RAGONE, LACATENA, FAIRCHILD & BEPPEL, PC

Certified Public Accountants

ATTACHED ARE YOUR COPIES

Please retain these copies for your records.

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

(Rev January 2014) Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service	► Information about For	m complete only Par	t I and check this box	nrm).	
Internal Revenue correction	for an Automatic 3-Month Extensi	on, complete only	t I and check this box	Form 8868.	
• If you are filing	for an Additional (Not Automatic)	3-Mount Exercises	3-month extension on a previously filed	The 16 months for a	
• If you are ming	at II unless you have already beer	granted an automatic	3 month automatic extension of time to	onically file Form 8868	8 to
Do not complete P	Fig. You can electronically file Fo	rm 8868 if you need a	amplete only Part II (off page 2 of the complete only Part II) (off page 2 of the complete only a seriously filed 3-month automatic extension of time to month extension of time. You can electron of time and the complete of	eturn for Transfers	n the
Electronic filing (e	d to file Form 990-T), or an addition	in Part I or Part II with	the exception of Form 8070, mismatching	s). For more details o	II the
request an extension	of time to file any of the lottis lister.	which must be sent to	harities & Nonprofits.		
M33001011	this form VISIT WWW.II3.90		(beboom ==:		
electronic ming of	2 Month Extension C	of Time. Only subm	nit original (no copies needed). nonth extension — check this box and co I trusts must use Form 7004 to request a	mplete Part I only	. •
Part I Auto	matic 3-World Extension	sting an automatic 6-m	nonth extension — check this box and co	tersion of time to	n file
A corporation requ	ired to file Form 990-1 and reques	Stillig all action	trusts must use Form 7004 to request a	in extension of time to	
All other cornorat	ions (including 1120-C filers), partr	nerships, REMICS, and	· · ·	ing number, See mou	uo.
income tax return	s.		Effet mer e taem y	Employer identification numb	er (EIN) or
	e of exempt organization or other filer, see ins	tructions.			
Nam	e of exempt organization of outs			20-4869278	20
Type or	7310		7	Social security number (SSN	1)
print TH	E JOSEPH FUND INC sher, street, and room or suite number. If a P.C	O. box, see instructions.			
File by the					
due date for	07 FEDERAL STREET , town or post office, state, and ZIP code. For	a foreign address, see instruc	itions.		
return. See City	, town or post office, state, and ZIP code. For	a lordigit during			
instructions.	MDEN, NJ 08105				01
			arate application for each return)		01
Enter the Return	code for the return that this appli	cation is for (file a sep	arate application for each return)		
Litter the results					Return
		Return	Application Is For		Code
Application Is For		Code			07
Form 990 or Form	990-F7	01	Form 990-T (corporation)		08
	1930-22	02	Form 1041-A		09
Form 990-BL Form 4720 (indiv	idual)	03	Form 4720 (other than individual)		10
Form 990-PF	laddiy	04	Form 5227		11
Form 990-F1	ction 401(a) or 408(a) trust)	05	Form 6069		12
Form 990-1 (Se	ist other than above)	06	Form 8870		
Form 990-1 (tru	St other than above)				
Telephone N	No. ► (856) 576-7012 Noization does not have an office or a Group Return, enter the organization ► \[\begin{align*} \text{Total Return, enter the organization} \text{Total Return, enter the organization} \text{Total Return, enter the organization}	Fax No place of business in the	o. ► ne United States, check this box p Exemption Number (GEN) box ► and attach a list with the n	If this is for the whole ames and EINs of all	► [] group, members
the syland	on is for		The Section of time		
1 L request	on is for. an automatic 3-month (6 months for a	a corporation required to	o file Form 990-1) extension of time		
1 Trequest	20 15 to file the	exempt organization r	eturn for the organization named above	,	
until _ §	nsion is for the organization's retu	rn for:			
	or				
	alendar year 20 14 or	on and end	ling, 20		
▶	ax year beginning	' ²⁰ , and one	Dipitial return DF	inal return	
2 If the tax	ax year entered in line 1 is for less t	han 12 months, check	reason: Illitial return		
Char	nge in accounting period				
3 a If this ap	oplication is for Forms 990-BL, 990	-PF, 990-T, 4720, or 6	069, enter the tentative tax, less any	3a\$	0.
					0.
b If this a	nents made. Include any prior yea				
tax payi			at with this form, if required, by using	مام	0

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3 c \$ Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. Form 8868 (Rev 1-2014)

orm 8868	re filing for an Additional (Not Automatic) 3-Month	Fytension.	complete only Part Hand check th	is box	► 🗓
If you a	re filing for an Additional (Not Automatic) 5-months complete Part II if you have already been granted	l an automat	ic 3-month extension on a previous	usly filed Form 8868.	
Vote. Only	complete Part II if you have already been granted	nlete only P	Part (on page 1).	272	
If you a	re filing for an Automatic 3-Month Extension, com Additional (Not Automatic) 3-Month Ext	encion of	Time Only file the original (no copies needed).	
art II	Additional (Not Automatic) 3-Worth Ext	ension of	Fnter filer	s identifying number, see	instructions
			Litter mer	Employer identification number	(EIN) or
	Name of exempt organization or other filer, see instructions.				
Type or				20-4869278	
print	THE JOSEPH FUND INC	-t- etions		Social security number (SSN)	
F1 1 H	Number, street, and room or suite number. If a P.O. box, see ins				
File by the extended	RAGONE LACATENA FAIRCHILD BEPP	EL, PC			
due date for iling your	THE PROTECT TO AMENITE SUITE 200		ons.	2	
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address	ess, see monue.	-:	- hammed 12 17.	
	HADDONFIELD, NJ 08033		T	11 11	
Enter the	Return code for the return that this application is t			<u> </u>	01 Return
Application	on ·	Return Code	Application Is For		Code
	or Form 990-EZ	01			00
Form 990		02	Form 1041-A		08
15 17000	0 (individual)	03	Form 4720 (other than individua	al)	09
Form 990		04	Form 5227		10
	-T (section 401(a) or 408(a) trust)	05	Form 6069		11
	-T (trust other than above)	06	Form 8870		12
If this whole great the second control of the second control	whone No. \blacktriangleright (856) 576-7012 organization does not have an office or place of business is for a Group Return, enter the organization's forpup, check this box \blacktriangleright . If it is for part of the				
members	s the extension is for.				
4 Ire	equest an additional 3-month extension of time unt	il 11/15	, 20 <u>14</u> .		
5 For	calendar year 2013 , or other tax year beginn	ning	, 20 _ , and ending		
6 If t	he tax year entered in line 5 is for less than 12 mo	onths, check	reason: Initial return	Final return	
	Change in accounting period				
7 Sta	That get in accounting period 0 by the in detail why you need the extension 0 RQ	SANIZATIO	ON IS AWAITING THIRD	PARTY INFORMATIO	<u>N TN</u>
01	RDER TO FILE A COMPLETE RETURN.				
No. of the last					
	his application is for Forms 990-BL, 990-PF, 990-T nrefundable credits. See instructions				
b If t	his application is for Forms 990-PF, 990-T, 4720, or payments made. Include any prior year overpayments with Form 8868.	or 6069, ente nent allowed	er any refundable credits and esting as a credit and any amount paid	mated 8 b \$	
c Ba	lance due. Subtract line 8b from line 8a. Include y TPS (Electronic Federal Tax Payment System). S	our payment ee instruction	with this form, if required, by usi	ng 8 c \$	
	Signature and Verif	ication mu	ust be completed for Part I	l only.	
Under nena	Ilties of perjury, I declare that I have examined this form, including accord a complete, and that I am authorized to prepare this form.	npanying schedule	es and statements, and to the best of my knowle	edge and belief, it is true,	1
	I/////////////////////////////////////		CAA	Date ► 8	1114
Signature	I were the state of the state o		2L 12/31/13	Form 8868	
BAA					

Page 2

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

, 2014, and ending

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Interna	11010	0016	ler year or tay year heginning	1 q	, 2014, all	u chung	TE	Encolouse	identifi	cation number
			dar year, or tax year beginnir C				ا			
3 C	_	pplicable:	THE JOSEPH FUND IN	IC			<u> </u>	20-4		
1	10000000000	ess change	2907 FEDERAL STREE	eT.			E	Telephon		
	Name	e change	CAMDEN, NJ 08105					(856) 57	6-7012
Initial return										
										791,111.
		nded return		W			(a) Is this a g			
	Appl	ication pending	F Name and address of principal o	nicer:		н	(b) Are all su If 'No,' at	bordinates	included	? Yes No
			SAME AS C ABOVE		4047(a)(1) or	527	If 'No,' at	tach a list.	see msu	ructionsy
ı	Tax-ex	empt status	X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	35.05311	(c) Group ex	emotion nu	mber >	
J	Webs	site: ► J(SEPHFUNDCAMDEN.ORG	;	II was	ar of formation				egal domicile: NJ
K	Form o	of organization:	X Corporation Trust	Association Other ►	L Yea	ar of formation	1. 2012	0		
	Partil Summary 1 Briefly describe the organization's mission or most significant activities: THE FUNDAMENTAL PURPOSE AND MISSION 1 Briefly describe the organization's mission or most significant activities: THE FUNDAMENTAL PURPOSE AND MISSION 1 Briefly describe the organization's mission or most significant activities: THE FUNDAMENTAL PURPOSE AND MISSION 1 Briefly describe the organization's mission or most significant activities: THE FUNDAMENTAL PURPOSE AND MISSION 1 Briefly describe the organization's mission or most significant activities: THE FUNDAMENTAL PURPOSE AND MISSION 1 Briefly describe the organization's mission or most significant activities: THE FUNDAMENTAL PURPOSE AND MISSION 1 Briefly describe the organization's mission or most significant activities: THE FUNDAMENTAL PURPOSE AND MISSION 1 Briefly describe the organization's mission or most significant activities: THE FUNDAMENTAL PURPOSE AND MISSION 1 Briefly describe the organization's mission or most significant activities: THE FUNDAMENTAL PURPOSE AND MISSION 1 Briefly describe the organization's mission or most significant activities: THE FUNDAMENTAL PURPOSE AND MISSION 1 Briefly describe the organization's mission or most significant activities: THE FUNDAMENTAL PURPOSE AND MISSION 1 Briefly describe the organization's mission or most significant activities: THE FUNDAMENTAL PURPOSE AND MISSION 1 Briefly describe the organization's mission or most significant activities: THE FUNDAMENTAL PURPOSE AND MISSION 1 Briefly describe the organization or most significant activities and mission or most significant activi									
ALEC .	1 E	Briefly descr	ibe the organization's mission	n or most significant a	ctivities: THE	FUNDA	MENTAT	PURE	C DE	CO-CATHEDRAL
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Activities & Governance								TO VI	ם בים	7 70000000000000
Па	7	ANY OPE								
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တ္	3 1	Number of v	oox ► if the organization roting members of the govern	ing body (Part VI, line	(Part VI line 1	1b)			4	17
∞ ∨	4 1	Number of it	ndependent voting members	of the governing body	art V line 2a)				5	3
ţie	5	Total number	er of individuals employed in er of volunteers (estimate if n	calendar year 2014 (i	art v, mic zu,				6	100
Ξį	6	Total number	ted business revenue from P	art VIII. column (C). lit	ne 12				7a	0.
Ä	7a	Total unrela	ed business taxable income fi	com Form 990-T. line 3	34				7b	0.
	bi	Net unrelate	ed business taxable income in	OHIT OHII 330 TY III 1			Pr	ior Year		Current Year
		0	s and grants (Part VIII, line	lb)				897,0	67.	505,898.
<u>o</u>	8 (Contribution	rvice revenue (Part VIII, line	2a)						
Revenue	9	Program se	income (Part VIII, column (A	lines 3, 4, and 7d)				2	250.	5.
e	10	Other reven	ue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, a	and 11e)			38,8	355.	204,791.
ш	11 1	Total reven	ue – add lines 8 through 11 (must equal Part VIII,	column (A), line	e 12)		936,1	72.	710,694.
	12	Create and	similar amounts paid (Part I)	column (A), lines 1-	3)			320,9	84.	449,290.
	13	Denefite no	id to or for members (Part IX	column (A), line 4).						
	14	(A) lines 5-10)						227,508. 219,8		219,899.
S	15	Professional fundraising fees (Part IX, column (A), line 11e)								
Expenses										
×	b b	Total fundra	aising expenses (Part IX, colu	ımn (D), line 25) –			The state of the s	F.C .	DE 1	58,585.
ш	17	Other exper	nses (Part IX, column (A), lin	es 11a-11d, 11f-24e).				56,3		
	18	Total expen	ses. Add lines 13-17 (must e	qual Part IX, column ((A), line 25)			604,8		727,774.
	19	Revenue les	ss expenses. Subtract line 18	from line 12				331,3		-17,080.
0 0							Beginning	g of Curre	nt Year	End of Year
Assets Balan	20	Total assets	s (Part X, line 16)					553,0		537,050.
AB	21	Total liabilit	ties (Part X, line 26)						0.	1,100.
Not A	22	Not accets	or fund balances. Subtract lir	ne 21 from line 20				553,0	030.	535,950.
1 24	intella	Signati	ure Block	re including accompanying sc	hedules and statem	nents, and to t	he best of my	y knowledge	and be	lief, it is true, correct, and
Und	er penalt plete. De	ties of perjury, I eclaration of pre	declare that I have examined this return parer (other than officer) is based on a	ill information of which prepare	er has any knowled	ge.		2 270		
_		-								
٠.	100	Signa	ature of officer				Dat	te		
51	gn									
ц	re	Type	or print name and title.							
			e preparer's name	Preparer's signature		Date		Check	if	PTIN
					CATENA			self-emplo	yed	P00294921
Pa			AEL D. LACATENA					2111618	websites .	1
Preparer Firm's name RAGONE LACATENA FAIRCHILD BEPPEL, PC Firm's EIN 22-2569347							-2569347			
Us	se On	Firm's ad	La Contrado de la Contrada de la Con		J				(85	
			HADDONFIELD,	NJ 08033	-L			Phone no.	(65	X Yes No
Ma	y the I	RS discuss	this return with the preparer	shown above? (see in	structions)					A fes NO

Did the organization undertake any significant program services during the year which were not listed on the prior Yes X No.
Statement or roganization in Schedule O contains a response or note to any line in this Part III
Statement or Programs a response or note to any line in this Part III
Briefly describe the organization undertake any significant program services during the year which were not listed on the prior Yes X No.
Briefly describe the organization undertake any significant program services during the year which were not listed on the prior Yes X No.
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
Form 990 or 990-L27
Form 990 or 990-L22
Form 990 or 990-L22
Form 990 or 990-L27
If Yes,' describe these new services of orduring, or make significant changes in how it conducts, any program services: If Yes,' describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501 (p(s)) and 501 (p(s)) a
If Yes, describe these charges of John Street Complishments for each of its three largest program services as program service accomplishments for each of its three largest program services as program servic
If Yes, describe these characterists of source accomplishments for each of its three largest program services are required to report the amount of grants and allocations to others, the total expenses, section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. a (Code:) (Expenses \$ 693,236_ including grants of \$) (Revenue \$) SEE SCHEDULE O
a (Code:) (Expenses \$ 693,236. including grants of \$) (Revenue \$
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4b (Code:) (Expenses \$including grants of \$) (Revenue \$
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4c (Code:) (Expenses \$
4d Other program services. (Describe in Schedule O.)
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4a Table program service expenses \$ 693,236.

Form 990 (2014) PartIV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X 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..... X 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III. . . . X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, to provide advice on the distribution or investment of amounts in such funds or accounts? X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If 'Yes,' complete Schedule D, Part II*........... X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV..... X 9 X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI..... X 11 a **b** Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. Х 11 b c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII...... X 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. X 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X... 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X... X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete X 12a Schedule D, Parts XI, and XII..... **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional....... X 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E..... 13 X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States?.... **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV..... X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV..... X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV..... X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)..... X 17 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. 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. X 19 X 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H........ 20 b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?..... 20 b

Form 990 (2014) THE JOSEPH FUND INC

Ratival Checklist of Required Schedules (continued)

OTT	Checklist of Required Schedules (continued)		Yes	No		
21	Did the organization report more many (A) line 17 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 management.	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 by the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current by the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current by the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current by the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current by the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current by the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current by the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current by the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current by the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current by the organization and the	23		Х		
	and former officers, directors, trustees, key chiployood, as of					
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than provided the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and	24a	_	X		
	complete Scriedie N. 11 No, go to mine complete N. 11 No, go to	241		_		
	ther then a refunding escrow at any time during the year to delease	240				
(any tax-exempt bonds?	240	_			
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time damage					
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit The section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit The section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit The section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit The section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit The section for the section of th	258	a	X		
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	25	ь	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?	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		X		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	28	3	X		
	a A current or former officer, director, trustee, or key employee? If Yes, complete Schedule 2, Fait V					
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete	28	b	X		
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an	28	_	X		
29	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete Schedule M	2	-	+		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	. 30		X		
3	Did the organization liquidate, terminate, or dissolve and cease operations: If Tes, complete concease in	. 3		A		
32	2 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete	. 32	2	X		
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections	. 3	3	Х		
3	4 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV,	. 3	70	X X		
2	Ea Did the organization have a controlled entity within the meaning of section 512(b)(13)?	· -	5a	^		
3	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	. 3	5b			
3	6 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	. 3	6	Х		
3	 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	. 3	7	Х		
3	8 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.	. 3		X (201/		
B	Note, All Point 950 mers dro required to sam,	F	orm 9	9 0 (2014		

Form 990 (2014) THE JOSEPH FUND INC Pa .V Statements Regarding Other IRS Filings and Tax Compliance

Statements Regarding Other IRS Filings and Tax Compliance		Г	7
Check if Schedule O contains a response or note to any line in this Part V	Yes	No	
0.00	概念 (65)		
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	1 c	32 25131	8 21
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 3	2b X		
	3 a	X	ζ.
Did the examination have unrelated business gross income of \$1,000 of more during and	3 b		
Will be a control of the state was 1 ft 'No' to line 3h provine an explanation in schedule of the state of th			
b If 'Yes' has it filed a Form 990-1 for this year: If the loring objective supervised in the supervised supervised in the supervised supervised in the supervised su	4 a	>	K SEE
real control of the c	*		
to the state of the control of the c			X
L L LILLIA TOV Chalter transaction at ally time during the tax journ	5 a		X
5 a Was the organization a party to a prohibited tax shelter transaction at any bound to a prohibited tax shelter transaction?		+	<u> </u>
to be at the line for or fib. did the organization file Form 8000-1 :	5 c	+	
c if yes, to line 3a of 3b, and the organization		١,	X
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	+	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		* 7
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7 a		X
the depart of the value of the goods or services provided:	7 b	+	
b If 'Yes,' did the organization notify the donor of the value of the general property for which it was required to file c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		X
Farm 0/10/17			
/ Corms 9393 filed during the year	7 e	Contract of the last	X
, de discolle or indirectly to hav premining on a personal benome services	7f		X
a Bit the appointing during the year, pay premiums, directly or indirectly, on a personal benefit defined as		+	
g If the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property.	7 g	_	
b If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization lie a	7 h		
Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	阿達 園		241
organization have excess business holdings at any time during the year?	8		
	对 替图		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or reason, or	加加 营	Section 1	
10 Section 501(c)(7) organizations. Enter:	300		
Latticution food and capital contributions included oil Fait VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of electronic forms			
11 Section 501(c)(12) organizations. Enter:			
- Cross 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.).	12a		
10 47(-)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041:	型製器 着	rie sa	
h If 'Yes.' enter the amount of tax-exempt interest received of accided during the year.	-		
we i would health incurance issuers.	13a	delining.	
the representation licensed to issue qualified health plans in more than one state.			
Note: See the instructions for additional information the organization must report on scriedule 5.		143	
" tion is required to maintain by the states iii			1.34
	14a		X
c Enter the amount of reserves on hand	14b		
b If 'Yes' has it filed a Form 720 to report these payments? If 'No, provide all explanation in echeque extractions and explanation in echeque explanation in ex	Form	990 (2014)
BAA TEEA0105L 05/28/14	escalitato/Estable		

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.

ec	tion A. Governing Body and Management	T	Yes	No
	Enter the number of voting members of the governing body at the end of the tax year		165	110
	authority to an executive committee or similar committee, explain in Schedule O.			
ł	Enfor the number of voting members included in line 1a, above, who are made in a second			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	BECKE AZ	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents	4		X
	since the prior Form 990 was filed?	5	-	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-	_	
	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		X
	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	and the	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
	a The governing body?	8 a	X	
	b Each committee with authority to act on behalf of the governing body?	0.0	71	
9	the standard of the second of the standard of	9 even	ue Co	X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal R	CVCIII	Yes	No
	the state of the s	10 a		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		
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 SCHEDULE O	120		##X
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	^	_
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	X	_
	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.	120	Х	X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	(Figure)	A Spiritual of
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO. Executive Director, or top management official	15 a	_	X
	b Other officers or key employees of the organization	15 b		Attabase
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16	5a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	1	X
	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?	161		
Se	ection C. Disclosure			
17	7 List the states with which a copy of this Form 990 is required to be filed NJ NJ			
18	3 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3 for public inspection, Indicate how you made these available. Check all that apply.	s only) avai	lable
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	the public during the tax year. SEE SCHEDULE O	iable to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records: MANAGEMENT 2907 FEDERAL STREET CAMDEN NJ 08105 (856) 576-7012			

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (do not check more than one box, unless person is both an officer and a (B) (A) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from Estimated amount of other Average hours Name and Title director/trustee) compensation related organizations (W-2/1099-MISC) per Officer from the Individual Institutional Key employee employee -ormer lighest compensated organization and related (list any hours for related organizations organiza-tions below dotted trustee I trustee 0 (1) SEE ATTACHED LIST 0. 0. 0 0 MARK HODGES 40 0. 0. X 149,375 EXECUTIVE DIRECTOR 0 (3) (5) (6)(7) (9) (10)(11)(12)(13)(14)

Part VII Section A. Officers, Directors, Tru	ıstees, l	Key	Em	plo	ye	es, a	anc	I Highest Com	pensated Em	oloyees (continued)
Tall and the second second	(B)			(0	;)					
(A) Average hours Average hours Average hours Average hours Position (do not check more than one box, unless person is both an Reportable					(E)	(F)				
(A) Name and title	hours box, unless person is both an Reportable Re compensation from compe				Reportable compensation from	Estimated amount of other				
week the organization related organization							compensation from the			
	(list any hours	Individual trustee or director	nstitutional trustee	Officer	Key employee	ng ig	1 1 1	(W-2/1099-MISC)	(VV-2/1099-IVII3C)	organization
	for related	eg eg	tio	er	क्र	sto	9			and related organizations
	organiza - tions	ام ا) ar		loye	g ag				~
	below dotted	ist	JSD.		0	ens				
	line)	"	8			ated				
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_(24)	∤−−−	{								
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(25)	 	1								
		_					—	149,375.	0	. 0.
1 b Sub-total.							•	0.	0	
c Total from continuation sheets to Part VII, Secti							•	149,375.	0	. 0.
d Total (add lines 1b and 1c)	to those I	isted	aho	ve)	who	recei	ived	more than \$100.00		
The state of the s	1 (0 (11036)	13164	abo	ve	***	10001	,,,,	111010 111011 41100,00		
from the organization 1			_	_	_		-			Yes No
	v 50 km							-:	ted ampleuse	建筑。转数 网络红
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	ctor, or tru	istee ial	, ке	y en	npio	yee,	or r	nignest compensa		
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater	f reportab er than \$1	le co	mp	ensa If "	ation Yes'	com	oth	ter compensation	trom	STATE OF STATE
such individual										4 X
5 Did any person listed on line 1a receive or accru	e comper	nsatio	on fi	rom	any	unre	elate	ed organization or	individual	
for services rendered to the organization? If 'Yes	s,' comple	ete S	che	dule	J fo	or suc	ch p	erson		5 X
Section B. Independent Contractors							.,		h #100 000 of	
Complete this table for your five highest comper compensation from the organization. Report comper	sated ind	epen the c	iden	it co	ntra	ctors endi	ing v	at received more t with or within the oi	nan \$100,000 of ganization's tax ve	ar.
8.998		1100	alo.	100.	j ca.	0.10	9	(B		(C)
(A) Name and business add	lress							Description	of services	Compensation
								76100		
	-									
		14.70								
2 Total number of independent contractors (including	but not lim	ited t	o th	ose	liste	d abo	ove)	who received more	than	
\$100,000 of compensation from the organization				- Table			•			

Par	Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII									
				esponse or note to an	y line in this Part V	IIL				
					(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	b c d e	Federated campaigns Membership dues	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a b c d e 505,898.						
ontrib od Ot		Noncash contributions included		\$	505,000					
<u>5∵ ≅</u>	h	Total. Add lines 1a-1f		Business Code	505,898.					
Program Service Revenue		All other program service	ce revenue.				20 de la constitución de la cons			
P	g	Total. Add lines 2a-2f					Bachan and	州的地域的 对		
	3 4 5	Investment income (incother similar amounts). Income from investmen Royalties	t of tax-exer	npt bond proceeds	5.			5.		
	b c d	Less: rental expenses Rental income or (loss) Net rental income or (lo Gross amount from sales of	oss)	s (ii) Other						
	b	Less: cost or other basis and sales expenses								
Other Revenue	b	Gross income from fund (not including \$ of contributions reported See Part IV, line 18 Less: direct expenses	d on line 1c)	267,227. b 80,417.				106 010		
δ	9a b	Net income or (loss) from Gross income from gam See Part IV, line 19 Less: direct expenses Net income or (loss) from	ning activities	s. . a . b	186,810.			186,810.		
	10 a b	Gross sales of inventory and allowances	y, less returndd.	as a b ventory						
	b c	Miscellaneous Revenu	MENT FEE		17,981.			17,981.		
		Total. Add lines 11a-11e			17,981.		(2)(2)(2)(4)(4)(6)(6)(6)	900000000000000000000000000000000000000		
		Total revenue. See inst				0.	0.	204,796.		

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX..... (A) Total expenses (B) (C) (D) Do not include amounts reported on lines Fundraising Program service Management and 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. 449,290 See Part IV, line 21..... 449,290 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 14,937 0. trustees, and key employees 149,375 134,438 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described 0 0 0 0 in section 4958(c)(3)(B)..... 30,491 3,388 33,879 Pension plan accruals and contributions (include section 401(k) and 403(b) 22,199 2,466 24,665 1,198 11,980 10,782 11 Fees for services (non-employees): 758 682 76 7,436 c Accounting..... 7.436 **d** Lobbying..... THE PROPERTY OF THE PARTY OF TH e Professional fundraising services. See Part IV, line 17... f Investment management fees Other. (If line 11g amt exceeds 10% of line 25, column 197 177 20 (A) amount, list line 11g expenses on Schedule 0) 2,955 328 Advertising and promotion..... 3,283. 2,542 282 13 Office expenses 2,824 Information technology..... 14 Royalties..... 513 5,131 4,618 Occupancy..... 16 17 Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 4,684 4.216 468 Interest 20 21 Payments to affiliates..... Depreciation, depletion, and amortization.... Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).... 21,399 2,377 23,776 a PUBLIC RELATIONS 6,173 5,556 617 b PRINTING AND PUBLICATIONS 187 1,683 1,870 COMMUNITY_SUPPORT 139 1,389 ,250 d DUES & SUBSCRIPTIONS 958 106 1,064. e All other expenses..... 727,774. 693,236. 34,538. 0. 25 Total functional expenses. Add lines 1 through 24e. . . . Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720).....

BAA

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X..... End of year Beginning of year 137,050. Cash - non-interest-bearing..... 107,714 1 Savings and temporary cash investments..... 4,351 2 2 440,965 3 400,000 Pledges and grants receivable, net..... 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 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..... 10a Land, buildings, and equipment: cost or other basis.
Complete Part VI of Schedule D...... 10 c 11 Investments — publicly traded securities..... 12 Investments - other securities. See Part IV, line 11..... Investments - program-related. See Part IV, line 11..... 13 13 Intangible assets..... 14 14 Other assets. See Part IV, line 11..... 15 15 Total assets. Add lines 1 through 15 (must equal line 34).... 553,030 16 537,050 16 Accounts payable and accrued expenses..... 17 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, key employees, highest compensated employees, and disqualified persons.

Complete Part II of Schedule L 22 23 24 Unsecured notes and loans payable to unrelated third parties..... Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 26 1,100 26 0 Total liabilities. Add lines 17 through 25..... 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..... 509,173. 27 534,844. Temporarily restricted net assets..... 43,857. 28 1,106. 28 Permanently restricted net assets..... 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds..... Paid-in or capital surplus, or land, building, or equipment fund..... 31 31 32 Retained earnings, endowment, accumulated income, or other funds..... 33 553,030. 33 535,950. Total liabilities and net assets/fund balances..... 34 537,050 34 553,030.

Form 990 (2014)

	THE CODE INC							
Pa	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	710,	694.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	727,	774.				
3	Revenue less expenses. Subtract line 2 from line 1	3	-17,	080.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	553,	030.				
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								
1260	column (B))	10	535,	<u>950.</u>				
Pa	TEXIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			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 on a separate basis, consolidated basis, or both: Separate basis							
	b Were the organization's financial statements audited by an independent accountant?		2b Х					
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis							
	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?		2с	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?		За	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							
3A/	N Company of the Comp		Form 990	(2014)				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE J	OSEPH FUND INC					20-486927	8			
	Ramil Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The orga	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)									
1	A church, convention of church	hes, or association of o	churches described in sec	tion 170	(b)(1)(A)	(i).				
2	A school described in section	on 170(b)(1)(A)(ii). (At	tach Schedule E.)							
3	A hospital or a cooperative l	hospital service organ	nization described in se	ction 17	0(b)(1)(A)(iii).				
4	A medical research organiza	ation operated in conj	unction with a hospital	describe	ed in se	ction 170(b)(1)(A)(iii). E	Inter the hospital's			
_	name, city, and state:		*							
5	An organization operated for the 170(b)(1)(A)(iv). (Complete	he benefit of a college Part II.)	or university owned or op	erated b	y a gove	rnmental unit described i	n section			
6	A federal, state, or local gov	ernment or government								
7 🛚	In section (70(b)(1)(A)(VI). ((Complete Part II.)			nental un	it or from the general put	olic described			
8	A community trust described	in section 170(b)(1)	(A)(vi). (Complete Part	II.)						
9 _	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10	An organization organized a	nd operated exclusive	ely to test for public saf	ety. See	section	n 509(a)(4).				
11	An organization organized a or more publicly supported clines 11a through 11d that d	nd operated exclusive organizations describe escribes the type of s	ely for the benefit of, to ed in section 509(a)(1) o supporting organization	perform or sectio and con	n the fur on 509(a nplete li	nctions of, or to carry or)(2). See section 509(a) nes 11e, 11f, and 11g.	ut the purposes of one ()(3). Check the box in			
a										
ь	Type II. A supporting organize management of the supporting must complete Part IV, Sect	zation supervised or	controlled in connection the same persons that c	with its ontrol or	suppor manage	ted organization(s), by the supported organization	having control or ion(s). You			
c _	Type III functionally integrated organization(s) (see instruction)	 A supporting organizations). You must com 	tion operated in connectio plete Part IV, Sections	n with, ar A, D, an	nd functi d E.	onally integrated with, its	supported			
d _	Type III non-functionally integ functionally integrated. The instructions). You must com	rated. A supporting orgorganization generally plete Part IV, Section	panization operated in con must satisfy a distribuns A and D, and Part V.	nection tion req	with its : uiremen	supported organization(s) t and an attentiveness	that is not requirement (see			
е	Check this box if the organiz integrated, or Type III non-fu	ation received a writt inctionally integrated	en determination from supporting organization	the IRS	that is a	Type I, Type II, Type I	II functionally			
	nter the number of supported									
g Pr	ovide the following information	n about the supporter	d organization(s).							
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat in your g	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
				Yes	No					
(A)										
(B)			-							
(C)										
(D)										
(E)										
Total										
Total		公本的各种的企业的企业的企业	《新聞》(1987年)	在 公司的	30000000000000000000000000000000000000					

Partill 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	Section A. Public Support									
beg	endar year (or fiscal year inning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')			311,540.	897,067.	505,898.	1,714,505.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	ues levied for the on's benefit and d to or expended					0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	Total. Add lines 1 through 3	0.	0.	311,540.	897,067.	505,898.	1,714,505.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						989,176.			
6	Public support. Subtract line 5 from line 4						725,329.			
Sec	tion B. Total Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
7	Amounts from line 4	0.	0.	311,540.	897,067.	505,898.	1,714,505.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			10.	250.	5.	265.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on			10.	230.	J.	0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.			
11	Total support. Add lines 7 through 10						1,714,770.			
12	Gross receipts from related activi	ities, etc (see inst	ructions)				0.			
13	First five years. If the Form 990 is forganization, check this box and	or the organization	's first, second, thin	rd, fourth, or fifth ta	x year as a section	n 501(c)(3)	> 🗓			
	tion C. Computation of Pub									
	Public support percentage for 20						%			
15	Public support percentage from 2	2013 Schedule A,	Part II, line 14				%			
16 a	16a 33-1/3% support test — 2014. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.									
b	b 33-1/3% support test — 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
	10%-facts-and-circumstances tes or more, and if the organization of the organization meets the 'facts-	neets the 'tacts-ar	nd-circumstances'	test check this h	nov and ston here	Evoluin in Part	VI how			
	10%-facts-and-circumstances tes or more, and if the organization n organization meets the 'facts-and	neets the 'facts-ar -circumstances' te	nd-circumstances' est. The organizat	test, check this b ion qualifies as a	oox and stop here publicly supporte	. Explain in Part of dorganization	VI how the ►			
18	Private foundation. If the organize	ation did not chec	k a box on line 13	3, 16a, 16b, 17a, o	or 17b, check this	box and see inst	ructions ►			

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 complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')				,,		.,
2							
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.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
1920	Add lines 7a and 7b	AND ASSESSED AND ASSESSED AND ASSESSED	MET TO A STATE OF THE PARTY OF THE PARTY.	White Constitute Entrates are a provide an a franch			
8	Public support (Subtract line 7c from line 6.)					4. 第二次	
	tion B. Total Support						
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
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 is organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 501(c)(3) ▶ □
Sect	tion C. Computation of Pub	olic Support Pe	ercentage				
	Public support percentage for 201						ક
16	Public support percentage from 2	013 Schedule A,	Part III, line 15			16	90
	tion D. Computation of Inve					1 27	
	Investment income percentage fo				mn (f))		%
	Investment income percentage from						%
19a	33-1/3% support tests - 2014. If	the organization of	did not check the	box on line 14 a	nd line 15 is more	than 33-1/3% an	d line 17
b	is not more than 33-1/3%, check to 33-1/3% support tests — 2013. If the	this box and stop the organization d	here. The organi	zation qualifies a ox on line 14 or li	s a publicly suppo ne 19a, and line 1	rted organization. 6 is more than 33	
	line 18 is not more than 33-1/3%, Private foundation. If the organization	check this box ar	nd stop here. The	organization qua	alifies as a publicly	supported organ	ization ►
	THE PARTY OF THE P		on requirement to the second of the		John Grid		

Part IV Supporting Organizations

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

Section A. All Supporting Org	anizations
-------------------------------	------------

			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		
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
	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	I a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
	b 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	2276	
5	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		
	b 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		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8	to the	
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b	17.1	
,	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		
1	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990 or 990-EZ) 2014 THE JOSEPH FUND INC 20-4869278 Part IV Supporting Organizations (continued) Yes No 11 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?..... 11b 11c Section B. Type I Supporting Organizations Yes No 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 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 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?... 1 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 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 3 Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. 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 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? Provide details in Part VI.....

3a

100	The state of the s			
T _e c	Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complet	lovem e Sec	ber 20, 1970. See instructi tions A through E.	ons. All
Sec	ction 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				
4		4		
5	Depreciation and depletion	5		
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):			1.0
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	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-integrate (see instructions).	grated	Type III supporting orga	inization
ВАА			Schodulo A /	000 000 F7 0014

Schedule A (Form 990 or 990-EZ) 2014

HEG.	Type III Non-Functionally Integrated 509(a)(3) S	upporting Organiza	tions (continued)	
	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pro-			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity.	5,		
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations.		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which the organization Part VI). See instructions			
9	Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
	Excess distributions carryover, if any, to 2014:			WAR STEWNS
	The third was the following the second of the second			经可能保持
b	and the second	建设 接近 医视频		
	建筑设施的。这时间将的进步的企业设施,	的数据的	建设的制度。由18	扩放性的
				HINDSELECTION OF
	From 2013			
	Total of lines 3a through e			Valendaria
	Applied to underdistributions of prior years		Stringer Stranger	
	Applied to 2014 distributable amount.			
	Carryover from 2009 not applied (see instructions)		27	
	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7:			
а	Applied to underdistributions of prior years			BENERAL WAR TO SELECT
	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c		(1) 医皮肤管理器	
	Breakdown of line 7:	第一个人的	NAME OF STREET	
		以及 政治企业的企业	(2) (1) APL (2) (2) (4)	
b	各种的现在分词的 地多数的,并不是自己的主义。	建筑和新疆、北京 市		
С	2. 中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国	的数据的数据数据数据		
	Excess from 2013			《新疆传》
е	Excess from 2014			

BAA

Schedule A (Form 990 or 990-EZ) 2014

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

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

► 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.

OMB No. 1545-0047

2014

Name of the organization		Employer identification number
THE JOSEPH FUND INC		20-4869278
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust 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	ate realitation
Check if your organization is covered by the Ge	eneral Rule or a Special Rule	
Note. Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General Rule		
X For an organization filing Form 990, 990-EZ property) from any one contributor. Comple	7, or 990-PF that received, during the year, contributions tota te Parts I and II. See instructions for determining a contribut	ling \$5,000 or more (in money or cor's total contributions.
Special Rules		
For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(vi), received from any one contributor, during the Form 990, Part VIII, line 1h, or (ii) Form 990	1(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supprethat checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 ne year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1. Complete Parts I and II.	ort test of the regulations 6a, or 16b, and that 2% of the amount on (i)
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 fithan \$1,000 <i>exclusively</i> for religious, charitable, scientific, lit children or animals. Complete Parts I, II, and III.	rom any one contributor, erary, or educational
during the year, contributions exclusively for \$1,000. If this box is checked, enter here th charitable, etc., purpose. Do not complete a	1(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fir religious, charitable, etc., purposes, but no such contribution e total contributions that were received during the year for a many of the parts unless the General Rule applies to this organile, etc., contributions totaling \$5,000 or more during the year	ons totaled more than n <i>exclusively</i> religious, nization because
Caution: An organization that is not covered by 990-PF), but it must answer 'No' on Part IV, line Part I, line 2, to certify that it does not meet the	the General Rule and/or the Special Rules does not file Sch e 2, of its Form 990; or check the box on line H of its Form 9 filing requirements of Schedule B (Form 990, 990-EZ, or 99	edule B (Form 990, 990-EZ, or 90-EZ or on its Form 990-PF, 0-PF).

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

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

35			
Schedul Name of or	e B (Form 990, 990-EZ, or 990-PF) (2014)	Page	1 of 5 of Part 1
	OSEPH FUND INC	0.00	er Identification number 869278
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HOLMAN FOUNDATION		Person X
	244 EAST KINGS HIGHWAY	\$20,000.	Payroll
	MAPLE SHADE, NJ 08052	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HARRY R. HALLORAN, JR. FUND	-	Person X Payroll
	1234 MARKET STREET, SUITE 1800	\$ <u>243,195.</u>	
	PHILADELPHIA, PA 19107	-	(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MARK & ANN BAIADA		Person X
	2907 FEDERAL STREET	\$5,000.	Payroll
	CAMDEN, NJ 08105		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	RHONDA_COSTELLO		Person X
	2907 FEDERAL STREET	\$ <u>5,150.</u>	Payroll
	CAMDEN, NJ 08105		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	RICHARD HAYDINGER		Person X
	2907 FEDERAL STREET	\$ <u>5,000.</u>	Payroll Noncash
	CAMDEN, NJ 08105		(Complete Part II for noncash contributions.)
(a) lumber	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	PARIS_BUSINESS_PRODUCTS		Person X Payroll

800 HIGHLAND DR.

WESTAMPTON, NJ 08060

Noncash

(Complete Part II for noncash contributions.)

5,000.

Schedure B (Form 990, 990-EZ, or 990-PF) (2014)	Page	2	of	5	of Part	t 1
Name of organization	Employer id	lentifi	cation n	umber		_

THE JOSEPH FUND INC 20-4869278

	Contributors (see instructions). Use duplicate copies of Part I if additional space		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PROCACCI CHARITABLE FOUNDATION 925 S. FEDERAL HWY, STE 400	\$20,000.	Person X Payroll Noncash (Complete Part II for
(a)	BOCA RATON, FL 33432 (b)	(c)	noncash contributions.)
(a) Number	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	REPUBLIC BANK		Person X Payroll
	50 S. 16TH STREET, STE 2400	\$ <u>11,250.</u>	Noncash
	PHILADELPHIA, PA 19102		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MIKE & MARYANN CAMARDO FOUNDATION		Person X Payroll
	55_SHINCHMAN_AVE	\$7 <u>,000</u> .	Noncash
	HADDONFIELD, NJ 08033		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	AMERICAN REFINING GROUP		Person X Payroll
	2907 FEDERAL STREET	\$6,000.	Noncash
	2907 FEDERAL STREET CAMDEN, NJ 08105	\$6,000.	
(a) Number	CAMPEN NT 00105	\$6,000. (c) Total contributions	Noncash (Complete Part II for
(a) Number	CAMDEN, NJ 08105 (b)	(c) Total	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X
Number	CAMDEN, NJ 08105 (b) Name, address, and ZIP + 4 COMMUNITY FOUNDATION OF NEW JERSEY	(c) Total	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
11_	CAMDEN, NJ 08105 (b) Name, address, and ZIP + 4 COMMUNITY FOUNDATION OF NEW JERSEY	(c) Total contributions	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll
11_	CAMDEN, NJ 08105 Name, address, and ZIP + 4 COMMUNITY FOUNDATION OF NEW JERSEY 35 KNOX HILL ROAD	(c) Total contributions	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for
11_ (a) Number	CAMDEN, NJ 08105 Name, address, and ZIP + 4 COMMUNITY FOUNDATION OF NEW JERSEY 35 KNOX HILL ROAD MORRISTOWN, NJ 07963 (b)	(c) Total contributions \$5,000.	Noncash (Complete Part II for noncash contributions.) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) Type of contribution Person X Payroll Noncash
11 _ (a) Number	CAMDEN, NJ 08105 Name, address, and ZIP + 4 COMMUNITY FOUNDATION OF NEW JERSEY 35 KNOX HILL ROAD MORRISTOWN, NJ 07963 Name, address, and ZIP + 4 COOPERS FERRY DEVELOPMENT	(c) Total contributions \$5,000.	Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)	Page	3	of	5	of Part 1
Name of organization	Employer	identific	ation nun	nber	
THE JOSEPH FUND INC	20-48	6927	8		

usenous	ECONTRIBUTORS (see Instructions). Use duplicate copies of Part I if additional space	e is needed.	
(a) Numbe	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>13</u> _	ERICSON FAMILY FUND 2907 FEDERAL STREET CAMDEN, NJ 08105	_ _\$ <u>50,000.</u> -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Numbei	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_	EXXON MOBIL FOUNDATION 2907 FEDERAL STREET CAMDEN, NJ 08105	- \$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u> _	MICHAEL HAYDINGER 2907 FEDERAL STREET CAMDEN, NJ 08105	\$ <u>7,500</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16_	HEISMAN TROPHY TRUST 2907 FEDERAL STREET CAMDEN, NJ 08105	\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>17</u> _	HILL INTERNATIONAL 2907 FEDERAL STREET CAMDEN, NJ 08105	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
ſ	JOHNSON & JOHNSON 2907 FEDERAL STREET CAMDEN, NJ 08105		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page

4 of

5 of Part 1

THE JOSEPH FUND INC

Employer identification number 20-4869278

Part I	Partil: Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u>19</u> _	ROBERT & EILEEN KENNEDY JR 2907 FEDERAL STREET CAMDEN, NJ 08105	- \$13,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
20_	NICOLSON LAW GROUP LLC 2907 FEDERAL STREET CAMDEN, NJ 08105	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
21_	JOAN AND BERNARD SPAIN 2907 FEDERAL STREET CAMDEN, NJ 08105	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
22_	TOM NEWTON 2907 FEDERAL STREET CAMDEN, NJ 08105	\$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
23_	OUR LADY OF LOURDES HOSPITAL 2907 FEDERAL STREET CAMDEN, NJ 08105	\$ <u>15,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
24_	THE DOMENICA FOUNDATION 2907 FEDERAL STREET CAMDEN, NJ 08105	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)					

1 2 4			
Schedule B (Form 990, 990-EZ, or 990-PF) (2014)	Page	5 of 5	of Part 1
Name of organization	Emplo	yer identification number	
THE JOSEPH FUND INC	20-	4869278	
Partill Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.		
(a) (b)	(c)	(d)	

	N 508 P 540 065		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>25</u> _	ANONYMOUS 2907 FEDERAL STREET CAMDEN, NJ 08105	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		.\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Page

1 of Part II

Name of organization

Employer Identification number

THE JOSEPH FUND INC 20-4869278

(a) No.	(h)	(c)	(d)
from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		Y	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		, 	

1 to

Relationship of transferor to transferee

of Part III

Name of organization
THE JOSEPH FUND INC

Employer identification number 20-4869278

THE COSELLI FOND INC			20-4003270			
Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8)					
	or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and					
	the following line entry. For organizations of		The state of the s			
	contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional		ns.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	N/A					

(e) Transfer of gift

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

Transferee's name, address, and ZIP + 4

Transfer of gift				
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee			

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		_ (e)	

Transfer of gift					
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee				

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e)	

(e) Transfer of gift				
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee			
	·			
	+			
	+			

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 2014

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

	THE JOSEPH FUND INC		20-4869278	
Pa	art Organizations Maintaining Dono	r Advised Funds or Other Similar Fur	nds or Accounts.	
	Complete if the organization answ	vered 'Yes' to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accoun	nts
1	The state of the s			
2	33 3			
3				
4	Aggregate value at end of year			
5	are the organization's property, subject to the	organization's exclusive legal control?	Yes	No
6	for charitable purposes and not for the benefit	s, and donor advisors in writing that grant func of the donor or donor advisor, or for any other	Is can be used only purpose conferring	□No
Pa	irtilis Conservation Easements.			
水	Complete if the organization answ	vered 'Yes' to Form 990, Part IV, line	7.	
1	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g., r	ecreation or education) Preservation o	f a historically important land area	
	Protection of natural habitat	Preservation o	f a certified historic structure	
	Preservation of open space			
2	! Complete lines 2a through 2d if the organization h last day of the tax year.	eld a qualified conservation contribution in the form	n of a conservation easement on the	
	last day of the tax year.		Held at the End of the T	ay Year
	a Total number of conservation easements			ux reur
	b Total acreage restricted by conservation easer			
	c Number of conservation easements on a certif			
	d Number of conservation easements included in	(c) acquired after 8/17/06, and not on a histor	ic	
	structure listed in the National Register		2d	
3	Number of conservation easements modified, tran tax year ▶	sferred, released, extinguished, or terminated by the	ne organization during the	
4	Number of states where property subject to conse	vation easement is located ►		
5	and enforcement of the conservation easemen	ts it holds?	Yes	No
6	<u> </u>			
7	Amount of expenses incurred in monitoring, inspectors \$	ting, and enforcing conservation easements during	g the year	
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)(i) Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to	conservation easements in its revenue and expens the organization's financial statements that do	se statement, and balance sheet, and escribes the organization's accounti	ing for
0	conservation easements. Conservation easements. College Coll	tions of Art Historical Treasures or	Other Similar Accets	
	Complete if the organization ansv	vered 'Yes' to Form 990, Part IV, line 8	3.	
1	a If the organization elected, as permitted under art, historical treasures, or other similar assets hel in Part XIII, the text of the footnote to its finan	SFAS 116 (ASC 958), not to report in its reven d for public exhibition, education, or research in fu cial statements that describes these items.	ue statement and balance sheet wortherance of public service, provide,	orks of
	b If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items:	public exhibition, education, or research in further	ance of public service, provide the	of art,
	(i) Revenue included in Form 990, Part VIII, li			
	(ii) Assets included in Form 990, Part X			
	If the organization received or held works of art, hi amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
	a Revenue included in Form 990, Part VIII, line 1			
	b Assets included in Form 990, Part X		►\$	

,						
'						
Schedule D (Form 990) 2014 THE	JOSEPH FUND	INC		20-48	69278	Page 2
Pa alli Organizations Mainta	ining Collection	is of Art, Hist	orical Treasures,	or Other Similar As	sets (contin	ued)
3 Using the organization's acquisition items (check all that apply):	n, accession, and other	er records, check	any of the following that	are a significant use of its	collection	
a Public exhibition		d Loan	or exchange programs	5		
b Scholarly research		e Othe				
c Preservation for future gene	rations	_				
4 Provide a description of the organize Part XIII.						
5 During the year, did the organiza to be sold to raise funds rather t	ation solicit or receiv han to be maintaine	e donations of a d as part of the	rt, historical treasures, organization's collectio	or other similar assets n?	Yes	No
Part IV Escrow and Custodia line 9, or reported an	I Arrangements	. Complete if	the organization a	nswered 'Yes' to Fo	rm 990, Pai	rt IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian, or c	ther intermediar	y for contributions or o	ther assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII and cor	nplete the follow	ing table:		_	
					Amount	
c Beginning balance						
d Additions during the year						
e Distributions during the year						
f Ending balance						
2 a Did the organization include an a						No
b If 'Yes,' explain the arrangement	in Part XIII. Check	nere if the expla	nation has been provid	led in Part XIII		
Part V Endowment Funds. C	omplete if the o	raanization ar	rewared 'Ves' to E	orm 000 Part IV lin	20.10	
Lines, San Jan Lines Comment of C	(a) Current year	(b) Prior year				rs hack
1 a Beginning of year balance	(a) can can you	(4),	(0) 1110)0010 201	(u) Three years back	(c) rour yea	13 Dack
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						
 Provide the estimated percentage 	of the current year	end balance (lin	ne 1g, column (a)) held	as:	•	
a Board designated or quasi-endowme		%				
b Permanent endowment	·	•				
c Temporarily restricted endowmen		_ %				
The percentages in lines 2a, 2b, a	and 2c should equal	100%.				
3 a Are there endowment funds not in the organization by:					Yes	No
(i) unrelated organizations						
(ii) related organizations						
b If 'Yes' to 3a(ii), are the related of					. 3b	
4 Describe in Part XIII the intended		ation's endowme	ent funds.			
Part VI Land, Buildings, and E		'Vec' to Form	000 Dort IV II	110 Con Farm 000) Dawl V II	10
Complete if the organiz						
Description of property	(a) Cos (in	t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land			And the Spatial State	
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X, o	column (B), line 10c.).	· · · · · · · · · · · · · · · · · · ·	0

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Schedule **D** (Form 990) 2014

Part VIII Investments - Other Securities.		N/A	
Complete if the organization answered			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments - Program Related.		N/A	NE DETROMEDIAL THE TELEPHONE SELECTION
Complete if the organization answered		, Part IV, line 11c. See Form 99	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			
Part IX Other Assets.	N/A		
Complete if the organization answered		, Part IV, line 11d. See Form 99	
(1) (a) Des	cription		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B,) line 15)	>	
Part X Other Liabilities.	,,		
Complete if the organization answered 'Yes' to For	m 990, Part IV, line 11e	e or 11f. See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		湖南东南南南
(1) Federal income taxes			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)		元。1953年,中华中国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国	A CONTRACTOR OF THE PARTY OF TH
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)			THE PERSON AND A

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

Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	710,694.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2.41	
a Net unrealized gains (losses) on investments	4.5	
b Donated services and use of facilities	1. 10	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2е	
3 Subtract line 2e from line 1	3	710,694.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	1.3 4	
b Other (Describe in Part XIII.)	100 10	
c Add lines 4a and 4b	4с	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	710,694.
PartiXIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Returr	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	727,774.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	7 77	
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.	2e	
3 Subtract line 2e from line 1	3	727,774.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	150	
c Add lines 4a and 4b.		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	727 774

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

Part XIII Supplemental Information.

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

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

Schedule **D** (Form 990) 2014

PART X - FIN 48 FOOTNOTE (CONTINUED)

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

THE JOSEPH FUND INC					20-486927	
- 1 1 1 4 11 11 0	plete if the orga	anization a	nswered "	Yes' to Form 990. Part		0
Form 990-EZ filers are not re	equired to comp	olete this p	oart.		·	
1 Indicate whether the organization	raised funds th	rough any			A AL TO	
a Mail solicitations			е			
b Internet and email solicitation	S		f	Solicitation of gove	150400000000000000000000000000000000000	
c Phone solicitations			g	Special fundraising	events	
d In-person solicitations						
2 a Did the organization have a written of employees listed in Form 990, Pa	or oral agreemen rt VII) or entity	t with any i	individual (i tion with p	ncluding officers, directo rofessional fundraising	rs, trustees or key services?	Yes X No
b If 'Yes,' list the ten highest paid indi- compensated at least \$5,000 by the	viduals or entities he organization	s (fundraise	ers) pursua	nt to agreements under v	which the fundraiser is to	be
(i) Name and address of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)		of conti	dy or control ributions?	from activity	(or retained by) fundraiser listed in column (i)	(or retained by) organization
		Yes	No		- Ann Anna Anna Anna Anna Anna Anna Anna	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Fotal			>			0.
3 List all states in which the organization or licensing.	on is registered o	or licensea	to solicit co	ontributions or has been i	notified it is exempt from	registration
=======================================						

Schedule G (Form 990 or 990-EZ) 2014 THE JOSEPH FUND INC 20-4869278 Pailli Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) through column (c)) HANDS UP GALA GOLF OUTING NONE REVENUE (event type) (event type) (total number) 1 Gross receipts..... 194,194 73,033 267,227. 2 Less: Contributions..... Gross income (line 1 minus line 2).... 194,194 73,033 267,227. Cash prizes..... DIRECT 6 Rent/facility costs..... EXPENSES 9 Other direct expenses..... 50,771. 29,646. 80,417. 10 Direct expense summary. Add lines 4 through 9 in column (d). 80,417. Net income summary. Subtract line 10 from line 3, column (d).....▶ 186,810. Partill Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant (c) Other gaming (d) Total gaming REVENUE (add column (a) through column (c)) bingo/progressive bingo Gross revenue..... 2 Cash prizes..... Rent/facility costs..... 5 Other direct expenses..... Yes Yes Yes No 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?..... No b If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?..... **b** If 'Yes,' explain:

Sche	edule G (Form 990 or 990-EZ) 2014 THE JOSEPH FUND INC	20-4869278	Page 3
11,	Does the organization operate gaming activities with nonmembers?	Yes	No
12	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
13	Indicate the percentage of gaming activity conducted in:	1 1	
ā	a The organization's facility	. 13a	8
	h An outside facility		ર્જ
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	is:	
	Name •		
	Address •		
	a Does the organization have a contact with a third party from whom the organization receives gaming revenue		No
Ŀ	o If 'Yes,' enter the amount of gaming revenue received by the organization > \$ and	the amount	
	of gaming revenue retained by the third party ► \$		
C	If 'Yes,' enter name and address of the third party:		
	Name •		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
D 42964	organization's own exempt activities during the tax year \$	Lucia Ciii and	(A
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information (see instructions).	ny additional	(V),

SCHEDULE I

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' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

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

№ (h) Purpose of grant or assistance SOCIAL SERVICES SOCIAL SERVICES Schedule I (Form 990) (2014) CHURCH/SOCIAL SERVICES □Yes Partill Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to 20-4869278 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantse' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) TEEA3901L 06/19/14 0 0 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 172,790 191,500 85,000 (c) IRC section if applicable BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Partill General Information on Grants and Assistance 27-4417979 21-0635021 22-2756708 (P) EIN ST_JOSEPH'S CARPENTRY SOCIETY 2907 FEDERAL STREET 1 (a) Name and address of organization or government (1) JOSEPH'S HOUSE OF CAMDEN 555 ATLANTIC AVE ST_JOSEPH PRO CATHEDRAL 111111 ----THE JOSEPH FUND INC 1 20 CHURSH STREET CAMDEN, NJ 08105 CAMDEN, NJ 08104 11111 CAMDEN, NJ 08105 111 I 8 (3) 3 9 9 8 8

THE JOSEPH FUND INC Schedule I (Form 990) (2014)

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

(f) Description of non-cash assistance Partily Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 7 m 4 2 9

TEEA3902L 10/28/14

Schedule I (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

2014
Open to Public Inspection

20-4869278

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

at www.irs.gov/form990. | Employer identification number

THE JOSEPH FUND INC

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.

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.

SCHEDULER (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

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

2014

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20-4869278

Partill Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. THE JOSEPH FUND INC

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	trolling
(i)							
(3)							
Rattills Identification of Related Tax-Exempt Organizations Complete if the one or more related tax-exempt organizations during the tax year.		Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had the tax year.	answered 'Yes'	on Form 990,	Part IV, line 34 b	oecause it l	Jad
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) (3)) Direct controlling entity		(g) Sec 512(b)(13) controlled entity? Yes No
(1) JOSEPH'S HOUSE OF CAMDEN 555 ATLANTIC AVE CAMDEN, NJ 08104	SOCIAL SERVICES	Ŋ	501 (C) (3)	170(B)(1)(A)((A) (N/A		×
(2) ST JOSEPH PRO CATHERDRAL 2907 FEDERAL STREET CAMDEN, NJ 08105 21-0635021	CHURCH / SOCIAL SERVICES	NJ	501 (C) (3)	CHURCH	N/A		×
	SOCIAL SERVICES	ĊΝ	501 (C) (3)	170(B)(1)(A)((A) (×
(4)							
BAA For Paperwork Reduction Act Notice, see the Instructions for Form	tions for Form 990.		TEEA5001L 08/22/14		Sche	Schedule R (Form 990) 2014	990) 2014

Schedule R (Form 990) 2014 THE JOSEPH FUND INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections		Share of total income		(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form	General or managing e partner?		(K) Percentage ownership
		country)		512-51	(4)				Yes No	1065)	Yes	No	
(1)													
(2)													
(3)							+						
PartiV Identification o	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answer line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	nizations nore relat	Taxable as ed organiza		ion or Tr	ust Comporportion	olete if the	organizatio uring the ta	n answel x year.	a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, ations treated as a corporation or trust during the tax year.	-orm 990), Part	≥
(a) Name, address, and EIN of related organization	of related organizati		(b) Primary activity	Legal domicile (state or foreign	(d) Direct n controlling		(e) Type of entity (C corp., S corp.	Share of total income		(g) Share of end-of- year assets	(h) Percentage ownership		(I) Sec 512(b)(13) controlled entity?
				coming)	5		() spin io					Yes	No
(1)		!											
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(2)													
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes No	_
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a	
b Gift, grant, or capital contribution to related organization(s)			.:. 1b X	1
c Gift, grant, or capital contribution from related organization(s)			1c ×	ا_
d Loans or loan guarantees to or for related organization(s)				الم
e Loans or loan guarantees by related organization(s).			1e	ا_
A Thirty and a second s				
			1f	~I
				~
			1h X	<u>_</u>
i Exchange of assets with related organization(s)			1i X	~
j Lease of facilities, equipment, or other assets to related organization(s)			1j	 ~
				220
				~l
			11 X	اب
m Performance of services or membership or fundraising solicitations by related organization(s)				اپ
			In	~l
o Sharing of paid employees with related organization(s)			10 X	~l
n Reimbursement naid to related organization(s) for expenses				麗.
r Seimbarsement paid by related organization(s) for overses				٠١٠
4 remindra sement para by related organization(s) for expenses			C1 (10 (10 (10 (10 (10 (10 (10 (10 (10 (1	
r Other transfer of cash or property to related organization(s)			1r X	اب 🏿
Other transfer of cash or property from related organization(s)			1s X	ابدا
ion on who must complete this line, including	covered relationships and transaction thresholds.	action thresholds.		1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	g l
(1) JOSEPH'S HOUSE OF CAMDEN	В	191,500.	191,500. AMOUNT DONATED	Ω
(2) ST JOSEPH PRO CATHERDRAL	В	172,790.	172,790. AMOUNT DONATED	A
(3) ST JOSEPH'S CARPENTRY SOCIETY	В	. 85, 000	85,000.AMOUNT DONATED	A
(4)				- 1
(5)				- 1
(9)				
BAA TEEA5003L 08/22/14		Schedule	ule R (Form 990) 2014	14

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(q)			(e)		-	3		9		8
ime, address, and EIN of entity		Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded	Are all partners section 501(c)(3) organizations?	ers Share of total income s?	Share of end-of-year assets	Disprópor- tionate allocations?	(1	General or managing partner?	al or ging er?	Percentage ownership
			from tax under section 512-514)	Yes No	٦.		Yes		Yes	No.	
(I)				+			+				
									D.		
	a.										
(2)											
(3)											
(4)											
	-										
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	·										
	•										
	•										
ВАА				TEEA5004L 08/	08/22/14			Schedu	Schedule R (Form 990) 2014	orm 990)	2014

Portivil Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

THE SEE JOSEPH FUND

Board of Trustees

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

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

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

Susan Barrett - 1 year Financial Advisor

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

Sean Closkey - 3 year President, TRF Development Partners

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

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

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

J. Michael Farrell - 2 year Attorney at Law

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

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

Edward Hutchinson-3 year President, Hutchinson Group of Companies

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





New Jersey Office of the Attorney General

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

Form CRI-400 (Revised April 2008)

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

All questions must be answered.

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

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

iscal years ending	January 31, 2006, and after. I	Please Note: Extens	ions of time to file canno	tigation Act effective July 9, 2006, for the granted for Initial Registrations. 3631400 ion Number: CH-
Charity's Full Lego	al Name:THE JOSEP	H FUND INC		
	a.)			
Mailing Address:	2907 FEDERAL S	TREET CAMDE	N NJ 08105	
In care of:	Address	City	State	ZIP Code
Street Address:	2907 FEDERA	AL STREET CAM	1DEN NJ 08105	
Street	address	City	State	ZIP Code
Contact Person:	☐ Check this box to flag a cha JIM CATRAMBONE		Phone Number	856-576-7012
JCATR. <i>E-mail:</i>	AMBONE@JOSEPHFUND	CAMDEN.ORG Fede	2 ral Tax ID (EIN):	0-4869278 (include area code)
WWW Web site:	W.JOSEPHFUNDCAMDEN		Fax Number:	
				93**Rota Transplaces - 1,00000
		wal Statement and I	inancial Report(s), for th	e fiscal year-end shown above, is herel
requested for t	he following reason(s): AWAITING THIRD PART AND ACCURATE RETU		N NECESSARY IN OF	RDER TO FILE A COMPLETE

2.	Has the organization filed all renewal registration statements for years prior to the fiscal year ending on the date shown on the first page of this application? Yes No If "No," please stop: if any prior years' filings are delinquent, the extension request will be denied. Please bring the renewal registration filings for all previous years up to date before submitting a request for an extension on a more current year.
3.	Has the organization submitted all previous years' registration fees and/or penalties owed to the Charities Registration Section of the Division of Consumer Affairs?
4.	Has the organization previously filed an initial registration with the Charities Registration Section? Yes \square No If "No," please stop: You must immediately file an initial registration for which an extension of time to file cannot be granted.
5.	Final Check List - please review and check off each of the five items below as they are confirmed and accomplished.
_	 □ I have read the instructions for the extension of time to file the Registration Statement and Financial Report(s). □ All of the questions on this application have been answered. □ The charity has filed all previous renewal registrations and required documents. □ The charity has paid all previous years' fees and penalties owed to the Division. □ Payment of the registration fee due for the fiscal year being requested on this application is enclosed and has been made payable to the "New Jersey Division of Consumer Affairs."
pai	hereby certify that all of the above statements are true. I further certify that the organization has filed all previous years' reports, has d all fines and penalties owed to the Division, and that this extension request contains true and accurate information. We are aware if any of the above statements are willfully false, we are subject to punishment.
Sig	nature Title Date
Sig	nature Title Date
	This form must be signed by at least one (1) officer of the charity.

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



New Jersey Office of the Attorney General

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

Form CRI-300R

Long-Form Renewal Registration/Verification Statement

(Revised April 2008)

All questions must be answered.

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

1.	This statement con	tains the fac	cts and fi	inancial info	rmation fo	r the fis	cal year endii	-	12/ 3		2014 vear		
2.	Federal ID Number	r (EIN) _20-	-48692	78	2a. N.J.	Charitie	Registration						
3.	Full legal name of In care of: (if neces	Charles and the second the second pro-			The Jos	seph F	und Inc						
4.	Mailing Address:	2907 Fe	deral S	Street, Cam	nden, NJ	08105					☐ Cha	nge (of Address
110			Street Addres	ss		City	State		ZIP Co	ode			
NO	TE: If " in care of," o	i postal, priv	vate or r	ural delivery	mail box	number	is used, the st	reet add	ress of th	e chari	ty mus	t be g	riven below.
5.	The principal street Same as Mailin		the regis	stering organ	nization		Street Address		City		State		ZIP Code
6.	Does the organizati If "Yes," attach a li								v Jersey.			Yes	X No
6a.	If the street address office in New Jersey records, and to who	, indicate th	e name,	full address,	phone and	s officia	l records are in the period of	kept, or i erson hav	f the orga	anization ody of t	on does	not in org	maintain ar ganization's
	N/A												
		Contact person			Street	address		City		State		ZIPC	Code
	Telephone number	(include area code)			Fax nur	nber (include	area code)						
7.	Organization's cont	act informat	tion:										
	856-576-7012 Telephone number (include area code)		_	E.vt	er (include ar							
	jcatrambone@jo	sephfundo	camder	n.org <u>jos</u>	ephfund	•		_					
8.	Type of organization	n (check one	e):										
	Nonprofit corpor	ration		Foundation		☐ Indi			Associati				iety

9,	Where and when was the organization legally established? Date: 4/25/2012 State: New	Jersey	
	As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization instrument of organization (that is, the organization's charter, articles of incorporation or organization, agree instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year be	ment of a	association,
10.	Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? If "Yes," indicate all of the other names used:	□Yes	MNo
11.	Does the organization intend to solicit contributions from the general public?	Yes	□No
12.	Is the organization authorized by any other state or jurisdiction to solicit contributions? If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.	□Yes	₩No
13.	Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number		
14.	What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separ registration.	rate stater	ment to this
	To provide funds for the educational initiatives, social welfare projects and all charitable progr		d/or
	ministries of or supported by St Joseph's Catholic Church, East Camden, a New Jersey religi		
	corporation: to provide funds for educational initiatives, social welfare projects or other charitates which a charitable organization operating within the geographical scope of the Diocese of Ca	amden is	grams in s involved
14a.	What are the specific programs and charitable purposes for which contributions are used? For each program already exists or is planned. Only major program categories need be listed. If necessary, attach a separa registration. Same as #14 above		
15.	Does the organization use an independent paid fund-raiser or fund-raising counsel? If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their fund-raiser, fax number, registration number in New Jersey, and a contact person's name.	□ Yes ll address	
15a.	Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's		70.100
	If "Yes," please describe the situation. N/A	□Yes	□ No
	Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co- fiscal year-end being reported? If "Yes," please explain:	-venturer □Yes	
17.	Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3 a. If "No," has an application been filed which is still pending? If so, please attach a copy of the	20.5 00	
	I.R.S. 1023 form filed.b. Has a tax exemption been granted under another I.R.S. code?	☐ Yes	No No
	If "Yes," advise which one:		
	c. Has an I.R.S. tax exemption been refused, changed or revoked? If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. det notification and provide a detailed explanation of the circumstances on a separate sheet of paper.		XNo on letter of

18.	organization ever entered If "Yes," attach to this reg	ad its authority to conduct charital into any voluntary agreement of cistration a copy of the denial, sus in the reasons for the denial, sus	discontinuance with any gover spension, revocation or volunt	rnmental entity? tary agreement of	☐ Yes 【XNo discontinuance. If the
19.	not limited to, a settlemen jurisdiction, state or federa	ntarily entered into an assurance of t of an administrative investigation al agency or officer? his registration the relevant docur	on or proceeding, with or wit		
20.	unlawful practices in the contributions, or are such I If "Yes," attach to this reg	y of its present officers, directors solicitation of contributions or approceedings pending in this or an istration photocopies of any and a written assurance or other documents.	administration of charitable a y other jurisdiction? all written documentation (suc	assets or been enjoy thas a court order,	oined from soliciting ☐ Yes \ No administrative order
21.	convicted of any criminal criminal or civil offense in fitness to perform activiti	or of its present officers, director offense committed in connection involving untruthfulness or dishorders regulated by this Act? A play shall be deemed a conviction.	n with the performance of aconesty or any criminal offens	ctivities regulated se relating adverse	under this act or any
22.	in any administrative or civ of liability in an administra in an unlawful practice in a	y of its officers, directors, trustees il action involving theft, fraud, or tive or civil action shall include, bu relation to the solicitation of conti idual(s) below and attach to this re matter.	deceptive business practices? at is not limited to, any finding ributions or the administration	For purposes of thi or admission that the of charitable asse	s question a judgmen ne individual engaged ts. □ Yes •••••••••••••••••••••••••••••••••••
23.	Provide the following infi	formation for each officer, direc	tor, trustee and the five mo	st-highly compens	sated executive staff
	Name	Business address	Telephone number (include area code)	Title	Salary
	See attached list.				

CRI-300R Long-Form Registration Renewal Financial Statement

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

Please report all figures as GROSS, not NET.

Full legal name and street address of the organization					
Full legal name: The Joseph Fund, Inc					
Fiscal year-end being report	red: 12 / 31 /2014 Federal ID Nu	mber (EIN) 20-4869278			
Mailing address:	30.000 (1000)				
2907 Federal Street, (Camden, NJ 08105				
Mailing Address	P.O. Box Number or Suite	City	State	ZIP code	
Street address of the register	ring organization: Same as above				
	Street Address	City	State	ZIP Code	
New Jersey Charities Regist	ration number: CH 3631400 -00	Telephone number:	856-576-7012		
		•	(include area code)		
Attach to this registration the	most recent Internal Revenue Service Form	990 and Schedule A (990).	if the organization has	filed those	
	organization's annual financial report inclu				
	excess of \$500,000. Note: If the organ				
the financial reports must be	certified by the organization's president or	other authorized officer of	of the organization's h	oard	
me maneral reports must be	certified by the organization's president of	other authorized officer o	i the organization s o	Jaiu.	
In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.					
A. Receipts					
O de la Maria Maria De Maria M					
	Support received from the following source				
(1)	Direct mail				
(2)	Telephone solicitation				
(3)	Commercial co-venture				
(4)	Gross receipts from fund-raising events				
(5)	Canisters, counter cards, door to door et	c			
(6)	Corporations and other businesses				
(7)	Foundations and trusts				
(8)	Donated land, buildings, property, equip	ment and			
	materials				
(9)	Legacies and bequests				
(10)	Membership dues solely resulting from				
()	solicitations				
(11)	Other support (specify)				
(11)	Carer support (speerly)				
Line A1b. Total Direct F	Public Support (add lines A1a(1) through A	la(11)			
Line A1c Indirect Publi	c Support received from the following sour	res.			
(1)	Federated fund-raising organization				
(1)	From an affiliated organization				
(3)	From another fund-raising organization.				
Line A1d. Total Indirect	Public Support (add lines Alc(1) thru A1c	(3))			
Line Ale. Total Gross	Contributions (add lines Alb and Ald)				

	Line A2.	Government grants including purchase of service contracts (specify agency)			
		a			
		b			
		C			
		d			
	Line Ale	Total Government Grants (add lines 2a thru 2d)			
	Billo 1120.				
	Line A3.	Line A3. Other Support			
		a. Bona fide membership			
		b. Program service revenue			
		c. Professional services rendered by volunteers			
		d. Miscellaneous income (specify)			
	Line A3e.	Total Other Support (add the total of lines A3a thru A3d)			
	Line A4.	Total Gross Revenue (add lines A1e, A2e and A3e)			
R	Expens	NAS .			
ъ.	Expens	505			
	Line B1.	Program expenses			
	Line B2.	Management and general expenses			
	Line B3.	Fund-raising expenses			
	Line B4.	Payments to state/national affiliates (if applicable)			
	Line B5.	Total Expenses (add the totals of line B1 thru B4)			
-	Evene	ou Defeit			
C.	C. Excess or Deficit				
	For the his	cal year-end (subtract line B5 from line A4)			
		X_1			
D.	D. Fund Balance				
	Line D1.	Net assets or fund balances at beginning of year			
	Line D2.	Other changes in net assets or fund balances (attach explanation)			
	Line D3	Net assets or find balances at end of year (Combine line C. D.I and D2)			

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: http://www.njconsumeraffairs.gov/ocp/charities.htm.