



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax**

**2009**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2009 calendar year, or tax year beginning 2008, 2009, and ending 2010

|   |  |   |   |   |
|---|--|---|---|---|
| <b>B</b> Check if applicable:<br><input checked="" type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input checked="" type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type See Specific Instructions. | <b>C</b> Name of organization <b>The Joshua Tree Foundation</b>           |   | <b>D</b> Employer identification number |
|   |  | Doing Business As   |   | <b>33 : 1195939</b>                     |
|   |  | Number and street (or P O box if mail is not delivered to street address) | Room/suite  | <b>E</b> Telephone number               |
|   |  | <b>POB 248359</b>   |   | <b>( 614 ) 704-2824</b>                 |
| City or town, state or country, and ZIP + 4   |  | <b>Columbus, Ohio 43224</b>   |   | <b>G</b> Gross receipts \$ <b>0</b>     |
| <b>F</b> Name and address of principal officer <b>Debora G. Talle</b><br><b>pob 248359 Columbus Ohio 43224</b>  |  |   | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                    |   |
| <b>I</b> Tax-exempt status <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |   | <b>H(b)</b> Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |   |
| <b>J</b> Website: ▶   |  |   | <b>H(c)</b> Group exemption number ▶  |   |
| <b>K</b> Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ <b>Foundation</b>  |  | <b>L</b> Year of formation <b>2007</b>                                    | <b>M</b> State of legal domicile <b>OH</b>  |   |

**Part I Summary**

|  |  |                                  |                     |
|--|--|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>   | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>The Joshua Tree Foundation is to advance promote, and encourage the economic, commercial, and civic development of the community, so as to ensure a positive local government climate for private sector investment, diversify the community's economic base, offer a wider selection of goods and services, create employment opportunities and increase quality of life.</u> |                                  |                     |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets  |                                  |                     |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                         | <b>5</b>            |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                         | <b>5</b>            |
|  | <b>5</b> Total number of employees (Part V, line 2a)   | <b>5</b>                         | <b>1</b>            |
|  | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                         | <b>1</b>            |
|  | <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                        | <b>0</b>            |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34  | <b>7b</b>  | <b>0</b>                         |                     |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>Prior Year</b>                | <b>Current Year</b> |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>0</b>                         | <b>0</b>            |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>0</b>                         | <b>0</b>            |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>0</b>                         | <b>0</b>            |
|  | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>0</b>                         | <b>0</b>            |
| <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <b>0</b>                         | <b>0</b>            |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | <b>0</b>                         | <b>0</b>            |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>0</b>                         | <b>0</b>            |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11)  | <b>0</b>                         | <b>0</b>            |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)   |                                  |                     |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a, 11b, 11c, 11d, 11e, 11f, 11g, 11h, 11i, 11j, 11k, 11l, 11m, 11n, 11o, 11p, 11q, 11r, 11s, 11t, 11u, 11v, 11w, 11x, 11y, 11z) | <b>0</b>   | <b>0</b>                         |                     |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | <b>0</b>   | <b>0</b>                         |                     |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12   | <b>0</b>   | <b>0</b>                         |                     |
| <b>Net Assets or Fund Balances</b>   | <b>20</b> Total assets (Part X, line 16)   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|  | <b>21</b> Total liabilities (Part X, line 26)  | <b>0</b>                         | <b>0</b>            |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>0</b>                         | <b>0</b>            |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: Debora Talle Date: 10/12/2010  
 Type or print name and title: DEBORA TALLE / CEO

**Paid Preparer's Use Only**  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check if self-employed  Preparer's identifying number (see instructions): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_  
 EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

SCANNED MAY 12 2010

9P pg 1 only