public support percentage for 20						%
15	Public support percentage from	2014 Schedule A,	Part II, line 14				%
	33-1/3% support test — 2015. If and stop here. The organization	qualifies as a put	olicly supported or	ganization			
b	33-1/3% support test — 2014. If it and stop here. The organization	the organization d qualifies as a pul	id not check a bo blicly supported o	x on line 13 or 16 rganization	a, and line 15 is 3	33-1/3% or more,	check this box
1 7 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	est – 2015. If the omeets the 'facts-as-and-circumstanc	organization did n and-circumstances es' test. The orga	ot check a box or b' test, check this nization qualifies	n line 13, 16a, or box and stop her as a publicly sup	16b, and line 14 is e. Explain in Part ported organization	s 10% VI how
Ł	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstances	test, check this	box and stop her	e. Explain in Part	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see ins	structions ►

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

(Complete only if you checked the box on line 9 of Part I	or if the organization failed to qualify under Part II. If the organization fails
to qualify under the tests listed below please comple	ete Part II)

Sec	tion A. Public Support				,		
Calend 1	dar year (or fiscal year beginning in) Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
2	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	Gross receipts from activities that are not an unrelated trade or business under section 513.						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
Ь	a Amounts included on lines 2 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	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			_	,	,	
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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.)						
_	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501((c)(3) ► □
Sec 15	tion C. Computation of Pul Public support percentage for 20	15 (line 8, column	n (f) divided by li				5 %
16	Public support percentage from 2	2014 Schedule A,	Part III, line 15.			1	6 %
Sec	tion D. Computation of Inv	estment Incor	ne Percentag	е			
17	Investment income percentage for				mn (f))	1	7 %
18	Investment income percentage fr					-	8 %
19 a	33-1/3% support tests - 2015. If is not more than 33-1/3%, check	the organization	did not check the	e box on line 14, a	and line 15 is more	e than 33-1/3%	s, and line 17
	33-1/3% support tests — 2014. If line 18 is not more than 33-1/3%	the organization, check this box a	did not check a land stop here. Th	oox on line 14 or l ne organization qu	ine 19a, and line alifies as a public	16 is more that y supported o	n 33-1/3%, and rganization •
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, c	heck this box and	see instructio	ns

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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	tion 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 Part VI 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		
ŀ	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		
C	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 2	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		
t	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		
C	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 Part VI 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 a	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		
Ł	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?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	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 or 990-EZ)	8		
9 a	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 Part VI	9a		700
t	Did one or more disqualified persons (as defined in line 9a) 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 9a) 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	9с		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
Ł	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		924

Pa	rt IV Supporting Organizations (continued)			
			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 A family member of a person described in (a) above?	116		
	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		
Se	ction B. Type I Supporting Organizations			
		30057XV257F	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 Part VI 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
1	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		
Se	ction D. All Type III Supporting Organizations			
		Date State S	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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	4	
Se	ction 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):			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	5).		
2	Activities Test. Answer (a) and (b) below.	Track to the latest to the	Yes	No
	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		
	b 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		

Har	Type III Non-Functionally integrated 509(a)(3) Supporting Orga			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	Secti	er 20, 1970. See instructio ons A through E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		444
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
7	Other expenses (see instructions).	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion 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		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c).	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	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		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	Income tax imposed in prior year	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-integrated (see instructions).	egrate	d Type III supporting org	ganization
BAA			Schedule A (For	m 990 or 990-EZ) 2015

TEEA0406L 10/12/15

-	edule A (Form 990 or 990-EZ) 2015 THE JOSEPH FUND INC		20-48	69278 Page 7
	rt V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organiza	tions (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity.	of supported organization	s,	
3				
4				
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			
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)			Call State of the Call State o
3	Excess distributions carryover, if any, to 2015:			
a				
t				
-				
	From 2013			
_	From 2014			14 THE STATE OF TH
	f Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	i Carryover from 2010 not applied (see instructions)			
	j Remainder. Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2015 from Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount.			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			The state of the state of the state of
a				
b		\$3.50 A 3.50 A 45 L 5		
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

BAA

Schedule A (Form 990 or 990-EZ) 2015

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Department of the Treasury Internal Revenue Service Name of the organization

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.

2015

Employer identification number

OMB No. 1545-0047

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 not treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the General	Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) orga	inization 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 property) from any one contributor. Comple	, or 990-PF that received, during the year, contributions tota te Parts I and II. See instructions for determining a contribut	iling \$5,000 or more (in money or tor's total contributions.
Special Rules		
\square under sections 509(a)(1) and 170(b)(1)(A)(vi)	1(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, ne year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II.	lba or lbb and that
For an organization described in section 50 during the year, total contributions of more purposes, or for the prevention of cruelty to	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received f than \$1,000 <i>exclusively</i> for religious, charitable, scientific, li children or animals. Complete Parts I, II, and III.	rom any one contributor, terary, or educational
during the year, contributions exclusively fo \$1,000. If this box is checked, enter here the charitable, etc., purpose. Do not complete a	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for religious, charitable, etc., purposes, but no such contributions total contributions that were received during the year for any of the parts unless the General Rule applies to this organ le, etc., contributions totaling \$5,000 or more during the year	ons totaled more than an exclusively religious, anization because
990-PF), but it must answer 'No' on Part IV, lin	the General Rule and/or the Special Rules does not file Sche 2, of its Form 990; or check the box on line H of its Form e filing requirements of Schedule B (Form 990, 990-EZ, or 990).	990-EZ or on its Form 990-PF,

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 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 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	THE JOSEPH FUND INC	20-4869278
Par	Organizations Maintaining Donor Advised Funds or Other Similar Fund	s or Accounts.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
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 donor advisors in writing that the assets held in donor are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purposes impermissible private benefit?	can be used only urpose conferring Yes No
Par	Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	a historically important land area
	Protection of natural habitat Preservation of a	a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	of a conservation easement on the
_	last day of the tax year.	
		Held at the End of the Tax Year
	a Total number of conservation easements	
	Total acreage restricted by conservation easements.	
	Number of conservation easements on a certified historic structure included in (a)	2 c
(d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register.	2 d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the	
	tax year	organization daring the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	
	and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservat	on easements during the year
275	<u> </u>	Control of the Contro
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense include, if applicable, the text of the footnote to the organization's financial statements that desconservation easements.	statement, and balance sheet, and cribes the organization's accounting for
Par	Organizations Maintaining Collections of Art, Historical Treasures, or O Complete if the organization answered 'Yes' on Form 990, Part IV, line 8	ther Similar Assets.
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or research in furth in Part XIII, the text of the footnote to its financial statements that describes these items.	e statement and balance sheet works of nerance of public service, provide,
į	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue standard historical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items:	nce of public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	▶\$
	If the organization received or held works of art, historical treasures, or other similar assets for financial amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	I gain, provide the following
	Revenue included on Form 990, Part VIII, line 1	
t	Assets included in Form 990, Part X	

Part III Organizations Maintaining Colle	ections of Art, Histo	rical Treasures, or C	uner Similar Asse	is (continued)
3 Using the organization's acquisition, accession, a items (check all that apply):	nd other records, check an	y of the following that are a	a significant use of its c	ollection
a Public exhibition	d Loan o	r exchange programs		
b Scholarly research	e Other			
c Preservation for future generations				
4 Provide a description of the organization's collect Part XIII.	ions and explain how they	further the organization's e	xempt purpose in	
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	receive donations of art intained as part of the or	, historical treasures, or or ganization's collection?.	other similar assets	Yes No
Part IV Escrow and Custodial Arrangen line 9, or reported an amount on	nents. Complete if the Form 990, Part X, I	ne organization answ ine 21.	vered 'Yes' on For	m 990, Part IV,
1 a Is the organization an agent, trustee, custodia	an or other intermediary f	or contributions or other	assets not included	Yes No
on Form 990, Part X?b If 'Yes,' explain the arrangement in Part XIII a				les live
bit tes, explain the arrangement in Part Alli a	and complete the following	ig table.		Amount
c Beginning balance				Amount
d Additions during the year.				
e Distributions during the year				444
f Ending balance			16	
2 a Did the organization include an amount on Fo				Yes No
b If 'Yes,' explain the arrangement in Part XIII.				
bit res, explain the arrangement in rare zin.	officer field if the explain	ation has been provided	on an run.	
Part V Endowment Funds. Complete if	the organization and	swered 'Yes' on Form	n 990 Part IV lin	e 10
(a) Current	4		(d) Three years back	(e) Four years back
1 a Beginning of year balance	(2)11101)001	(0) 1110) 0410 2401	(4) 111100)0410 24011	
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 of the curre		e 1g, column (a)) held as	:	
a Board designated or quasi-endowment	90			
b Permanent endowment				
c Temporarily restricted endowment	%			
The percentages on lines 2a, 2b, and 2c should e	equal 100%.			
3 a Are there endowment funds not in the possession organization by:	10 10 10 10 10 10 10 10 10 10 10 10 10 1			Yes No
(i) unrelated organizations				3a(i)
(ii) related organizations				3a(ii)
b If 'Yes' on line 3a(ii), are the related organiza	tions listed as required o	n Schedule R?		3b
4 Describe in Part XIII the intended uses of the	organization's endowme	nt funds.		
Part VI Land, Buildings, and Equipment Complete if the organization ans		n 990, Part IV, line 1	1a. See Form 990), Part X, line 10
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipmente Other				
Total. Add lines 1a through 1e. (Column (d) must ea	qual Form 990 Part V o	olumn (B) line 10c)	>	0.
BAA	quai i oiiii 330, Fait A, Ci	oranii (D), iiii 100.)		le D (Form 990) 2015
NAME OF THE PARTY				AND DESCRIPTION OF THE PROPERTY OF THE PROPERT

Part VII Investments – Other Securities.	'Ves' on Form 99	N/A 30, Part IV, line 11b. See Form 990, Part X, line	12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation; Cost or end-of-year market value	12.
(1) Financial derivatives	(b) book value	(c) method of variation, bost of end-of-year market variation	-
(2) Closely-held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			-
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments - Program Related.		N/A	
Complete if the organization answered		90, Part IV, line 11c. See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	е
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •			2,49
Part IX Other Assets.	N/A	A	9999
Complete if the organization answered	'Yes' on Form 99	90, Part IV, line 11d. See Form 990, Part X, line	15.
	scription	(b) Book value	
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B	i) line 15.)	<u></u>	
Part X Other Liabilities.	orm 000 Part IV line 1	11a or 11f Con Form 000 Part V Jing 2F	
Complete if the organization answered 'Yes' on Fo	(b) Book value	THE OF THE SEE FORM 950, PAREA, MILE 25	
(1) Federal income taxes	(b) book value		
(2) DUE TO MINISTRY	116,38	89.	
(3) ROUNDING		$\overline{1}$.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(10)			
(11)	116 20	20	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenu		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a		
1 Total revenue, gains, and other support per audited financial statements	1 50	6,154.
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		6,154.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 50	6,154.
Description of Francisco Control of Statements With Expon	nan Datuum	
Reconciliation of Expenses per Audited Financial Statements With Expen	ses per Return.	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expen Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a		
		64,931.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a		64,931.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements		4,931.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements		54,931.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements		64,931.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities		64,931.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 a b Prior year adjustments 2b c Other losses. 2c d Other (Describe in Part XIII.) 2d		64,931.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 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. 2 a 2 b c Other losses.		54, 931. 54, 931.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 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.) e Add lines 2a through 2d.		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 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.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 Ab Other (Describe in Part XIII.) c Add lines 4a and 4b.	2e 3 55	54,931.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements 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.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 a b Other (Describe in Part XIII.) 4 b	2e 3 55	

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.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on 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.

2015

Open to Public Inspection

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

Name of the organization

Employer identification number THE JOSEPH FUND INC 20-4869278 Part III Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants a Internet and email solicitations b Solicitation of government grants f C Phone solicitations Special fundraising events d In-person solicitations 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 individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iv) Gross receipts (iii) Did fundraiser (v) Amount paid to (vi) Amount paid to or entity (fundraiser) from activity (or retained by) (or retained by) have custody or control fundraiser listed in of contributions? organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10

Total	0
3 List all states in which the organization is registered or licensed to solicit contributions or has been n or licensing.	otified it is exempt from registration

Sche	edule	G (Form 990 or 990-EZ) 2015 THE JOS	EPH FUND INC		20-48	
Par	tU	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts great the second	event contributions	nswered 'Yes' on Fo s and gross income	rm 990, Part IV, li on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
RE			(a) Event #1 HANDS UP GALA (event type)	(b) Event #2 WE ARE LUCY EV (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
KEVEZDE	1	Gross receipts	206,107.	132,021.		338,128.
E	2	Less: Contributions	158,703.	105,984.		264,687.
	3	Gross income (line 1 minus line 2)	47,404.	26,037.		73,441.
	4	Cash prizes				
	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				
EXPESSES	8	Entertainment				
N S E	9	Other direct expenses	42,338.	16,632.		58,970.
S	10	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fr	rough 9 in column (d)			58,970. 14,471.
Par		Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ation answered 'Ye	s' on Form 990, Par	t IV, line 19, or re	
REVENUE		\$15,000 011 0111 930-LZ, IIIe 0a.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
N U E	1	Gross revenue				
E	2	Cash prizes				
DIREC	3	Noncash prizes				
CSTES	4	Rent/facility costs				
	5	Other direct expenses			0.	
	6	Volunteer labor	Yes %	Yes%	Yes%	2.30 (19) (19) (19) 2.50 (19) (19) (19) (19)
	7	Direct expense summary. Add lines 2 thr	rough 5 in column (d)			
	8	Net gaming income summary. Subtract li	ine 7 from line 1, colun	nn (d)		
	a Is th	er the state(s) in which the organization conhe organization licensed to conduct gaminolog, explain:	g activities in each of t			
		re any of the organization's gaming license (es,' explain:		or terminated during the		Yes No

Sche	dule G (Form 990 or 990-EZ) 2015 THE JOSEPH FUND INC	0-48692	278	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
	Indicate the percentage of gaming activity conducted in:			
	The organization's facility			010
	An outside facility			oto
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:		
	Name •			
	Address ►			
b	Does the organization have a contract with a third party from whom the organization receives gaming revenue If 'Yes,' enter the amount of gaming revenue received by the organization \$\\$ and the of gaming revenue retained by the third party \$\\$ If 'Yes,' enter name and address of the third party:			No
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the same of the sam	he		140
	organization's own exempt activities during the tax year > \$			
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, col and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information (see instructions).	umns (i / additio	ii) and (vonal	/);

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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

20-4869278 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance THE JOSEPH FUND INC

Yes Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

7

X No

00

3				I table	ons listed in the line	BAA For Banawork Bodinstics Act Notice costto Instinctions for Formal
0			listed in the line 1 table	ganizations listed i) and government or	
						(8)
						(<i>y</i>)
						(9)
						(5)

						(4)
CHURCH/SOCIAL SERVICES		0.	267,904.		21-0635021	
						(3) ST JOSEPH PRO CATHEDRAL
SOCIAL SERVICES		0.	80,525.		27-4417979	555 ATLANTIC AVE
PROGRAMS		0.	13,756.		54-2121075	CAMPEN, NO USIUS
PRESCHOOL		c	12 755		54-2121075	CAMPEN NJ 08105
						(1) CHILD DEVELOPMENT CENTER
	other)	dasisidice		a character		

Page 2 Schedule I (Form 990) (2015) THE JOSEPH FUND INC

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

	ממכה וא ווכבמבמי.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the information	required in Part I,	line 2, Part III, col	umn (b), and any othe	r additional information.

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.

2015

OMB No. 1545-0047

Open to Public Inspection

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

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

THE JOSEPH FUND INC

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.

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 Colin 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